QE 38
Ymchwiliad i Fil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)
Inquiry into the Health and Social Care (Quality and Engagement) (Wales) Bill
Ymateb gan Goleg Brenhinol y Therapyddion Lleferydd ac Iaith
Response from Royal College of Speech and Language Therapists

The Health, Social Care and Sport Committee's call for submissions in regards to the general principles of the Health and Social Care (Quality and Engagement) (Wales) Bill.

1. **What are your views on the general principles of the Health and Social Care (Quality and Engagement) (Wales) Bill and the extent to which it will contribute to improving and protecting the health, care and well-being of the population of Wales by,**

a) Placing quality considerations at the heart of all the NHS in Wales?

The Royal College of Speech and Language Therapists (RCSLT) support the development of a common standards framework, covering health and social care to help ensure effective quality assurance and accountability. Improvements in quality should take into account advice on clinical best practice from professional bodies.

As a professional body, the RCSLT also supports the Bills aims to embrace a wider interpretation of what quality means, particularly in relation to prevention. The prevention agenda is important in Speech and Language Therapy, if communication difficulties are identified early in life they can prevent a lifetime of problems and social consequences that develop as a result. 88% of long-term unemployed young men have speech, language & communication needs[1] and up to 60% of young people in the youth justice estate have speech, language & communication needs.[2] 50% of childrenliving in poverty may also start school with speech, language & communication needs.

b) Strengthening the voice of citizens across health and social services?

We agree that the Bill will enable people receiving care to feel confident that standards will remain the same regardless of where they receive their care.

We believe there is an opportunity to review how the citizen's voice may be maximised in integrated services. We would be keen, for example, to understand how such plans will fit with the new Citizen Voice Body for health and social care and how functions may be aligned with those of the inspectorates to reduce potential duplication of effort.

We would also be keen to explore how we can ensure effective representation of diverse needs and ensure an inclusive approach to communication. Nearly 20% of the population experience communication difficulties at some point in their lives. Many people with communication difficulties will be living with conditions which require regular medical treatment and/or social care support or such as dementia, following a stroke, learning difficulties. Any new body should ensure an inclusive communication approach to enable everyone to have a voice. By an inclusive communication approach, we mean an approach which seeks to create a supportive and effective communication environment using every available means of communication to aid understanding and expression of need and choice. This includes spoken language, written language and all forms of non-verbal

[1] Elliott N (2009) Interim results from PhD in preparation. An investigation into the communication skills of long-term unemployed men

[2] Bryan K, Freer J, Furlong C. Language and communication difficulties in juvenile offenders. International Journal
of Language and Communication Difficulties 2007; 42, 505-520.

communication. Inclusive communication is vital to equality of access to services and increased participation. **We would recommend that the five good communication standards may be used as a practical resource in this regard. (https://www.rcslt.org/news/docs/good_comm_standards)**

c) Placing a duty of candour on NHS organisations?

RCSLT welcome the introduction of a statutory duty of candour and are pleased that the Bill will cover both health and social services in Wales. We agree the legal duty should apply to organisations rather than individuals to avoid duplication and/or possible conflict with the requirements of the regulatory bodies for registered practitioners.

d) Strengthening the governance arrangements for NHS Trusts?

We are in agreement that boards and trusts should share core key principles and can see a number of benefits to this approach.

We understand that there may be potential under the new arrangements for discretion about a number of board roles to ensure robust decision-making and scrutiny. Whilst mindful of the need for agile decision-making, we would caution however that, in our view, the integrated nature of local health boards in Wales and their wide-ranging responsibilities and services requires a very different model from that in operation in other nations. RCSLT Wales would not wish to see a return to a tiered arrangement with a small executive and a wider board which would mean that some current board members would be excluded from high level decision making processes. The danger is a return to a restricted 'medical model' which loses the strength and depth that has been brought to the current boards.

We believe that given the integrated model of care in Wales, the Executive Directors of Therapies and Health Sciences (DOTHs) role brings unique perspective, skills and knowledge to boards and should be regarded as a key position under proposals for board membership. To ensure quality, it is essential to ensure a full range of professional leadership across health and social care on LHBs and trusts. Expertise from the three professionally regulated executive directors (GMC,NMC, HCPC) and are crucial to delivering for citizens across health and social care. The Health and Care professions Council (HCPC) equates to 25-30% of the NHS workforce and the DOTHs executive role spans professionals working in both health and social care. DOTHs' role is unique in bringing expertise and experience in working in the community, therapeutic and complex, cross-boundary working - skills not routinely available in other board member roles. The role is vital to supporting the policy shift to moving care closer to people's homes and is well-positioned to lead in co-operational and partnership responsibilities in relation to Regional Partnership Boards under the guidance in relation to part 9 of the Social Services and Wellbeing (Wales) Act on co-operation and partnership. DOTHs roles are also essential for leadership on the shift to community services provision and progression of workforce modernisation in primary care. We feel the three trust boards should be brought into line with the local health boards. Therapists and health scientists are employed in significant numbers in the three trusts and clear director level leadership would be equally as valuable in trusts as in health boards with regard to clinical governance and for the reasons outlined in response to the above question.

With regard to other proposals to update board membership and composition, we support the creation of a Vice Chair role and agree that Ministers should be able to appoint additional Board members on a time-limited basis if Boards/Trusts are underperforming or under escalation procedures.

2. Do you feel that there are any potential barriers to the implementation of the provisions and whether the Bill takes account of them?

3. Do you feel there are any unintended consequences arising from the Bill? If yes, please explain below.

4. **Do you feel there are any financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum)? If yes, please explain below.**

5. Do you feel that the powers in the Bill for Welsh Ministers to make subordinate legislation are appropriate? (as set out in Chapter 5 of Part 1 of the Explanatory Memorandum). Please explain below.