Health and Sport Committee

NHS Governance – Corporate Governance

Submission from Dr. George Venters

Introduction

Since Boards were established in 1973 I worked as a consultant in Public Health Medicine and for a time as Director of Information and Computing services in NHS Lothian and Lanarkshire Health Boards until I retired in 2003. I have also continued to take an interest in the provision and management of health services to date. This experience informs my review of how I see boards working.

1. Do they make decisions that are in the best interests of the public?

There are a number of factors which militate against them doing so. The key one is that they are directly accountable to government but not to the population they are supposed to serve. The members are government appointees and have no systematic means of interacting with the public. They operate ostensibly as an “arms length” agency conforming to constraints decided by government. For example, in Lothian when the replacement of the Royal Infirmary was being considered, many of the Board Officers were clear that the proposed PFI was wrong and argued against it. Yet Government political pressure forced its adoption. The adverse consequences of that decision now are plain for all to see.

Another impediment to Boards making proper decisions is the lack of accurate information and intelligent analysis. There is an abundance of data and statistics but its organisation into useable information is limited – other than to illuminate the performance of Boards as regards their accountability reviews. Individual Board population health and service-specific information is in short supply - certainly when compared with its past availability. This militates against the interested public developing an understanding of issues confronting health services and impairs their ability to contribute effectively to engagement in discussion on the NHS.

From the foregoing it is clear that Boards do not always make decisions in the public interest.

2. Are their decisions open and transparent?

The main means of learning about the background and analyses underpinning decisions is via the internet – predominantly from Board Websites. I looked at both the Lothian and Lanarkshire websites. Navigating through them showed that there were considerable divergences in amount and accessibility of information. But neither was appropriately user-friendly.
It is nonsensical that different Scottish boards have different interfaces, content types and ways of displaying information to the public – and to their respective employees. **Inevitably this difficulty of access to information means that decisions are neither open nor transparent.**

3. How accountable are Health Boards?

Given their responsibility for the services they provide, Boards should be accountable to the public they serve, the staff they employ and government. As noted they have a defined accountability to Government but none formally to the public or the staff.

**To the public**

Boards engage in sporadic exercises to inform and consult with the public on specific issues but do not consistently put themselves in situations where they are required to answer directly to the general public or individuals.

**To the staff**

There are terms and conditions of service and staff handbooks which govern the contractual relationships between staff and Boards but every employer has a duty of care to their workers. There is no accountability mechanism to ensure that they do. This is an important omission because bullying is endemic in the service and increasing workloads and exhaustion are leading to loss of morale as well as jeopardising standards of care. **Consequently it is clear that Boards are not accountable to the public and key stakeholders**

4. How effective at delivering services and improving population health?

It should be stressed that it is not Boards that deliver services but their staff.

The function of the board is to engineer the provision of appropriate facilities in which properly trained staff are available in sufficient numbers to provide effective care efficiently. To do that requires assessment of health needs, the effective planning of services to meet them and adequate funding. Given variable staffing levels and chronic underfunding, services are often being delivered to standards which staff consider inadequate. Given the constraints under which they are working, staff are working commendably effectively. The relationship of boards to government seems to prevent them asking for more money and propels them down the path of seeking “efficiency” savings. This a downhill spiral in that these are now being made at the expense of staff numbers – Boards are handing on misery to staff “that deepens like a coastal shelf”. Also when funds are limited, an early casualty is the effort to improve the public’s health.
Therefore, while staff are working at their utmost efficiency, it is clear that Boards’ contribution to effective delivery of services is sub-optimal

Possible Remedies

There are potential measures which can be taken to remedy some of these deficiencies. **Improving decisions and openness**

Making decisions open to scrutiny is likely to improve their quality. Boards providing a standardised set of analyses and user friendly navigation and display of information on internet systems, developed with public engagement, is long overdue. A case can also be made for telecasting meetings where key decisions are under discussion.

**Accountability**

Our elected representatives hold surgeries where their constituents hold them to account. So could and should Health Boards with Board members available on a rota basis.

**Effectiveness**

Have all Boards strive to abandon the “meetings” culture. A glance at reports provided by chief executives and senior Board officers of their activities reveals lives measured out in meetings giving the impression that presenteeism rather than productivity is what matters. Devote the time released to listening to and supporting staff. What is done matters more than talking about what might be.