



Scottish Parliament Health and Sport Committee

Inquiry into clinical governance

August 2017

Background

In order to meet the healthcare quality ambitions for the delivery of safe, effective and person-centred health and care, there needs to be clear clinical governance arrangements in place within boards and integration authorities. In this way, clinical governance systems should serve to make organisations accountable for the continuous monitoring and improvement of the quality of care and services, and ensure the safeguarding of high standards.

The Royal College of Nursing (RCN) is clear that, from the outset, clinicians need to be involved to support the development and implementation of clinical governance arrangements in Scotland's emerging health and social care landscape.

The RCN is concerned around the lack of meaningful engagement undertaken by the Scottish Government in relation to some significant policy directives and service redesign, and the impact that this may have on clinical governance. The RCN has, for example, previously flagged concerns regarding the lack of meaningful engagement around development of the clinical strategy. This strategy will, in turn, inform regionalisation and it is crucial that there is an understanding of how robust and transparent clinical governance arrangements will accompany reform plans and then regionalised service delivery.

It is also important that any further nationally directed processes which may be introduced to provide assurance on the quality of care provided, and support improvement and remediation, are in line with existing clinical governance arrangements. The new National Care Standards, for example, are, as a set of outcomes based standards for best practice, aspirational and ambitious and have the potential to help deliver more meaningful, person-centred care. However, the lack of clarity around how they might be monitored and inspected against in health settings is a concern as it is not explicit how they will sit with existing clinical standards. The RCN does not wish to see the duplication of such processes to monitor standards which would add to the burden of assessment and inspection experienced by health care teams to the detriment of improvement activity. To that end the RCN continues to work with HIS to get the balance between inspection and improvement activity right.

Any new standards or national policies must streamline and support an overarching framework for quality of care that will ensure clarity for both staff and people receiving care.

Are services safe, effective, and evidence-based?

The RCN is clear that people across Scotland need to feel assured that they are in receipt of safe, effective, quality care, regardless of the setting.

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With over 40,000 members in Scotland, the RCN is the voice of nursing.



The RCN understands that the scope of the Committee's inquiry is NHS Governance, but believes that it is important to consider how services commissioned and delivered by integration authorities are governed, and whether the NHS clinical governance standards which, in theory apply, are working at a practical level.

For people using services, as well as professionals it is crucial that there is a coherent system of clinical and care governance which covers the whole of health and social care, and which works on the ground, rather than separate systems emerging for integrated and non-integrated services. Given that integration is still in its infancy, it is only now beginning to be possible to see how clinical governance arrangements work in practice across the NHS and integrated services.

The different quality improvement and scrutiny landscape of health and social care is complex, with a multitude of standards, inspection methodologies and policy initiatives being led by a diverse range of organisations. This means that professionals are operating in what can sometimes be a confused arena.

Health Improvement Scotland (HIS), for example, has both an inspection and improvement function, but in order to drive up standards the RCN believes that there must be greater clarity in how the two functions work together.

The RCN has been involved in a number of HIS reviews of standards and methodologies, including the inspection of older people's care and the older people in acute care improvement programme. The RCN believes that this work is valuable and is supportive of HIS's Quality of Care Approach which has the potential to better support the delivery of safe and effective care.

Are patient and service users' perspectives taken into account in the planning and delivery of services?

It is crucial that where there are concerns around the ability to provide safe care, for example because of a lack of nursing staff, that timely and appropriate decisions are made by NHS boards on advice from professional leads to ensure safe, effective care for patients.

The RCN has consistently stated that, given the pressures and demand on the NHS in Scotland, tough decisions will have to be made about what to invest in and what to disinvest from. The RCN has said that these decisions will need to be made, in partnership with the public and with staff as well as political decision makers. In its manifesto ahead of the 2016 Scottish Parliament elections the RCN advocated the creation of a set of clear, consistent and transparent criteria to be used when taking any decision on health care funding.

It is, however, important to recognise that public expectations around where and how services are delivered are not always compatible with rigorous clinical governance. In such instances clinical governance arrangements which ensure safe, effective, quality care must not be undermined by public or political pressure.

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Do services treat people with dignity and respect?

Nursing staff want to treat all patients with dignity and respect. It is a core part of the Nursing and Midwifery Council Code which governs the professional standards for nurses and midwives. Treating people with dignity and respect is at the heart of person-centred care approach, but the culture, governance and leadership of organisations also has an impact on positive patient experience.

The RCN is concerned that nursing staff do not feel that they have adequate time to spend with patients because of staff shortages. The RCN's centenary survey of its members in 2016 showed that staffing levels were their biggest concern. ISD statistics published in June recorded Scotland's highest ever nursing and midwifery vacancy rate - 4.5%.

Given that, the RCN does have significant concerns around the impact of workforce pressures and recruitment and retention challenges on the care that nursing staff are able to provide. The RCN responded to the Scottish Government's consultation on its workforce plan and many of the issues raised in that response are relevant here.

The RCN has supported the development of Excellence in Care which is a nursing quality assurance framework and believes that this work, led by the Chief Nursing Officer, can go a long way to ensuring that services are safe, effective and evidence-based; that patient and service users' perspectives are taken into account in the planning and delivery of services; and that services treat people with dignity and respect. This approach does, however, depend upon services having an adequate number of nursing staff.

Are staff and the public confident about the safety and quality of NHS services?

A key purpose of clinical governance is to support staff in continuously improving the quality and safety of care. It does also ensure that wherever possible poor performance is identified and addressed.

The lack of time for nursing staff to undertake CPD is therefore a concern to the RCN. Nursing teams must keep their knowledge and skills up-to-date by taking part in appropriate and regular learning and professional development activities that maintain and develop their competence and improve their performance.

From April 2016 registered nurses must undergo revalidation every three years to remain on the NMC register. As part of this they must have undertaken 35 hours of CPD over three years with at least 20 hours being participatory learning, such as study days, workshops and coaching. CPD also features in the NHS Health Care Support Worker Codes of Practice, NHS Scotland Staff Governance Standards and the Scottish Social Services Council Codes of Practice.

But there is a tension between what staff are required to undertake around CPD and what in reality they are able to do. Employers struggle to release staff because of day-to-day service pressures, and the lack of protected study time means staff are not able to access the CPD they want and need.

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The 2015 NHS Scotland Staff Survey showed that less than half of staff surveyed felt they could meet all the conflicting demands on their time at work. Time for CPD and development is not prioritised, with over a quarter of staff not even having an appraisal or development review meeting in the last 12 months. The 2015 RCN employment survey found that 37% of members in Scotland reported not receiving any CPD in the last 12 months.

Other regulated professions, such as doctors, have their mandatory CPD time protected and guaranteed. This should be the same for all members of health care teams.

In its response to the Scottish Government's consultation on legislation for safe and effective care, the RCN called for the legislation to be focused on ensuring safe, effective, quality care through provision of appropriate staffing. This means that far greater emphasis must be placed on the role of care and clinical governance structures within any safe staffing legislation to provide appropriate, and equal, oversight from staff and clinical governance perspectives.

**Do quality of care, effectiveness and efficiency drive decision making in the NHS?
Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?**

The RCN has put on the record many times its concerns around the efficiency savings NHS boards and integration authorities are being asked to make and the impact that this has on the services being delivered, the health professionals delivering those services, and the people using services.

If you require any further information please contact Sarah Atherton, Parliamentary Officer, by email at sarah.atherton@rcn.org.uk or by telephone on 0131 662 6172.

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