

**RCN Scotland** 

Theresa Fyffe Director

Elaine Cranston
Directorate Support Officer
Care Inspectorate
Compass House
11 Riverside Drive
Dundee, DD1 4NY

9 December 2015

## **Review of the National Care Standards**

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

We welcome that we have an opportunity to provide comments on this consultation phase of the National Care Standards review about the principles that should underpin the new standards. We have presented our comments under the headings below as opposed to in the feedback form, as we have made some comments about the review process and the wider context that the National Care Standards must work in. However we have tried to make it clear when the feedback relates to particular questions asked in the consultation, to aid analysis.

Our main comments on the proposals are as follows:

While we welcome that the review of the National Care Standards is now finally underway, we are concerned about the slow timescale of the review especially given that the integration of health and social care will be in place from next April.

The principles behind the National Care Standards must be fully aligned with the wider health and social care landscape and existing legislation, including the Public Bodies (Joint Working) (Scotland) Act 2014 and the Patient Rights Act (Scotland) 2011.

Using the PANEL principles for applying a human-rights based approach, the principles behind the National Care Standards should only use the wording " if it is referring to legally

enforceable entitlements. It must be clear where accountability for the National Care Standards lies and how individual and organisational responsibilities are distinguished.

There needs to be clarity about what is to happen to existing standards that services are currently inspected against, such as Healthcare Improvement Scotland's (HIS's) Older People in Acute Care standards, and whether these will be replaced. The National Care Standards must streamline and support an overarching framework for the quality of care, not duplicate or add multiple layers of standards that will be confusing for both staff and people receiving care.

## Timescale and review process

The RCN has called for a review of the National Care Standards since 2011. While we are pleased that the Care Inspectorate and HIS are now taking this work forward, we are concerned about the slow progress and timescale of the review. The Scottish Government's 2014 consultation document proposed having new overarching quality standards in place from April 2015 and that further consultation on the content of the standards would take place during 2014-15. We have not been aware of any further consultation during 2014-15 and there appears to have been little progress made since 2014 and this current consultation.

The timescale given in this consultation document states that the new National Care Standards will not be fully implemented until 2018. With the integration of health and social care becoming operational in April 2016, integration joint boards and staff delivering care will have up to two years of working towards different standards of care in different settings. This is not conducive for supporting integration or the delivery of high quality care.

We suggest that the pace of the development of the new National Care Standards should be increased. The current timetable is also confusing. For example it says ' in March 2016 and then ' in September 2016. A revised timetable that makes it clear when standards will be developed and when they will be consulted on, would be helpful.

## Aligning the National Care Standards with the wider health and social care landscape

The quality improvement and scrutiny landscape of health and social care in Scotland is complex, with a multitude of standards, inspections and policy initiatives being led by a diverse range of organisations. Alongside this, the way health and riacip 6 e25BT1 0 0 1 363.19 TJETBTociU init

The National Health and Wellbeing Outcomes<sup>1</sup> and the Integration Planning and Delivery Principles<sup>2</sup> of the Public Bodies (Joint Working) (Scotland) Act 2014

The health care principles in the Patient Rights Act (Scotland) 2011 and the Charter of Patients' Rights and Responsibilities<sup>3</sup>

HIS's proposed new approach for reviewing the quality of care and their quality framework model<sup>4</sup>

The NHS Quality Strategy<sup>5</sup>

For example, the National Care Standards should be a key vehicle for ensuring that the National Health and Wellbeing Outcomes for the integration of health and social care are met and this link between them should be made explicit. The review of the National Care Standards is also happening at the same time as HIS's own quality of care review. We are not aware how these two workstreams are being aligned, but they must be looked at in conjunction with each other to prevent them being in conflict and to avoid duplication of effort.

We note that the previous consultation in 2014 stated that the National Care Standards

While we are

not clear how the standards can necessarily sit above other principles that may be in legislation, we do believe that they should be part of an overarching and consistent framework for what is quality care.

## **Accountability for the National Care Standards**

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. The Regulation of Care (Scotland) Act 2001 established the current National Care Standards and the regulatory framework for social care, and made clear accountability for delivering the National Care Standards. Currently there is a two-tier system to the regulation and scrutiny of health and care services. The Care Inspectorate licenses and regulates care services and HIS regulates certain independent and voluntary health services. However HIS does not have a regulatory function within the NHS. This consultation has not made it clear how the National Care Standards will be extended to apply to all services, including the NHS. Will this be done through introducing legislation or through existing performance management, assurance and scrutiny mechanisms?

The National Care Standards must distinguish organisational accountability from individual professional accountability. For example, what happens when there are not enough staff, or not enough staff with the right skills, to meet the standards expected of them? Individual staff members cannot be held accountable for an organisation's systemic issues. As we have raised in our recent evidence on the wilful neglect legislation proposals, in the vast majority of cases error or harm to patients is a result of a systemic failure rather than the actions of one individual. Setting out levels of roles and responsibilities may therefore be helpful within the National Care Standards.

of dignity frequently arises in inspection reports from the Mental Welfare Commission, HIS and the Care Inspectorate.

I am entitled to be included - we think this should be amended to be

The National Care Standards should be an integral part of the internal assurance processes and clinical and care governance activities of NHS Boards, integration joint boards, local authorities, and third and independent sector organisations. NHS performance management and annual review processes should take the National Care Standards into account. The new integration partnerships have a key role in ensuring that services meet the National Care Standards and that these drive forward the National Outcomes for Health and Wellbeing. Commissioning arrangements need to ensure that commissioned services meet the National Care Standards. The scrutiny activities and joint inspections of partnerships by the Care Inspectorate and HIS will also need to look at outcomes against the National Care Standards. Other bodies, such as the Mental Welfare Commission and the Scottish Public Services Ombudsman, will also need to take the National Care Standards into account.

It would also be helpful, once the National Care Standards have been developed, to map them against the codes of conduct for staff of the various regulatory bodies. This would be particularly useful for those professionals, such as nurses, who undergo revalidation, so that they can consider how their own day to day regulated activity can support the delivery of the standards.

We look forward to being involved in the further development of the new National Care Standards. As outlined above, we think that the review needs to step up the pace and make explicit the links between the National Care Standards and the wider health and social care landscape. Mapping the National Care Standards against existing standards policies and legislation, will help make it clear where accountability for the new National Care Standards lies and will help streamline and create an overarching framework for quality care that is clear for both people receiving care and the staff who deliver it. If you would like to discuss anything further in this consultation response, please contact Helen Malo, Policy Officer, at helen.malo@rcn.org.uk.

Yours sincerely,

Theresa Fyffe

**Director**