

Simple Rules for Integrated Governance in Health & Social Care

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Objective:

To develop simple rules for integrated governance in health & social care using examples from England, Wales, Scotland, Northern Ireland and the Republic of Ireland. The paper describes an innovative approach to etiquette and ethics in the governance and leadership of health and social care

Methods:

The paper is based on the 200 Board interventions undertaken by the Board Support Team, the NHS Integrated Governance programme Board Assurance Prompts (see web reference below) and research led in 2004/2005 by Dr John Bullivant and supported by Peter Higson (Wales), Dr Charles Bruce (England) Andrew Corbett Nolan (England), Prof Michael Deighan (Scotland), Anne O'Brien (Northern Ireland) and Mary Morrissey (Rep of Ireland) on the principles underpinning governance in the 5 health systems of England, Wales, Scotland, Northern Ireland and the Republic of Ireland. The intention was to derive the underlying principles of governance and to develop simple rules to support Board members in their decision making

The work is currently being expanded by Dr Charles Bruce and Andrew Corbett Nolan to include Canada, South Africa and elsewhere. The paper explores therefore whether the 'simple rules' have application in any health system.

Results:

The Board programme identified the principles of effective boards in England.

The suite of BAPs summarised the questions and tensions that Boards should consider using to challenge their own focus, behaviours and confidence in the systems and processes in place to give them assurance.

The research interviews identified a series of principles that were expected in health care regimes in the four devolved administrations in the UK and the Republic of Ireland.

From the above, a series of universal simple rules have been devised to support effective and ethical board behaviours and decision making

Conclusions:

a) It is possible to devise a set of underlying principles and therefore simple rules for effective and ethical behaviours across five health administrations.

b) The project has achieved its interim objectives. The next stage is to extend the work to cover a more diverse set of health communities both between health and social care and a wider set of international commentators.

c) Devolved administrations within a common history and tradition of governance (UK & the European Union) can benefit from close collaboration and learning. This suggests that networks can operate effectively across nations and national boundaries and that research and learning should be supported on wider than national boundaries.

References see http://www.cgsupport.nhs.uk/Programmes/Board_Development_Programme.asp

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3. Deighan M, Bullivant J & Corbett Nolan A 'Integrated Governance – A Handbook' CGST & others, due June 2005
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