Royal College of Nursing Scotland

# RCN Scotland's response to the Scottish Government's consultation on a Data Strategy for Health and Social Care

https://consult.gov.scot/digital-health/data-strategy-for-health-and-social-care/

**6.1. Questions Part B**
**6. Considering skills and training opportunities for those delivering health and social**
**care services:**
**6A. What are the top skills and training gaps relating to data in Scotland's health and social care sector?**

- **Data visualisation**
- **Understanding/use of management information by managers**
- **Understanding of what data exists and where to find it**
- **Knowledge of how to access data**
- **Confidence in using data**
- **Understanding of governance**
- **Other**

RCN has been highlighting issues connected to health and social care data and digital health and social care for a number of years and we have tried to focus on, and promote, the most practical measures that will support nursing to become a genuinely digital workforce. In terms of the skills and training gaps, we have majored on the need for health and social care professionals to have access to the right mobile and other ICT kit and be afforded the time for training in how to use it. Obviously, the only reason to know how to use it is to be able to input, access and otherwise use data in furtherance of providing the right safe and effective patient care in the right place at the right time. Consequently, implicit in our focus is the provision of training that would instil an understanding of what data exists and where to find it; how to access that data; how to confidently use that data and how that data is governed.

Our manifesto for the 2021 Scottish parliamentary election ('Protect the Future of Nursing' https://www.rcn.org.uk/protect) summarised our position when we called for 'Better data sharing and improved access to patient records as well as investment in digital technology to ensure nursing staff working in the community have the information and equipment they need to do their jobs and deliver safe and consistent care.'

As long ago as 2017, in our submission to the Scottish Parliament's Health and Sport Committee Inquiry into Technology and Innovation in the NHS we noted that 'timely access to the right information can improve care quality and safety, reduce error and help patients and professionals make better informed decisions.' https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/sco-parl-digital-technology-and-innovation-in-the-nhs-written-evidence

Similarly, in the 2017 document, 'Principles for a technology-enabled health and social care service', created in conjunction with the Primary Care Clinical Professions Group (PCCPG), we signed up to the following principle, which is of relevance to this question: 'Health records and technology-

enabled care are underpinned by robust information governance, keeping all personal data safe and confidential' (principle 2).
https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/principles-for-a-technology-enabled-health-and-social-care-service

**6B. How do you believe they should be addressed?**

Obviously, the content of any training must be of the highest quality, and it must be delivered accessibly but these are givens. What is, sadly, not a given, but very much should be, is that health and social care staff are afforded the appropriate Continuing Professional Development (CPD) time within their working hours to participate in the training that is necessary for them to do their jobs. They should not be expected to do such training in their own time.

In 2021, RCN's regular employment survey https://www.rcn.org.uk/Professional-Development/publications/employment-survey-2021-scotland-uk-pub-010-155 found that, in Scotland, well over half of respondents (57%) were unable to complete all their mandatory training in the previous 12 months, which represents over a doubling of the 2019 survey figure of 24%. For 34.4% of respondents, mandatory training had to be done in their own time. 31.6% of Scotland-based respondents had 'Too few opportunities to access training and development'(compared to a UK figure of 28.5%) and 24.6% were 'Unable to take time off for training and development' (compared to a UK figure of 20.9%).
These figures clearly prove our point.

A key plank of ensuring that health and social care professionals can take that time within working hours is to ensure that there are enough of them, working in the appropriate configurations, with the appropriate skill mix, in any given health and social care service. Achieving that requires the swift implementation of the Health and Social Care (Staffing) (Scotland) Act 2019.

Consequently, the success of the Data Strategy for Health and Social Care rests as much on the proper provision of time to train and the implementation of the 2019 Act as it does on any other measure that Scottish Government may take. Without the provision of time to train and implementation of the Act the Data Strategy will, in our view, fail to achieve anything of significance.

**6C. What actions must be taken as a priority to ensure that the public have access to health and social care data that they can understand and use?**

There must be data there for the public to access, which requires a push for accurate up-to-date record keeping on the part of professionals. Also see our comments on shared records below. There must be further work done to establish what 'accessible' truly means for the layperson, particularly if the data is to be accessed online, insofar as this has not already emerged from the work undertaken by NESTA to date. This would include building in appropriate safeguards re: security and governance. What must not happen is the creation of an unintuitive website or app which is complicated and frustrating to use and therefore inaccessible for large numbers of people.

**7. Thinking about improving the quality of data that is used by health and social care services:**
**7A. What three things are needed to improve quality and accessibility?**

- Ease of use (see answer to question 6C).
- Speed of use (i.e., provision of infrastructure and connectivity)
- Provision of mobile kit (to allow for 'real time' data accessibility)

**7B. If you are responding on behalf of an organisation, what role do you believe your organisation has to play in improving accessibility and quality of health and social care data?**

RCN has promoted, and will continue to promote, the need for the nursing workforce to become digitally and data literate and confident. See our work on eHealth, including 'Every Nurse an eNurse'
https://www.rcn.org.uk/clinical-topics/eHealth

**7C. What data, that is generated outside of the health and social care sector, do you think could be made available to health and social care professionals to improve health and social care outcomes in Scotland?**

Data held by organisations which may not immediately be considered to be part of the 'health and social care sector' but which are effectively working towards similar outcomes could be made available subject to appropriate data governance provisions e.g., those who run activities that might fall under the banner of 'social prescribing'.

**8. We have heard that a more consistent approach to data standards will help improve insight and outcomes for individuals:**
**8A. To what extent do you agree with the proposal that Scottish Government should mandate standards for gathering, storing, and accessing data at a national level?**

Mandated standards are only as good as the extent to which they are applied and enforced. That accepted, if the overall aim is to create high-quality, sharable and shared data for use by multiple different professionals and individual members of the public (in terms of their own records), it

makes little sense for there to be no standard to which those inputting and using data can refer as a guide to the type, quality and depth of data required and expected. The corollary of that position is that we agree that the Scottish Government should mandate standards for gathering, storing, and accessing data at a national level.

**8B. What data standards should we introduce?**
See our answer above and note that in our 2021 submission to the Scottish Government's consultation on a National Care Service we stated the following in answer to question 11.

"Q11. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

RCN Scotland welcomes common data standards and definitions to support multidisciplinary and multi-agency working and would expect thorough consultation on the detail of what those would be."
https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-pol-a-national-care-service-for-scotland

It will be much more useful for health and social care professionals and the public alike for the standards to primarily (if not exclusively) concern the practical operation of the data system than for them to concern commitments to more abstract principles, such as certain rights, although we recognise that concrete and abstract standards can be mutually reinforcing. So, for example in the existing 'Health and Social Care Standards' (https://www.gov.scot/publications/health-social-care-standards-support-life/) there is no problem with, for example, the first standard; 'My human rights are respected and promoted' or the sixteenth 'I am encouraged and helped to achieve my full potential' but on a day-to-day level a member of the public is probably going to be more concerned that, for example, the seventh and fourteenth standards are met: 'I receive the right information, at the right time and in a way that I can understand' and 'If I make a complaint it is acted on'. This balance should be struck in any set of standards concerning health and social care data.

**9. When considering the sharing of data across Scotland's health and social care system:**
**9A. Do you agree with the idea that greater sharing of an individual's health and social care data between the organisations in the health and social care sector will lead to better quality services?**

Agree

RCN has indicated its position on the value of sharing data in the manner described, across multiple RCN policy documents, over several years.

In 2017's 'Enhanced care in the palm of their hand: Developing mobile technologies for Scotland's district nursing teams' (https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/sco-pol-enhanced-care-in-the-palm-of-their-hand) we advocated for the interoperability of 'electronic record systems developed for use within community, GP practice and hospital settings to allow relevant patient data to be available at the point of care', as well as highlighting that 'given the integration of health and social care, interoperability with social work systems is also under consideration in some integration authorities; however, this work is not widespread.' We also highlighted 'poor sharing of data between NHS boards and local authorities.'

The 2017 document, 'Principles for a technology-enabled health and social care service' was created in conjunction with the Primary Care Clinical Professions Group (PCCPG) and RCN was a cosignatory. (https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/principles-for-a-technology-enabled-health-and-social-care-service). The fifteen principles included the following four, which are of particular relevance:
3. Patients are confident that their health records are safe, appropriately shared and that confidentiality is assured.
4. Health records belong to an individual and as such, that individual gives consent to sharing of information within their level of capacity or in line with guidelines set out in The Adults with Incapacity (Scotland) Act 2000.3
6. The primary care network has the necessary infrastructure to support safe, quality care, including suitable and sustainable staffing levels and skill mixes in all settings and appropriate access to all electronic patient records.
11. All registered health and social care professionals directly involved in patient care have appropriate read and write access to health records in order to improve the patient journey and minimise duplication of resources.

In our submission to the Scottish Parliament's Health and Sport Committee Inquiry into Technology and Innovation in the NHS in 2017 we highlighted that 'The Independent Review of Primary Care Out of Hours Services includes helpful recommendations to secure best use of electronic records and consistent data sharing'. https://www.rcn.org.uk/about-us/our-influencing-work/policy-briefings/sco-parl-digital-technology-and-innovation-in-the-nhs-written-evidence

In our 2021 submission to the Scottish Government's consultation on a National Care Service we responded as follows to questions 10 and 12 with respect to the matter of shared records. https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-pol-a-national-care-service-for-scotland

“Q10. To what extent do you agree or disagree with the following statements? There should be a nationally consistent, integrated and accessible electronic social care and health record. Information about your health and care needs should be shared across the services that support you.

Improvements in data gathering and data sharing have the potential to have a really positive impact on the way that people experience health and social care services, and to enable the professionals providing those services to do so more effectively, efficiently and in a more person-centred way. Such improvements can also enable more joined up planning and commissioning at local and national level, including workforce planning. Development of a nationally consistent, integrated and accessible electronic care record will be a highly complex undertaking and to be successful, will require significant investment. Robust data security must be absolutely guaranteed. Careful consideration must be given to the governance of such a record to ensure that the person is informed aware and consents to how it is being used, whether to support their own care or for research, policy, planning or other purposes. RCN Scotland expects the Scottish Government to consult further about progressing plans to develop a national health and social care record.

Q12. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

The content and submission requirements for data about patients and people who are using social care services should always balance minimising the entry requirements for providers, staff and people using services, while ensuring that relevant, meaningful data is available to optimise care quality at the individual level, and at the aggregate level to plan, commission and improve services. Those being asked to provide data should always be clear about the purpose of the requested information and be able to understand the benefit of providing it.

In terms of the question posed by the Data Strategy for Health and Social Care consultation paper, it should be clear from our positions to date that the RCN supports greater sharing of an individual’s health and social care data between the organisations in the health and social care sector, up to and including the creation of a nationally consistent, integrated and accessible electronic social care and health record, because we believe it will lead to better quality services.

**9B. If you are a clinician – how could we improve patient safety through better sharing of data and information?**

We do not have any specific examples to offer but, overall, it is barely conceivable that patient safety could be anything other than improved and enhanced by the multiple health and social care professionals involved in a person's care having a holistic understanding of that person's health and social care needs and treatments. Put simply, the health and social care right hand should know what the health and social care left hand is doing.

**10. Thinking about the actions needed to improve the quality of management information and internal reporting data across health and social care:**
**10A. What are the priority pieces of management information needed (that are not currently available) to provide better health and social care services?**

The short answer to this is 'workforce data'. We recently published our report 'The Nursing Workforce in Scotland' https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322. In it we made several points about this data, including the following:

"The Auditor General's latest review of the NHS in Scotland (Audit Scotland, 2022) … says there is a lack of 'robust and reliable workforce data in our NHS' and that workforce planning has 'never been more important'. Audit Scotland's report refers to RCN Scotland's Employment Survey (RCN Scotland, 2022) which found that six in 10 nursing staff were considering leaving their job citing feeling undervalued and under pressure, poor staffing levels and low pay as the key reasons" (page 8)."

"Detailed social care workforce statistics are needed for registered nurses and nursing support workers, including WTE and headcount, vacancies, and age profile, to enable workforce planning. In addition, the most recently available data is for 2020 and the time lag in the publication of data must be addressed" (page 14).

"Another area in the independent sector for which data is limited is general practice nursing. The most recent information for registered nurses and nursing support workers is from the 2017 survey of general practices (ISD, 2018a) and the 2019 primary care workforce out of hours services (PHS, 2020). A new data collection exercise was to begin with practices required to complete data submissions. Action is needed to robustly gather this data to enable appropriate planning for the general practice nursing workforce and to include in wider planning for the future nursing workforce" (page 16).

Two of our ten recommendations (page 4-5) concerned data:
"9. Gaps in NHS, social care and general practice nursing workforce data must be addressed and regular reporting on action to deliver workforce

commitments is required to enable transparency and more robust planning for the future.
10. Scottish government must provide publicly available health and social care activity data to ensure this informs workforce planning across all health and social care settings including general practice.**"**

**10B. What is needed to develop an end-to-end system for providing business intelligence for health and social care organisations in Scotland**?

No comment.

**11. Thinking about improving the quality and ability to reuse data sets across health and social care setting and for innovation & research:**
**11A. What key data sets and data points do you think should be routinely reused across health and social care to reduce duplication of effort and stop people having to re-tell their story multiple times?**

We are not familiar with the full range of data sets and data points to which this question relates, and it would have been helpful for them to have been set out in the consultation. However, if the aim of reusing them 'across health and social care (is) to reduce duplication of effort and stop people having to re-tell their story multiple times' then they must be data sets and data point to do with an individual's health and social care needs (including medical needs) and the services and treatments of which they are in receipt as a result. If the concept of a 'nationally consistent, integrated and accessible electronic social care and health record' is to be realised in practice and to be of any use to the public and professionals alike, then it must contain the full picture of those health and social care needs (including medical needs) and those services and treatments.