



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 robustly experienced by health care teams to the clinical improvement activities. RCN continues to work with HIS to get the balance between inspection and activity right.

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

Are services safe, effective, and evidence-based?

The RCN is clear that people across Scotland need to feel assured that they are receiving 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.

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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

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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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