

Royal College of Nursing response to Monitor consultation on updates to the Risk Assessment Framework

Introduction

With a membership of around 420,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

General comments

The RCN has previously said that we support the forward looking approach of Monitor in assessing risk and also that looking at metrics relating to cash flow makes sense (albeit we look to others to provide financial expertise to know if the precise metrics are appropriate).

We therefore broadly support the proposals in this consultation document relating to the additional trigger for investigation relating to liquidity or capital service ration. We also broadly support proposals to use the new access targets for mental health set by government in 2014, as additional proxies for governance at acute providers.

Response to specific questions

Question 1: do you agree that we should use the EIP measure as an indicator of potential governance concerns?

Yes. We agree with the use of the target for a two week wait for receiving treatment from the early intervention in psychosis (EIP) programme as an indicator for potential governance concerns.

Question 2: do you agree with our proposal to implement option 3?

Given that the indicators for access to mental health services are new and will take some time to bed down, we agree that option 3, the intermediate solution, appears to be the most practical approach.

Question 3: do you agree we should use the IAPT measure as an indicator of potential governance concerns?

Yes. We agree that the incoming referral to treatment target for Improving Access to Psychological Therapies (IAPT) should be used as an indicator of potential governance concerns.

Question 4: do you agree with our proposal to implement option 1?

The RCN accepts that some time will be needed to allow the measure to 'bed down' if the data is to be used in a meaningful way, and therefore we agree with the proposal to implement option 1.

Questions 5, 6 and 7: For each proposal we want to know your views on whether we should include this measure as a proxy for governance for HSS providers. What are your views on including each option in the RAF?

All of these proposals seem like sensible and acceptable measures against which to assess HSS providers. In the case of 'percentage of patients not having a full health check every 12 months' and 'health check assessment not carried out within 24 hours of admission; we believe that providers should be required to 'exception report' against them, where 0% is not met.

Question 8: Should we include the proportion of patients admitted to HSS within 14 days of eligibility as an indicator now? What are your views on his indicator as a governance proxy in the future?

The RCN has no comment on this question.

Question 9: should we include the National Oversight Group as an example third-party reporter?

The RCN believes that others may be better placed to comment on this question. But we have no objection to the inclusion of the National Oversight Group as an example third-party reporter.

Question 10: are there any other suitable indicators for HSS that meet our criteria and could be effective governance proxies?

The RCN has no comment on this question.

Question 11: what are you view of including the above indicator for MSS services as well as HSS?

The RCN has no comment on this question.

Question 12: do you agree with the principle of introducing additional access and outcomes measures for MSS to ensure they are treated proportionately with HSS?

Question 13: are there any other suitable indicators for MSS that meet our criteria and could be used to identify potential governance concerns?

The RCN has no additional suggestions for additional criteria.

Question 14: do you see any significant downside or do you object to the introduction of a trigger for investigation where a trust has the highest risk rating of 1 on either liquidity or capital service ration (regardless of overall continuity of service rating)?

The RCN is in favour of Monitor being proactive in its role. Health service providers have been operating in a difficult financial environment for some time, and we envision that this will continue for the foreseeable future. Given the importance of ensuring that patient services remain sustainable, we do not object to this strengthening of the oversight of organisations' financial health with the introduction of this additional trigger for identifying potential financial concerns.

Question 15: do you have any comments you would like us to take into account regarding the stress testing of plans?

The RCN has no additional comment on this, except to reaffirm that we support efforts to improve the forward planning of health care providers.

Question 16: are there any other updates or clarifications that you consider are necessary to the RAF? If so, please outline why you think the changes are necessary. Please provide supporting evidence for the proposed change where possible.

The RCN has no updates or clarifications to suggest.

Policy and International Department

February 2015