

Royal College of Nursing response to NHS England consultation on the NHS System Oversight Framework for 2021/22

With a membership of around 450,000 registered nurses, midwives, health visitors, nursing students and health care assistants, 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.

Overview

The RCN is supportive of the direction of travel with integration of health and care services. The proposed oversight framework is reflective of the priorities which have been determined by local and national decision makers, and give flexibility for local systems to take different approaches.

We note that data collection and transparency does not have universal coverage within the provider market, and this is likely to inhibit the information which ICSs have access to. This will also prevent robust scrutiny and oversight. Alongside the introduction of this oversight framework, steps should be taken to ensure comprehensive data is collected from all parts of all ICSs. This should include information on workforce, staffing levels and skill mix.

It is important that workforce issues, including planning and funding are specifically considered by oversight functions. Workforce issues are critical to patient safety, outcomes and experience. Therefore, scrutiny of how ICSs handle workforce issues will be a good indicator of the quality of leadership and decision making, as well as early identification of issues which may impact upon the safety and quality of services.

Responses to consultation questions

Question 1:

The approach to oversight will be characterised by the following key principles:

- a. working with and through ICSs, wherever possible, to tackle problems*
- b. a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals*
- c. matching accountability for results with improvement support, as appropriate*
- d. greater autonomy for ICSs and organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access*
- e. compassionate leadership behaviours, that underpin all oversight interactions.*

(a) Do you agree that the proposed approach to oversight set out in this document meets the purposes and principles set out above? (b) If not, how could the proposed approach be improved?

The proposed approach is comprehensive, and we believe it will provide a good starting point for oversight and scrutiny of the ICSs. It is important that this oversight framework is regularly reviewed and evaluated so that it can be continuously improved. As the ICSs develop and innovate there are likely to be additional themes and areas which require a different approach to oversight.

In regard to principle 'e' (compassionate leadership behaviours), the RCN has been calling for the inclusion of nursing leadership in all ICSs structures, at all levels of decision making. While it is vital that oversight is taken towards leadership behaviours, we think it is also important to scrutinise leadership structures, relationships and positions. This will help identify situations where the leadership is not reflective of the needs of population they serve.

Question 2: (a) Do you agree that oversight arrangements for place-based systems and individual organisations within the ICS should reflect both the performance and relative development of the ICS? (b) If not, please give your reasons.

We agree. It is important to recognise the differing levels of development and ensure that ICSs are offered bespoke support relevant to their needs. We also recognise the importance of oversight for the individual organisations within the ICS. This will help to boost confidence in the integrity of the ICS as a whole by ensuring that poor quality at organisational level is not being hidden within the complexity of the ICS.

Improving data collection and transparent publishing of performance metrics will be critical to facilitating oversight of ICSs and the individual organisations within them. Data relating to workforce and staffing levels is particularly important, for all types of providers within an ICS. This will help both the ICS and oversight functions to identify situations where patients may be at risk of not receiving safe and effective care due to insufficient numbers of staff.

Question 3: (a) Do you agree that the framework's six themes support a balanced approach to oversight, including recognition of the importance of working with partners to deliver priorities for local populations? (b) If not, how could the proposed approach be improved?

Question 4: (a) Do you agree that the proposed approach will support NHS England and NHS Improvement regional teams to work together to develop locally appropriate approaches to oversight? (b) If not, how could the proposed approach be improved?

We are supportive of this approach, and feel that there will be sufficient balance for local decision makers to be involved. We are supportive of flexibility within the framework to allow ICSs to take different approaches at local level.

It is important to note that this approach relies on a number of metrics and measures. Currently, many providers (particularly the independent sector) are not required to collect or publish data in the same way as their NHS colleagues. It is vital that these issues are resolved to allow ICSs and oversight functions to have access to

comprehensive information from all parts of the ICS. This will enable better planning and earlier identification of potential risks and issues. This level of information should also be made available for scrutiny by members of the public and other organisations and stakeholders.

Question 5: (a) Do you support the proposed approach to segmentation across ICSs, trusts and CCGs? (b) How could the proposed approach be improved to better inform oversight arrangements and effectively target support capacity?

We do not have specific views on the segmentation approach, however, we will continue to monitor this and act on feedback from our members at this approach is implemented. It is imperative that NHSE/I ensure that workforce issues (recruitment, retention, remuneration, staffing levels, skill mix etc) are taken into account when determining if an organisation is in need of additional support.

Question 6: (a) Do you have any additional suggestions that could improve the proposed approach to oversight, support and intervention?

There are a number of additional suggestions which we have to improve the proposed approach:

- The RCN has recently published the *Nursing workforce standards*¹. This is an important document which sets out the expectations for nursing workforce planning and supports those in decision making roles to plan the workforce safely and effectively. Oversight functions should have regard to these and ensure that they take these into account when assessing workforce issues.
- Trade union representation is an important source of information for oversight functions. NHSE/I should consider whether relevant functions or committees could contain a trade union or staff side representative. These functions should take account of concerns and engagement with staff.
- Oversight functions should ensure they have strong relationships with local higher education bodies. This will help early identification of potential issues with recruitment and supply.
- Oversight functions should have regard for the local cost of living when reviewing issues related to workforce pay, terms and conditions.
- It is important that there is a clear, direct line from employers and ICSs, up through regional and national bodies and potentially into government for escalating concerns, particularly on workforce issues which may require national policy intervention and investment.
- Take into account any processes for international recruitment, ensuring that they meet with existing ethical international recruitment standards.

Question 7: (a) Do you agree that the current model of special measures for individual organisations should be replaced by a more system-focused support programme? (b) If not, please give your reasons.

¹ <https://www.rcn.org.uk/professional-development/nursing-workforce-standards>

Question 8: (a) Do you support the proposed approach to the Recovery Support Programme? (b) How could the proposed approach be improved to better support systems, trusts and/or CCGs to address complex and/or longstanding challenges?

We are supportive of efforts which shift from individual blame to system learning. There are broad challenges which impact across the system, and it should not be for individual organisations to be held accountable for more than the limits of their role or responsibility. We therefore welcome the inclusion of elements such as ‘understanding of underlying drivers’ within the proposed process. It remains vital that both individual organisations and whole systems can be held accountable for failures which compromise patient or staff safety, outcomes or experience.

However, in order to be most effective, system-focussed support programmes need proper resourcing and capacity. This will allow them to provide meaningful support, guidance and mentoring to the organisations involved, so that they are able to make the necessary improvements.

Question 9: (a) Do you support the proposed approach to CCG assessment? (b) If not, how could the proposed approach be improved?

We agree that a different approach should be taken for this year given the ongoing challenges of the COVID-19 pandemic and the differences in size and nature of CCGs as they streamline towards alignment with ICSSs.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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