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Consultation on the National Health and Social Care Standards

Are you responding as an individual or an organisation?

☐ Individual (See Part (i) below) ☑ Organisation (See Part (ii) below)

Did you attend an engagement event / workshop before competing this response?

No ☐ Yes ☑ Date 2.12.16. Name of Event Glasgow Roadshow

Full name or organisation's name

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Yes ☑ No ☐ Date Completed: 20.01.17

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20 January 2016

RCN Scotland Response:

Consultation on the New National Health and Social Care Standards

January 2017

Introduction

The Royal College of Nursing (RCN) Scotland is a professional body and trade union for nurses and health care support workers, with over 40,000 members in Scotland.

We welcome the opportunity to provide comments as part of this consultation to establish if the New National Health and Social Care Standards are fit for purpose. RCN Scotland supported the review of the National Care Standards and believes that, given the implementation of integration, new standards for health and social care provision are overdue.

Our comments come from assessing the standards from a health perspective and from thinking though some of the practical implications of how they will be implemented and used, how they may impact our members and the nursing profession in general, and how they can ultimately be used to provide assurance of the quality of care delivered.

Through consultation with our members and from various conversations we have had with partners regarding this current set of standards, four key areas emerged as being of significant concern for RCN Scotland:

1. Where they will sit in the context of existing clinical standards and frameworks
2. The absence of specific reference to clinical safety
3. The predominance of social care language
4. Implementation and scrutiny

RCN Scotland fully supports the seven standards and the five principles governing them. However, by including 177 stipulations, we are concerned that at times the standards feel unwieldy. The stipulations

feel inconsistent in their micro / macro focus. At times, the points are broad and could be applied to any setting e.g. 1.7, 1.16, 2.17. However, at other times they are very specific e.g. 1.50, 2.25 and their applicability in all contexts is doubtful.

RCN Scotland welcomes standards which have at their core, the principle of high quality care for every service user in every setting. We recognise the standards' potential to be a powerful lever for improving quality. However, this will only be achievable if the right resources and infrastructure are available within services.

Consultation questions

1. **To what extent do you think the Standards will be relevant and can be applied across all health, care and social work settings?**

The different quality improvement and scrutiny landscape of health and social care in Scotland is complex, with a multitude of standards, inspection methodologies and policy initiatives being led by a diverse range of organisations. Alongside this, the onset of integration means the way health and social care is delivered is changing rapidly. Introducing National Care Standards that will apply across all settings, including the NHS for the first time, is a major change.

The new standards do go some way to reflecting this new landscape and RCN Scotland believes they should be part of an overarching and consistent framework of what constitutes quality care. As a set of guidelines for best practice, the standards are aspirational, 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. It is not explicit how they will sit with existing clinical standards. RCN Scotland does not wish to see standards introduced which add to the already heavy burden of assessment and inspection experienced by health care teams. The new standards must streamline and support an overarching framework for quality of care, not duplicate or add multiple layers of standards that will be confusing for both staff and people receiving care.

The requirement to work to targets within healthcare should not be forgotten when thinking about how the standards might be applied to health settings. As RCN Scotland has previously noted "when it comes to measuring success in practice the NHS is still driven largely by national prioritisation, national process targets and national performance management." "Currently the confused market of targets, standards, outcomes, regulatory frameworks, strategic priorities and guidance which determine 'priorities' is pulling partners providing services in many, sometimes competing, directions" (RCN Scotland,2016). The new national standards should not add to this confusion.

The PANEL approach to human rights stresses the importance of accountability. It must be clear, across all health and care services, where accountability for delivering the National Care Standards lies. While we fully understand, appreciate and support the reasons for writing the standards from the point of view of the service user, it is worth noting that in doing so, organisational responsibility / accountability becomes more implied than explicitly specified. This is a concern and it is necessary to distinguish organisational or even governmental accountability from individual professional accountability e.g. points 3.14 – 3.20. What happens when there are not enough staff, or not enough staff with the right skills, to meet the standards? Individual staff members cannot be held accountable for an organisation's systemic issues. There are numerous points within the standards which could be expanded to account for staff's need for organisational support e.g. within points 3.6 and 4.20 it should be included that care staff are themselves supported to meet these standards.

RCN Scotland believes it is of the upmost importance to recognise and accept the reality of the starting point we find ourselves at. By working on the frontline of healthcare, nursing teams should not bear a disproportionate burden should service users perceive that their care does not align with these aspirational standards. In 2016, Ipsos Mori's annual 'veracity index', found that nurses are Britain's most trusted professionals; the standards should not lead to an erosion of this trust by establishing unrealistic expectations which cannot be met for reasons out of a professional's control. Furthermore, the standards need to strike a balance between respecting someone's right to have participation and control of their care, with the responsibility of staff who are professionally accountable for the care they give.

2. To what extent do these Standards reflect the experience of people experiencing care and support?

A high priority for people and their families when receiving care, is safety. This was underlined by the Vale of Leven report and indeed, safety is at the top of complaints concerning health received by the Care Inspectorate. This concern for clinical safety should be more extensively and explicitly reflected in the standards. We do not believe that the current landscape is ready for standards that imply rather than state the need for clinical safety. People should feel confident that they can use the standards to assess if their care is safe in any setting. If specific instruction around food and drink can be provided in the standards (1.30 – 1.35), RCN Scotland feels that the same should be included for clinical safety including explicit reference to care quality indicators.

In line with integration, RCN Scotland believes health and social care priorities should be evenly and equally represented in the joint standards. However, as it currently stands, health concerns are only evident at a very high level. The language of the standards feels more focused on social care than on health and the references to safety / protection which feature in the standards reflect this e.g. 1.40-1.44, 3.22, 4.12, 7.7. While we fully support that specific concerns around protection of vulnerable groups should be included, issues pertaining to clinical safety such as infection control and clinical and care governance must also be explicitly mentioned.

RCN Scotland recommends that as part of ensuring clinical safety is more explicitly included, the title of the wellbeing principle should be changed to "Health and wellbeing". We fully recognise that a person's overall wellbeing is integral to their health but within a hierarchy of need, health concerns should be recognised as a priority. For example under Standard 1, while it is important that a person can choose do creative and artistic activities, that person may be impeded in achieving this if they have an illness or condition which is not appropriately and safely treated.

We admire the aspiration of the standards to enable people to take positive risk and we do not wish to see safety being used as an excuse or barrier for people enhancing their quality of life. Accepting that people should be as safe as necessary, not necessarily as safe as possible, allows care providers to view safety as a means of risk enablement. The use of bed leaving sensor mats for people living with dementia is an example from clinical practice of how recognising risk and addressing safety concerns, enhance an individual's overall wellbeing and independence. Sensor mats alert a pager when activated e.g. when someone leaves their bed or reaches a door, and so their carer can respond as necessary. It reduces the need for locked doors or other restraints on freedom of movement and at the same time maintains safety.

Under the theme of safety, the safety of care providers themselves must also be included. Recognition and prioritisation of staff safety must be an integral part of providing person centred care. Safety in this context is about not putting staff at undue physical, mental or professional risk. The standards and any accompanying future guidance must be clear in recognising that safe staffing is fundamental to delivering the new standards and to keeping service users and staff safe.

RCN Scotland welcomes the inclusion of specific points within the standards for children and young people (CYP) and we recognise that as a group, CYP have specific needs which must be met as part of providing high quality care. However, RCN Scotland believes that the principles behind some of these CYP points e.g. 7.1 – 7.7 could be adapted and reflected in the general points to improve the care experiences of adults. Furthermore, with reference to point 1.45, adults who are receiving rehabilitative care and are developing / redeveloping skills such as speech, motor skills etc., should, so far as possible, experience care that accounts for their comfort and enjoyment.

RCN Scotland believes that a human rights approach to care provision is the right thing to do and we fully support standards which empower service users. In thinking about how the standards reflect the experience of people accessing care, it is important to consider their impact on health inequalities. The new standards may have the potential to tackle inequalities but could also inadvertently exacerbate or create new inequalities. These standards will be an excellent tool for those service users who are already articulate and feel confident in expressing their needs, choices and preferences. However, the standards frequently make assumptions about the levels of knowledge and communication skills of the service user. Where a service user has a lower level of health literacy, they may feel disempowered by the standards. In line with the Scottish Government's *Making it Easy* health literacy plan, the standards should include points which recognise that some people will need support in navigating the language and processes of health and social care services.

3. (Standard 1: I experience high quality care and support that is right for me.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

1.1: Recommend changing wording from 'disability' to 'ability' and include 'race / ethnicity' and 'socio economic background'.

1.19: Recommend including that the technology or equipment accessed is regularly and appropriately inspected and maintained.

1.35 As observed in Marie Curie's response, this may not be appropriate "at all times", and could in fact be clinically unsafe e.g. during times of fasting prior to receiving general anaesthetic or if the person has dysphagia following a stroke.

4. (Standard 2: I am at the heart of decisions about my care and support.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Under the Be Included principle, RCN Scotland believes specific reference should be made to Anticipatory Care Plans particularly as they would be highly relevant to points 2.10 and 2.11

2.14 From the point of the safety of staff and other residents of a care home, 'if appropriate' should be added to this point.

5. (Standard 3: I am confident in the people who support and care for me.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

3.3 This could go further and include support for service users to also challenge discrimination and bullying themselves and to stand up for themselves and others if needed.

3.20 Comprehensive, accurate record keeping and appropriate information sharing should be included as it is integral to successfully meeting this point.

6. (Standard 4: I am confident in the organisation providing my care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

4.1 It should also be included that not just service users' but also staff's human rights are central to the organisation.

4.16 This point should be extended so that service users are also aware of how to give positive feedback

4.19 It should also be expanded to include that staff have been properly inducted and where appropriate, undergo CPD.

7. (Standard 5: And if the organisation also provides the premises I use.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

For this standard it would be helpful to have clarification as to what premises it applies. If it applies to acute hospital settings, some of these points do not feel appropriate e.g. 5.8, 5.9, 5.16.

5.3 The need for facilities and privacy for people (beyond their early years) who require their incontinence products to be changed should be reflected.

Under the responsive care and support principle, there should be points which address 1) hygiene and 2) visitors to the premises

8. (Standard 6: And where my liberty is restricted by law.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

6.5 Safety should be mentioned here i.e. "If I am restrained or searched, this will be carried out safely and with sensitivity.

It would be helpful to have clarity as to why this is the only standard which does not have a principle of "responsive care and support".

9. (Standard 7: And if I am a child or young person needing social work care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

RCN Scotland would be interested to learn more about the reasoning for not including health care in the title of this standard.

7.8 RCN Scotland are very concerned with the use of the phrase "normal an upbringing as possible". We do not feel it is appropriate to use a term such a "normal" to refer to a child's upbringing. There are many varied types of upbringing and an upbringing which may be considered unconventional does not necessarily mean it is harmful or damaging for the child. We recommend using the GIRFEC approach to wellbeing and adopting words such as "safe" "healthy" or "nurtured" instead.

7.20, 7.21 These points could also refer to any child or young person receiving care, including children and young people who are experiencing long term hospital stays.

7.24 This point should be applied to any child or young person who goes missing. It would also be helpful to understand the extent to which the principle of this point would apply to adults who go missing, particularly vulnerable adults such as people living with dementia.

10. To what extent do you agree these new Standards will help support improvement in care services?

RCN Scotland welcomes the Scottish Government's move to establish integrated, person centred health and social care. Coupled with other initiatives such as the CNO's Excellence in Care and the CMO's Realistic Medicine, the New National Standards feel timely and tap into professionals' desire to deliver high quality, safe, effective care.

How the National Care Standards are communicated is critical. Engagement from both the general public and service providers is integral to the success of the standards in improving care services and professional confidence will be key. In order to foster that confidence, organisations must embed the standards in governance processes and provide the appropriate training, to support implementation. This will require the necessary resources and it is therefore essential that the Scottish Government is assured of the commitment of NHS boards and local authorities to delivering this culture change. Furthermore, commissioning arrangements will need to ensure that commissioned services are committed to meeting the standards to avoid variation in quality of care.

11. Is there anything else that you think needs to be included in the Standards?

See earlier comments regarding clinical safety.

12. Is there anything you think we need to aware of in the implementation of the Standards that is not already covered?

In reflecting on the concerns RCN Scotland have raised in this response, we feel some of these issues could have been avoided if there had been more representation from health on the National Care Standards development group. This current draft of the standards features a predominance of social care priorities and as such, in order to get the balance right going forward as well as in the spirit of integration, it is vital to have the views of health represented in the implementation phase of this work. Without greater balance, the standards run the risk of not being fully adopted across sectors.

Within the consultation document, there is no detailed information on how the standards will be implemented. As this has not yet been decided, it presents an excellent opportunity for the project board to ensure that implementation planning is taken forward with equal and balanced representation from both health and social care.

One of RCN Scotland's key concerns which we would expect to see robustly addressed in the next phase of the National Care Standards work is the need for consistent, transparent and proportionate inspection processes which include robust methodologies that are appropriate to specific environments. In understanding how the standards will be implemented, it must also be made clear how services can evidence they are meeting the standards as part of other pre-existing scrutiny and improvement processes.

More than anything it is vital that the standards can be understood by people using integrated services. This need will not be met without shared clarity on the implementation process across health and social care. RCN Scotland wants to see this process continue in a productive and effective direction so that

the final product is a set of standards which are implementable in all settings as well as useable and adoptable for all service users and service providers.

13. What should the new Standards be called?

□ National Care Standards

□ National Health and Social Care Standards

□ National Healthcare and Social Care Standards

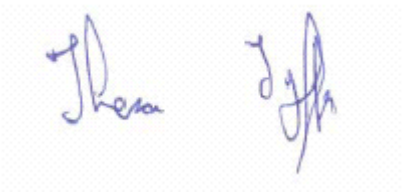
□ National Care and Health Standards

□ National Care and Support Standards

□ Other - please provide details

We look forward to being involved in the development of implementation planning for the new National Care Standards. As outlined above, we think that implementation of the standards will be key to their success and to ensuring buy in from both the health and social care sector. If you would like to discuss anything in this consultation response further, please contact Lorna Greene, Policy Officer, at lorna.greene@rcn.org.uk.

Yours sincerely,



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