

**Principles to inform decision making:**  
what do I need to know?



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# Introduction

The Royal College of Nursing (RCN) has been a defender and champion of NHS Core Principles, and has used the term to underpin many of its responses to health and social care reforms.

Following a resolution at RCN Congress 2004, calling for the RCN to reject the creeping ‘privatisation’ of the NHS, it was agreed that a new expression of the NHS principles should underpin all RCN policies.

Consequently *RCN Principles: a framework for evaluating health and social care policy*, was published in April 2006 by the RCN to ‘provide a standard against which the RCN could evaluate service and policy developments, consultations and initiatives across health and social care settings and sectors within and outside the UK’. Since its publication, ‘score cards’ and other benchmarking tools have also been developed for use by local groups in specific situations, such as trust mergers.

The Fellows of the RCN, whose mission is “to improve standards of nursing care by influencing others and working through the Royal College and with those bodies that impact on nursing” have worked with the Policy Unit to update the original RCN document. This update will enable more people, in a wider range of situations, to use this document.

These revised principles serve to highlight what the RCN believes are fundamental features of the evolving role of nurses and nursing care in a modern health and social care system. The target audience for this revised publication therefore includes nurses at all levels, RCN activists from across a range of care settings, as well as policy makers interested in care and those in government.

While the original document was formulated to enable members to analyse the impacts of changes in policy on function and form of health and social care services, this updated version enlarges the focus to include, for example, the perspective of the patient. We hope this will enable RCN members to evaluate professional nursing practice within their sphere of responsibility.

# What is a principle? How do I use this in practice?



The Oxford English Dictionary states:

**A principle is ‘a fundamental truth or proposition serving as the foundation for a belief or action’.**

The principles used in this document reflect values that underlie the definition of nursing (RCN, 2003).

Any situation can be analysed by identifying the underlying idea and the values or beliefs on which it is based. This should lead to a consideration of what type of action and what factors may enhance or hinder the outcome. It is vital that the outcome is recognised - otherwise the exercise is purely academic.

The RCN Principles can operate at a number of different levels and can also be applied to more complex situations, for example, national policy initiatives.

In short, the Principles offer a framework within which actions and outcomes may be developed and tested. The RCN considers any application of these Principles to practice should enhance the situation of all concerned.



# The Principles:

## 1. Quality

The RCN has a long history of policies relating to the quality of care. Quality can be seen as both a technical measure and as a perspective expressed by the patient with regards to how he felt, what information was given and how people responded to him (RCN, 1989b).

### **Elements supporting the principle of quality**

#### **Safety**

Patient safety is the first duty of the service regulators, commissioners, providers and of the individual nurse. This safety may be psychological and emotional, as well as physical in both a personal and environmental sense, applying to staff and the general public as well as the patient/client.

#### **Dignity**

Each individual is unique and must be treated with respect so that they feel they matter. Care should promote and maintain dignity at all times with particular attention paid to privacy in all aspects of care. Compassion in caring is also essential. This requires the practitioner to assess the individual's needs with empathy and sympathy and to meet those needs with sensitivity.

Patient centred care upholds the right of the patient to contribute to decisions made regarding their care and treatment. Nursing intervention should, as far as is possible, enable the patient to maintain or regain independence.

#### **Effectiveness**

This includes working to agreed standards. Standards must be based on good evidence, be measurable, achievable and realistic. Such standards are often included in policies and procedures as guidance for best nursing practice, and should also include policies and procedures in accordance with best employment standards.

In addition, patients/clients have the right to expect those responsible for their care and treatment to be effective in their practice. This requires that the practitioner be appropriately educated and trained to be able to take responsibility for their actions. It also places responsibility on the practitioner to maintain this competence by continuing professional education and working within appropriate bounds. Service providers and commissioners need to support, recognise, and invest in individuals and teams to maintain competence in a coherent, fair and sustainable way.



## Efficiency

Robust systems, structures and processes support and enable front-line staff to deliver effective and patient centred care in a timely manner. Providing the right care at the right time means reducing waits and harmful delays for both those who receive and give care.

be robust and lasting. Service structures and organisational behaviour patterns should not only demonstrate good use of resources but where appropriate, use local produce and environmentally sensitive procurement.

## Sustainability

Services need to be adequate for present needs as well as enable development and building capacity for the future. Planning for present and future work force needs should

Here is an example of how the RCN Quality principle could be used in practice:

<b>Principle:</b>	Quality.
<b>Element:</b>	Dignity (care environments)
<b>Policy:</b>	Provide bed curtains.
<b>Evaluation:</b>	<ul style="list-style-type: none"> <li>• Are bed curtains actually provided?</li> <li>• Does the patient feel they meet their needs to provide a dignified environment?</li> <li>• Are they fit for purpose? (Appropriate material, size, and pattern; are they easy to launder and clean?)</li> <li>• What is the cost, not only of provision but of possible cross infection?</li> </ul>

## 2. Accountability

Accountability means

**‘being answerable for one’s decisions and actions’.**

The ‘Code of Professional Conduct for the Nurse, Midwife and Health Visitor’ (NMC, 2008) states that nurses, midwives and health visitors are

**“...personally accountable for actions and omissions in your practice and always able to justify your decisions.”**

This includes the requirement to act lawfully, whether those laws relate to professional practice or personal life. Nurses are accountable to employers not only for their actions but also for use of resources and the reputation of the organisation.

Finally, nurses are accountable to the general public who allow them special privileges in the provision of care. Accountability presupposes the ability to accept and carry out the task and having sufficient authority to carry it out.

### Elements supporting accountability

#### Trust

The nurse-patient relationship is founded on trust. This enables the nurse to have privileged access to the patient/client and nurses’ actions must be such that they inspire confidence in the individual and society. Corporate, financial and clinical governance within provider and commissioner organisations should inspire public confidence.

#### Transparency

Service providers, commissioners and practitioners should be prepared to respond to questioning regarding their actions and to be able to justify the services provided or withheld. Patient/client records which describe what the nurse has done should be open and available to the patient/client (or in special circumstances a significant other) and to staff on a ‘need to know’ basis’. The NHS is funded by public money and therefore restriction on information should be the exception rather than the norm.





## Leadership

The quality of leadership has a direct impact on the quality of service provided at all levels. Service providers and commissioners should demonstrate clear leadership, and the accountability and responsibility of their leaders. Team leaders at all levels are accountable for staff in their team, ensuring that they are appropriately educated, trained and competent to undertake assigned tasks. They are also responsible for staff development and the identification and preparation of future leaders.

## Confidentiality

The code which covers all practising nurses (NMC, 2008) requires the assurance of patient confidentiality. Interactions between a patient/client and staff should remain a matter of private communication within the boundaries of safety and clinical efficiency.

Patient data should only be shared on the basis of 'need to know.'

## Responsibility

This is a defined area of expected action which at times may only involve monitoring; it does however require personal acceptance by the practitioner. It has to be both given by the leader of care planning and accepted by the person giving the care. In addition patient/client autonomy requires that his/her responsibility also be acknowledged. Service providers and commissioners should demonstrate their responsibility and responsiveness to the public in a transparent, accessible and democratic way.



## 3. Equality

The principle of equality, that is non-discrimination on grounds of age, gender, race, religion, sexual orientation and social status, is fundamental in UK society.

However in the context of individual patient care the nurse has to recognise that each patient/client has individual and unique needs and justice may require actions that are not identical.

### Elements supporting equality

#### Equity

This requires actions that are fair and just according to the needs not only of the individual patient/client, but also the staff and the way resources are allocated. They may not be necessarily the same (equal) to those accorded in other situations or to any other patient/client.

#### Diversity

This is related to the element of equity. All interventions are not the same but are varied according to individual need. Service providers and commissioners should ensure that they operate on the principles of valuing and promoting diversity, and implementing equality of opportunity with

full transparency. Organisations should challenge and eradicate institutional and other forms of discrimination. Staff must have equality of opportunity within diversity.

#### Universality

While all interventions may not be the same, every individual should have access to care tailored to their individual needs regardless of gender, race, age, religion, sexual orientation or social status. Services should continue to be publicly funded through taxation and be available to all service users in the UK regardless of ability to pay.

#### Accessibility

The RCN strongly supports the principle that health care must be available to all who are in need and that such care must be provided on the basis of clinical need. The RCN is committed to reducing inequalities in access to health care. Examples of inequality of access are variations in available treatment depending on the patient's post-code, age, or social behaviour. Government policies need to be kept under review to highlight possible breaches of this principle (DH, 2007).



## Advocacy

‘Speaking on behalf of another’ is an integral part of the nurse’s role. It operates at all levels from speaking for the individual patient/client to questioning national policy. Service providers and commissioners should ensure that their processes, procedures, practices and policies actively encourage - rather than exclude - public participation. This includes the right to critically feed back without hindrance on the way that services are delivered.

Here is an example of how the RCN Equality principle could be used in practice:

<b>Principle:</b>	Equality (England only).
<b>Element:</b>	Access (to primary care services).
<b>Policy:</b>	Use of ‘polyclinics’
<b>Evaluation:</b>	<ul style="list-style-type: none"> <li>• Do the local public and professional groups recognise and agree on the problems to be addressed by building a polyclinic?</li> <li>• Do the services proposed clearly address and reflect local needs and concerns and enhance availability of services?</li> <li>• For example is the proposed clinic sited to maximise ease of access for the community it serves? For e.g. are there good public transport links? Is it a safe and welcoming environment?</li> <li>• What evidence or best practice is available to demonstrate that this approach will enhance access for patients?</li> </ul>

## 4. Partnership

A commitment to partnership is one of the defining characteristics of nursing (*Defining Nursing* RCN, 2003) but partnership can operate on many levels:

- between the individual nurse and individual patient
- between nurses and other health professionals
- between health care, social care and increasingly a range of other services such as education, transport or local government.

### Elements supporting partnership

#### Consultation and negotiation

These concepts are usually related to agreements about service provision or employment relations where there needs to be meaningful consultation and negotiation over service provision with trade unions, professional associations and members of the public. However these elements may be applied equally to the provision of individualised care, ensuring that the care is tailored to patient/client needs and takes account of their wishes and preferences as well as their clinical need. It is important that consultation occurs at the beginning of the interaction and not after the event.

#### Collaborative decision making

This is the ‘end stage’ of consultation and negotiation. Partnership is particularly important in decision making by a multi-disciplinary team regarding the integrated care of the individual patient. Nurses must be recognised as partners and fully involved in service changes and service development.

#### Representation

All people, whether staff or patients/clients, must have access to those who can individually or/and collectively speak on their behalf, acting as advocates who can articulate their views about policies and service development at local and national level. It is important that the availability





of such advocates is published and widely disseminated. Service providers and commissioners should demonstrate how they are actively and meaningfully engaging stakeholders (service users, carers and staff) in the design, delivery and evaluation of services, regardless of financial pressures.

## Legitimacy

The legitimacy of nurses to make a contribution to patient care at individual, policy and service provision levels, based on expert knowledge, must be properly recognised. This may be at an individual level or via representative bodies.

## Involvement

The public has the right to be included in all aspects of service commissioning, planning and delivery. Service providers and commissioners should demonstrate how services are developed around the needs of the public they serve, rather than the other way round. Patients and clients, if they are able, need to be involved in the planning and carrying out of their care, in addition to the requirement of giving consent. Where the patient/client is in agreement it may be valuable to also involve family members or others within a close relationship.

Here is an example of how the RCN Partnership principle could be used in practice:

<b>Principle:</b>	Partnership
<b>Element:</b>	Involvement
<b>Policy:</b>	World class commissioning (“engage with public and patients”) (England Only)
<b>Evaluation:</b>	<ul style="list-style-type: none"> <li>• How have the primary care trusts explained to the public the Government requirements to engage with them?</li> <li>• Have the primary care trusts clarified what this actually means?</li> <li>• Do emerging structures and services facilitate the involvement of public in a meaningful way?</li> <li>• Do published commissioning plans reflect those locally expressed needs?</li> </ul>

In an increasingly fast-paced practice and policy environment, we believe it is important to explore the principles which underpin new developments rather than just accept them at face value. As such, RCN Principles can be used to inspire and inform discussions around changes in nursing practice or in health and social care policy.

We would encourage members to send us their suggestions. If you have examples where the above principles have been helpful as a framework for analysis of a current policy or practice issue we would like to hear from you.

Contact us by e mailing [policycontacts@rcn.org.uk](mailto:policycontacts@rcn.org.uk) or by writing to us The Policy Unit, RCN, 20 Cavendish Square, London, W1G 0RN.



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