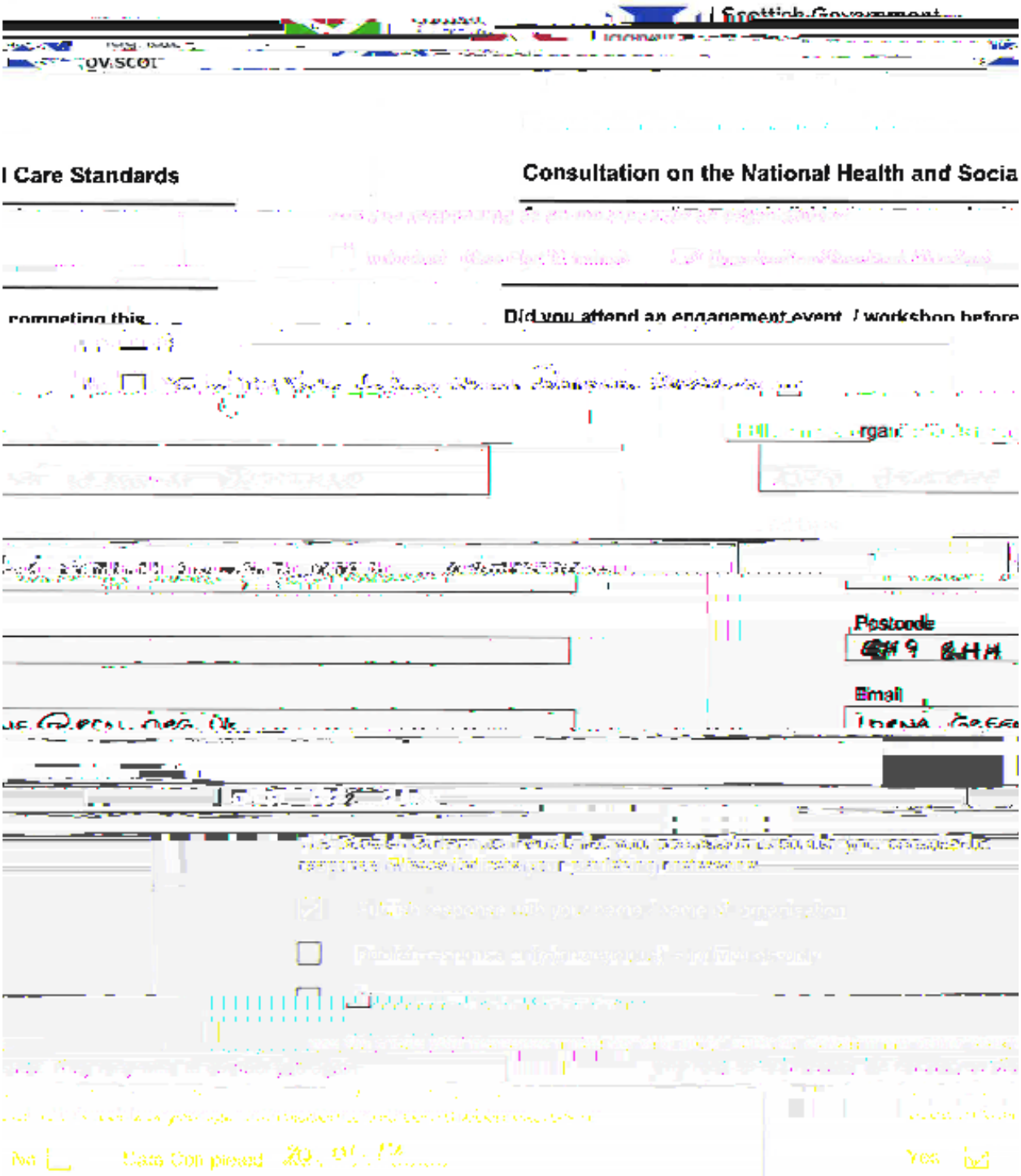
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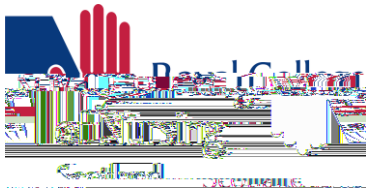

20 January 2016

RCN Scotland Response:

Consultation on the New

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

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

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, ita trusted professionals; the standards should not lead to an erosion of this trust by establishing unrealistic Furthermore, the standards need to strike a balance betw 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

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 overall wellbeing and independence. Sensor mats alert a pager when activated e.g. when someone leaves their b

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 integrated, person centred health

Realistic Medicine, the N
high quality, safe, effective care.