

Theme 3 - How should inspection scrutiny and regulation be carried out (9 questions)

They are pitched at the service level not at the individual level. Our brief points in relation to this are as follows:

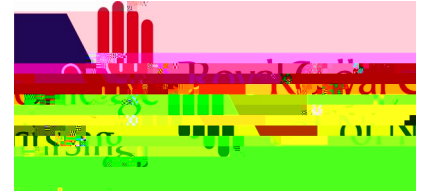
Q3. Would a system work where the same regulator inspected all services?

We do not have view on the topic covered by this question. However, on a related point, we would ask the Review to consider whether, in a landscape of health and social care integration and national services for health and for care, the proposal in the Patient Safety Commissioner for Scotland Bill for a Patient Safety Commissioner who only covers health care is an appropriate approach.

Q4. Should there be different regulators for inspection (the organisation that looks at how things are working) and improvement (the organisation that supports things getting better)?

We are not convinced that this would be a good idea as per our response to the initial consultation on the NCS, in which we said the following:

The Care Inspectorate currently has responsibility for improvement in social care services. RCN Scotland members have asked that Scottish Government give careful consideration and assessment of available evidence before the decision is taken to de-link social care improvement from scrutiny and inspection, our members with experience in this area point out that scrutiny and assurance are improvement tools in themselves, and that varying in approaches to improvement will be appropriate in different circumstances and situations, of which Quality Improvement methodology is only one approach and inspection a service delivery



what works, not what is administratively convenient.

You can find our answer to Q2 of that consultation on the RCN website at <https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-pol-a-national-care-service-for-scotland>

Theme 4 - How will we know systems are working

Q12 appeared to offer an opportunity to make some useful, if peripheral, comments about data collection and sharing. However, in the consultation event on 14 November 2022, it became clear that this refers to data to do with services, not people. For example, data sharing between contractors (e.g., local authorities) and contracted parties therefore we have no comment.

Q14. How do we make sure regulation, inspection and scrutiny supports good practice for people working in care and support?

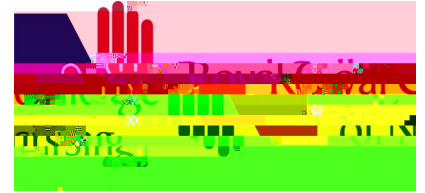
Regulation, inspection and scrutiny (RIS) will best support good practice on the part of people working in care and support if those people have:

Clearly defined job roles linked to competencies, including competencies that require to be demonstrated by qualifications. This is so they know what practice is expected of them, can deliver on this, and know what is, or is likely to become, subject to RIS.

Clear career pathways, which will allow them to develop professionally and personally. These should support recruitment and retention. Staff can thereby so that they can set RIS in the context of a meaningful career, as opposed to in the context of a short-term or temporary job. They will also be able to understand good practice as an investment in care (pars 110-113).

Unequivocal employer support for continuing professional development (CPD) and learning. This should include appropriate paid time off to attend relevant opportunities, especially when those opportunities relate directly to job role, career pathways and regulatory requirements. Good contractual arrangements should provide for this already, but we would certainly expect contractual arrangements under the NCS to do so.

Assuming these things are in place, the defining features of good RIS is that it is supportive and improvement focused, as opposed to being punitive, even inadvertently. A culture of learning is to be preferred.



Theme 5 - How will systems of inspection scrutiny and regulation support the workforce (2 questions)

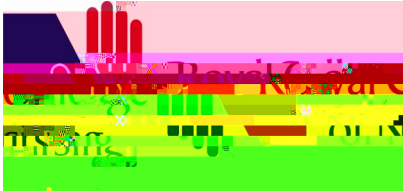
Q16. How do we ensure there is compliance and consistency with workforce registration requirements?

The points that we make in response to Q14 apply equally to Q16. Compliance with, and consistency in relation to, workforce registration requirements are best supported when those requirements relate to employment of the type characterised in those four points: clear, competency-based roles; clear career pathways; appropriate pay and job security and employer support for continuing professional development (CPD) and learning.

The RCN has consistently, for many years, supported the regulation of health and social care support workers, of whom we have a significant number in membership, under the category of nursing support worker. This has been our position across the different nations of the UK. The corollary of that position is that there must be a point at which it is possible to judge that a regulated individual has so egregiously failed to comply with, or to act consistently in relation to, workforce registration requirements that they must forfeit their registration and can no longer practice in roles where it is required. This is exactly the situation for Registered Nurses, and we see no reason why it should be any different for social care staff. That said, we consider that this is far less likely to happen if they are supported in the ways we outline above.

Q17. How can we ensure that people who work in care and support services are able to contribute to inspection, scrutiny and regulation processes?

There are many existing methods for securing contributions. For example, the Scottish Social Services Councils (SSSCs) leadership reference group



Bill s Statement of Benef ts also supports it, for example on page 11: National pay

