

RCN Scotland's response to the Scottish Government's consultation on Quality Standards for Adult Secondary Mental Health Services

<https://consult.gov.scot/mental-health-unit/adult-secondary-mental-health-services/>

General feedback and context.

As a member of the Quality and Safety Board (QSB), RCN Scotland has been involved in the preliminary discussions on the content of the Quality Standards for Adult Secondary Mental Health Services ('the standards'). We welcome the draft standards and this opportunity to comment on them formally.

The effective implementation of all the standards will rely on the workforce – most especially with respect to those in section 4 'Workforce.' Specifically, there will need to be "at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary... working in such numbers as are appropriate for the health, wellbeing and safety of patients; the provision of safe and high-quality health care, and, in so far as it affects either of those matters, the wellbeing of staff." In other words, the effective implementation of the standards will rely on the effective implementation of the Health and Care (Staffing) (Scotland) Act 2019, from which the quoted text is taken. This Act is scheduled to be implemented from April 2024. We particularly welcome standard 4.6, which reads 'services will ensure that staffing levels are safe and adequate and are compliant with the health and care staffing legislation.' We take this to be a reference to the Act.

In the consultation document, it is helpfully acknowledged that the work on the standards 'must complement other ongoing and interlinking work' and we trust that the Scottish Government's planned work leading up to the implementation of the Act will be treated as part of that other work. RCN Scotland would encourage Scottish Government officials to ensure that the connections between related programmes of work are clearly understood, clearly conveyed to a wide range of audiences – including those with lived experience of using services – and that the links between implementation of various legislation and standards are transparent, appropriately timed and meaningful in terms of their impact.

The Scottish Government has promised actions and initiatives to recruit, retain and reward the necessary workforce for mental health, including its nursing component. Many will feature in the new Mental Health and Wellbeing Strategy and accompanying Workforce Action Plan that are due for publication around May/June 2023. The challenges facing the mental health nursing workforce, and indeed the entire nursing workforce, are set out in detail in RCN Scotland's 2022 report 'The Nursing Workforce in Scotland'. They include the matter of fair pay, good employment terms and safe working conditions for all registered nurses and nursing support workers, wherever they work <https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322> The success of the Scottish Government's actions and initiatives will be equally as important to the effective implementation of the standards as the implementation of the 2019 Act will be. Other existing

standards may also prove useful in supporting the implementation of the adult secondary mental standards. For example, RCN's Nursing Workforce Standards are intended to explicitly set out what must happen within workplaces to ensure the delivery of safe and effective patient care.

<https://www.rcn.org.uk/Professional-Development/Nursing-Workforce-Standards>

It would be helpful for consistent, accessible, plain English to be used throughout the standards. At present some parts (e.g., the Access section) are written in clearer, simpler language than others. As the standards are intended to be easy to use for service users, they could be more consistent in terms of how they describe the way services will support those who use them. It would be helpful to review and align the style in the 'What I can expect' and 'How services will support me' sections.

Specific feedback on the five themes set out in the consultation.

1 Access

Standards 1.3 and 1.6 could potentially cause confusion or might be considered contradictory. Standard 1.3 reads 'After I am referred to a service, I will be contacted with an estimate of the time I will have to wait to be seen. I will receive regular updates if the time I have to wait is longer than this.' Standard 1.6 reads 'I will receive care and support in a timescale that reflects my needs.' This wording seems to mean that standard 1.3 leaves treatment times up to the providing service whereas 1.6 intends to guarantee care and support in a timescale that reflects the patient's needs. It is unclear how these two aims can be reconciled if the timescale offered under 1.3 does not meet standard 1.6. This could create a tension if the timescale is extended by the service provider in a situation where the patient has no option but to accept the extension, because no alternative is offered. We suggest revisiting the language of these two standards to make them compatible.

2 Assessment, Care Planning, Treatment and Support

Standard 2.4. reads "The care and support I receive will be centred around my personal circumstances. This care and support will take into account my cultural and social needs and will be trauma informed.' Ensuring trauma informed care and support is a laudable aim, which we support, and this standard reinforces the importance of related policy initiatives such as the National Trauma Training Programme. However, care and support may usefully be informed by many therapeutic concepts, and we trust that the importance given to being trauma informed leaves space for those other concepts to also inform care and support.

Standard 2.12 reads 'When planning and delivering services, consideration of the wider determinants of health which can increase the risk of inequality will be addressed so that care and support can be person-centred and responsive. This will include consideration of inequalities related to cultural, ethnic and other protected characteristics.' RCN Scotland recognises that there is a clear imperative within Scottish Government policy to seek to address the wider determinants of health and to reduce inequalities. RCN Scotland supports this approach and the intended outcome of improving people's lives.

In terms of the standards in this consultation, we agree that when planning and delivering services, the wider determinants of health should be considered to help address the challenges of health inequalities and seek to support a fairer society.

However, it is equally important that any standards created and implemented for services concentrate on what those services can deliver. We are concerned that services might be held to a standard to do with matters that they cannot directly or solely address. The wider determinants of health are complex and wide ranging (for example, housing, income levels, education, access to transport). They are largely outwith the control or influence of adult secondary mental health services.

We would therefore like this standard to be worded more clearly to avoid inadvertently giving the impression or expectation that it currently risks giving, which is that it is within the direct control or sphere of influence of adult secondary mental health services to directly address or solve the challenges of health inequalities and/or that these services can and will directly address them.

In highlighting this point, our aim is to avoid the risk of creating new and unnecessary tension between people providing services and those using them. Such tension could be detrimental to the therapeutic and person-centred relationship that is integral to successful mental health care and support. We suggest that the wording of this standard should be reconsidered.

Standard 2.13 reads 'Services will routinely measure and report care and treatment outcomes. This should include understanding both responsiveness of interventions and clinical and care governance.' Not everyone who reads the standards will be familiar with the language used in this standard. It appears to us that when the standard says that 'services will routinely measure and report care and treatment outcomes' it means that they will be reported through clinical and care governance structures, but it should not be assumed that people outside the world of health and social care will know what is meant by 'outcomes' or 'clinical and care governance.' These matters should be more clearly explained in everyday

language. As noted in our general feedback on the standards, we recommend using plain English throughout, and explaining any terminology that might not be widely understood.

3 Moving between and out of services

We agree with the ambitions set out in under this theme, which support a person-centred approach. To create single written care plans jointly created by those using services and the professionals supporting them, there needs to be due consideration of the workforce implications. Creating a single care plan, ensuring it is shared appropriately and seamlessly between services, and providing the advocacy needed to underpin smooth transitions relies on workforce. RCN Scotland agrees that these standards are important, but we wish to emphasise that they appear to be written under the assumption that there is always an adequate workforce in place to enable the standards to be met.

4 Workforce

We welcome the congruence between the standards in section 4 and the provisions of the Health and Care (Staffing) (Scotland) Act 2019. In particular, we welcome the clear intention to ensure that staff receive training and are afforded protected time to undertake it. This intention reinforces our above contention that the successful implementation of the standards relies on the effective implementation of the 2019 Act.

5 Governance and accountability

In keeping with our suggestion that the standards be set out clearly to all who may wish to read and refer to them, it might be helpful to include a short explanation of what is meant by governance and accountability.

Standard 5.2 reads 'I will be able to easily find accessible information on what actions I can take if these standards are not being met or I do not feel satisfied with my experience.' The provision of accessible information is critical. We agree that service users must have easy access to a system of redress in the circumstances described. It is noted that measurement of the impact of the standards, when implemented, will involve ongoing work with partners in 2023 to help drive improvement. RCN Scotland supports this intention, as we share the Scottish Government's ambition to improve outcomes for those who use services.

As part of this work on measurement, it would be helpful for Scottish Government to set out clearly the extent to which the self-assessment tools and sets of indicators will connect with the feedback mechanisms available to those who are not satisfied with their experiences. It would be helpful to understand whether the existing steps set out in Annex C might be complemented by targeted feedback mechanisms to help measure the success of the standards.

Implementation and measurement

Services and staff will benefit from support to understand what actions they may need to take and what local data they will need to collect in order to demonstrate that they are successfully meeting the standards. Depending on whether national indicators are to be used, that may mean data tailored for local circumstances and particular to a specific service, type of service or Health Board area; it might be standardised data that all adult secondary mental health services in Scotland are required to collect, or it might be a combination of the two.

National indicators can be useful in that they provide consistency and comparability for the purposes of sharing learning and spreading good practice between services and providing support to services where needed. If they are to be used it will be important that the data collected locally can be very clearly linked to the national indicators to demonstrate that certain actions taken locally have had a measurable effect on the movement of the indicators.

We welcome the Scottish Government's pledge to undertake further targeted engagement on measurement with key stakeholders following this consultation.