

Response ID ANON-6VJB-BSAY-7

Submitted to Patient Safety Commissioner for Scotland Bill
Submitted on 2022-12-14 17:48:56

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Organisation

Organisation details

6 Name of organisation

Name of organisation:
Nursing and Midwifery Council

7 Information about your organisation

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Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing.

As the independent regulator of more than 771,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to regulate. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Question page 1

8 What are your views on the establishment of a Patient Safety Commissioner to scrutinise safety issues, deliver systematic improvements and amplify the patient voice in the provision of health care?

Please provide your response in the box provided.:

Thank you for the opportunity to provide our views on the Patient Safety Commissioner for Scotland Bill. We appreciated the chance to offer our thoughts to the Scottish Government on the role in 2021 as well as provide input as part of the government's landscape mapping exercise earlier this year.

We offer our continued support for the creation of a Patient Safety Commissioner in Scotland (the Commissioner). We see this role as an important

mechanism to strengthen the voices of people who use services in Scotland and ensure they are listened to and acted on. We look forward to working with the Commissioner to help drive systemic improvements in safety collaboratively - in a way that is best for the public, and everyone involved in health and care.

9 What are your views on the proposed role and responsibilities of the Patient Safety Commissioner?

Please provide your response in the box provided.:

We support the creation of the proposed role but welcome clarity on the following points:

A system-wide perspective: A key strength of this role will be to develop a system-wide view of the healthcare system in Scotland to identify wider safety issues and drive systemic improvement. While this is outlined in the Policy Memorandum (point 5), it is not explicitly listed as a function in the Bill (2(1)). The role's responsibilities would be clearer if this is put on a statutory footing.

A changing landscape: The Bill outlines that in exercising the Commissioner's general functions, the Commissioner may promote co-ordination among health care providers (2(2)(e)). We would like to know how the role will interact with the social care sector, particularly in the context of the Scottish Government's introduction of the National Care Service (Scotland) Bill to Parliament in June, and its current call for evidence about the independent review of inspection, scrutiny, and regulation of social care.

Reaching diverse groups: Promoting public awareness of safety practices in relation to health care will be important (2(2)), but so too will the promotion of the role itself, as referred to in the Policy Memorandum (6). When doing both, it will be important to identify any barriers that individuals may face in becoming aware of the role and safety practices, and to make a pro-active effort to communicate with individuals who may be seldom heard and those who are at increased risk of harm. This will ensure involvement of people who use services is more inclusive and distributed through trusted channels.

Signposting for a simplified complaints system: We welcome clarity on how the responsibilities and powers of existing health and care stakeholders will interact with the Commissioner as this will be important in supporting people to navigate a complex complaints system, and raise concerns with the most appropriate body. When it is not obvious which organisation is best placed to take forward a concern, the Commissioner could play a key role in signposting individuals to the most relevant body or process to address their concerns. It would be helpful if this was clearer. We welcome the opportunity to meet with the Bill team to explain our role in more detail and discuss our referrals (complaints) process to help aid this clarity.

Working collaboratively: We agree that by working collaboratively with other organisations, the Commissioner will be able to improve patient safety and add value to the patient safety system in Scotland rather than duplicating the work of existing organisations (point 7). We want to ensure this collaboration includes professional and system regulators. We welcome the opportunity to meet before the Bill progresses further to better understand two-way information sharing and how collaboration might best work in practice.

Enabling us to take appropriate regulatory action: We agree that it is not appropriate for the Commissioner to investigate individual cases as there are other bodies within the system that do this, including professional regulators (point 37). In the course of the Commissioner's work, the Commissioner may come across information that raises concerns about individual professionals on our register, which warrant us investigating further. We would expect that any specific professional concerns identified through the Commissioner's work can be referred to us, for prompt regulatory action. We welcome the opportunity to meet with the Bill team to consider how best we can provide the Commissioner and their team with any pre-referral advice and support should the Commissioner ever need it. At the same time, we welcome a discussion around the protection of patient identifiable information (point 43).

10 What are your views on the proposed powers of the Patient Safety Commissioner?

Please provide your response in the box provided.:

We support the current proposal that the role will immediately be able to consider the safety of all aspects of healthcare, rather than the safety of medicines and medical devices only (point 51). We believe this accounts for the complex factors impacting on safety, and the multiple and challenging systemic, organisational, culture and behavioural factors contributing to harm, while promoting person-centred care across all settings.

We support the role's power to require information in a formal investigation. As is the case with statutory and non-statutory reviews, we believe investigations are an important route to ensuring system learning following any failures in care. We are committed to assisting the Commissioner in its investigations. We will do all we can to help make investigations run smoothly including sharing relevant information once the appropriate information sharing agreements are in place. We welcome the opportunity to be consulted on the Terms of Reference, when appropriate, particularly if the scope of an investigation relates to the actions of nurses and midwives.

11 What are your views on the appointment process for the Commissioner and the funding being provided to enable them to carry out their role?

Please provide your response in the box provided.:

Our views on the appointment process and funding are:

Appointment process: the appointment process must be open, transparent, and designed to maximise a diverse field of candidates, which reflect Scotland's population. We would expect the Commissioner and their staff to uphold the Nolan principles.

Funding: It is important that the Commissioner should be appropriately funded to undertake their work. There should be transparency in the funding made available for the work of the Commissioner.

Remuneration: We support the role being remunerated on the grounds this can help attract appropriately qualified and experienced people from the whole range of socioeconomic backgrounds.

12 Would you like to see any changes to the Bill? If so, what?

Please provide your response in the box provided.:

There are a number of changes we would like to see to the Bill:

Advisory group: We welcome the provision that at least half of the group's members are to be persons who appear to the Commissioner to be representatives of patients. We believe the Commissioner's proposed advisory group should have appropriate representation from a variety of diverse stakeholders across the health and care system. It may be helpful for the panel's membership to include someone with expertise in regulation in Scotland, the UK, or international contexts, which could help ensure that advice to, and decisions made by the Commissioner:

- 1) have considered examples of good practice in patient safety, and public engagement;
- 2) encourage a co-ordinated, streamlined, and simple regulatory landscape, which serves patient safety as the top priority, as per recommendation 11 in the Report of the Independent Inquiry into the issues raised by Paterson, which although focused on England, has lessons for all the UK; and
- 3) avoid any potential duplication of work.

While our standards are an existing safeguard against harm, such close involvement with the Commissioner could help professional regulators identify how to further support registrants across the system to prioritise patient safety.

Consideration for the points we have made in this response: As mentioned throughout our response, we welcome an opportunity to discuss several points with the Bill team before this Bill progresses through Parliament, namely:

- o the role's responsibilities given the changing landscape;
- o the role's responsibilities around:
 - signposting for a simplified complaints system, and
 - sharing information with professional and system regulators; and
- o defining a process for regulators to share information with the Commissioner.

Thank you again for the opportunity to provide our views on the Patient Safety Commissioner for Scotland Bill.