



Royal College of Physicians of Edinburgh

The Scottish Parliament Health and Sport Committee NHS Corporate Governance Call for views

The Royal College of Physicians of Edinburgh (“the College”) is pleased to respond to the Committee’s call for views on NHS Corporate Governance. The College is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties.

We asked our Fellows for feedback on the questions which constitute the committee’s call for views. Their feedback is sometimes varied, due to their experiences working for different NHS boards across Scotland.

1. Do you trust NHS Boards to make decisions that are in the best interests of the public?

Our Fellows have differing views on this issue. Some have stated that, on the whole, they do trust NHS boards to make decisions that are in the best interests of the public, whilst adding the caveat that NHS boards have government targets to meet and there has been concern over media coverage of examples of individual boards ‘massaging’ figures in that regard (e.g. the 4 hour A&E target and waiting list guarantees). Some boards have been listed repeatedly in this regard. Whether these targets are achievable or even appropriate is another issue, discussed further in Sir Harry Burns’ Independent Reportⁱ. However, there is widespread agreement that such practices are certainly not in the best interests of the public and undermine public (and staff) confidence in NHS boards.

A further caveat added by our Fellows is that decisions on the most effective and efficient provision of healthcare are sometimes in conflict with the political landscape locally and nationally. The NHS in Scotland is driven by local political considerations to a greater extent than is currently operating in England, where perhaps the financial pressures have forced more difficult economic and efficient decision-making.

Other Fellows have stated that they have concern that decisions made are in the best interests of the population they serve. Some believe that as staff, they are rarely given any opportunity to participate in consultations, to share their experience or suggest ideas, and communication around changes to the organisation is poor. Concerns have been raised that clinicians are not always informed of significant NHS board decisions ahead of others with a perhaps less direct interest.

A pertinent example was made where there did not seem to be any considered plan made for the recent winter surge in some areas, with wards being opened late at night in response to

overwhelming demand. Whilst the demand and pressure have been higher than recent years, to an extent this is relatively predictable. The significant variation across NHS boards and the lack of preparation for this scenario has resulted in pressing concerns.

2. Are NHS board decisions open and transparent?

Again, our Fellows have varying opinions. Some believe that NHS boards adhere closely to the NHS principles of good governance and many have excellent examples which are superior to the private sector and other public sector bodies. For example, meetings are held in public and minutes are published which are comprehensive. Declarations of conflicts-of-interest are well described and transparent.

Some of our Fellows have had more negative experiences, and are concerned that in spite of high level references to future rationalisation or limitation of services, staff and patients have not been advised of which services will be directly affected. For example, some boards have cancelled multiple elective lists during January 2018, but this information was not in the public domainⁱⁱ until recently (31/1/18). Much greater transparency in this area would be welcome.

Furthermore, some of our Fellows are concerned that front-line staff have not been listened to when concerns have been voiced about patient safety in the face of recent winter pressures. The morale of staff across the disciplines, and from different grades, has been affected by the way this has been managed, and this has a significant influence on the way a board is viewed.

The College's Fellows feel that a visible and stable higher management and board team (without multiple, ongoing changes), with regular opportunities for staff to meet and comment, improved communication including the use of social media, and the development of realistic, sustainable policies would go a long way to improving the situation. Some have given the example, where there have been brief moments of change in a team where communication improves and consultation is sought, then a return to the status quo, and the impression is given of an opaque system in a constant state of flux with no stability.

3. How accountable do you feel NHS boards are?

Our Fellows, on the whole, believe that the accountability of NHS boards is "reasonable", but that they are not as accountable as they could or should be. NHS boards are not elected so there is no direct, democratic accountability. However, they are held to account by the Cabinet Secretary for Health and Sport; Audit Scotland and by the Scottish Government more generally. The Scottish Parliament plays an important role by requiring NHS board members to give evidence to committees, and this is reported publicly.

Some of our Fellows feel that the vast majority of staff do not know who sits on the executive board, and even longstanding members of staff have limited knowledge of who the board is accountable to. Some also have little faith that the processes which undoubtedly do exist actually provide any meaningful structure or recourse.

4. How effective are NHS boards at delivering health services and improving the health of their population?

Whilst our Fellows generally feel that NHS boards “try to do a good job”, most have cited limited resources and other challenges which are obstacles to the delivery of health services, and the goal of improving the health of the population. Recent challenges include unpredictable influenza epidemics and other winter bed pressures, insufficient bed capacity, and inadequate provision of timely social care. Because NHS boards are accountable to the Government, there is often a reluctance to speak up regarding what would be required to run a more effective service. There is a tendency just to ‘muddle on’.

Regarding funding, there is no secret that the amount available to NHS boards has been a major issue, especially over the last 1-2 years, partly as a result of major changes in the structure of health and social care, with the formation of Integration Joint Boards (IJBs) and associated ‘top-slicing’ of funding from the acute sector. Hospital managers and senior clinical staff have been warned that funding will be particularly tight, but generally no clear information has been made about the extent of cuts to services and how ‘rationing’ will apply to individual areas. This has caused an enormous amount of uncertainty and frustration, and of course impacts upon the ability of NHS boards to deliver health services.

Most NHS boards have adopted a culture of continuous improvement particularly in relation to the delivery of clinical services. Whether this extends to continuous improvement in board behaviours and processes is worth exploring. Locally, there has been significant changes in IJB structure and some of our Fellows are aware of papers on services development that have waited for over 15 months for a decision, with little communication on the process or on progress.

ⁱ <http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/Review-Targets-Indicators>

ⁱⁱ Record number of operations cancelled in Scottish NHS <http://www.bbc.co.uk/news/uk-scotland-scotland-politics-42872062>