1. **Staff Governance**

Overall, we do not feel that the NHS adequately implements the Staff Governance Standard.

The unprecedented demands being placed on NHS services increasingly mean that staff support and development (whether it be through the provision of education, training and development, or improving working conditions and culture) are secondary “nice to haves” rather than being seen as a fundamental pre-requisite of better patient care.

Indeed, our fellows and members in Scotland felt that the move towards more online educational resources as well as the increase in educational and audit events held outside of normal working hours points to clinicians being increasingly asked to use their own personal time for training and development. Furthermore, sessional activity is not altered to allow regular staff education and quality improvement work.

The general insufficient levels of staffing and high number of unfilled positions have done little to help this, meaning NHS staff face a more intense and pressurized workload. Again, feedback from our fellows and members in Scotland showed that they were coming under additional pressure to work additional shifts (and longer hours) to cover rota gaps. Neither are conducive to patient care.

Therefore as the NHS generally underestimates the number of staff it needs to cope with demand and provides a decreasing amount of time and space to continuous professional development, we share Audit Scotland’s view that the Scottish government needs to urgently address these and other workforce issues.

2. **Clinical Governance**

2.1 **Are services safe, effective and evidence based?**

As medical professionals always endeavor to provide safe services, we are confident that NHS services overall are generally effective and evidence based. For instance whilst waiting times for elective surgery are rising in certain locations – for instance NHS Borders cancelled 10.8% of planned procedures in October 2017 compared to 7.1% in September – around half were cancelled at the request of the patient or for clinical reasons.\(^1\)

Nevertheless, the increased and more complex demands on NHS resources and in particular waiting times for hospital outpatient reviews are a challenge to this.

\(^1\) [http://www.bbc.co.uk/news/uk-scotland-south-scotland-42264447](http://www.bbc.co.uk/news/uk-scotland-south-scotland-42264447)
2.2 Are patient and service users’ perspectives taken into account in the planning and delivery of services?

As the Committee has heard already, there is always a balance between providing services locally and from centralized, specialist units. However in terms of surgery (both elective and non-elective), RCSEd have long held that specialist units offer better patient outcomes as they are better placed to attract and retain staff and allow a greater degree of innovation and knowledge sharing. They also they provide economies of scale which may help maximize limited NHS resources.

Therefore, we advocate greater centralization of specialist services. Whilst we are confident that patient needs are taken into currently taken into account, public engagement and communication need to constantly reviewed to ensure the benefits of specialist centres – and the reasons behind them – are better conveyed.

2.3 Do services treat people with dignity and respect?

Yes and at all times.

2.4 Are staff and public confident about the safety and quality of NHS services?

Despite the numerous challenges, RCSEd are confident that NHS services are safe and focused on quality. In general, once patients access the NHS system then in general terms the processes in place serve them well. That said, we believe this is largely a reflection of the hard work and dedication of NHS staff and their ability to make decisions based on clinical priority in a resource strapped environment.

We also believe that the NHS needs to constantly review its evidence base to determine the barriers to elective hospital based services and the reasons behind waiting times for outpatient appointments.

2.5 Do quality of care, effectiveness and efficiency drive decision making in the NHS?

We are broadly confident that these factors underpin NHS decision making although do not have direct evidence to support or refute this. Nonetheless all targets and indicators must focus on improving patient outcomes.

2.6 Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?

Yes. Processes such as Morbidity and Mortality Meetings, Critical Event Analyses, local complaint procedures, clear Duty of candor procedures and the existence of a National Ombudsman all point to a robust system in Scotland that is extremely well developed and far in excess of those used in the private sector. In addition, Scotland benefits from many national clinical audit programmes that review local performances against agreed national standards and action plans if certain areas fall below that expected.