Dumfries and Galloway Professional Assurance Framework:

Health* and Social Work Professionals

March 2016

("the term ‘health professional’ is used here for ease and refers to nurses, midwives, allied health professionals, and community and hospital based medical staff. It does not include independent contractor services for the purposes of this document as there are specific arrangements in place for these services with regard to monitoring quality within Primary and Community Care which will continue.")
1. INTRODUCTION

Professionally registered practitioners working in health and social care across Scotland perform their roles in a diverse range of settings. A large proportion still work in hospitals, with a significant number working in community settings in or close to people’s own homes. The organisational context in which professionally registered practitioners fulfil their roles is complex. Lines of accountability can be convoluted and often span organisational boundaries. Fostering team working is equally important as developing the roles of any one professional group.

The Integrated Joint Board, NHS Boards and Local Authority have corporate accountability for maintaining and improving the quality of services in the form of clinical and social care governance. The question is; how can they be assured of the quality of their health, and social care professionals?

Accountability for the quality of:

- Nursing, midwifery and Allied Health Professionals (AHPs) is devolved to the Executive Nurse Director to ensure there is clarity of professional responsibility and robust accountability structures for professional nurses, midwives and AHPs. The Executive Nurse Director has overall responsibility for NMAHP practice and standards.
- Social work is the responsibility of the Chief Social Work Officer. Each local authority is required by law to appoint a Chief Social Work Officer (CSWO), who must hold a social work qualification and has a key role in ensuring components are in place for developing good governance: culture, systems, practices, performance, vision and leadership and in overseeing compliance with these arrangements. The CSWO have overall responsibility for social work practice and standards—whether provided directly by the local authority or in partnership with other agencies.

This clarity for professional accountability and leadership is most needed in times of significant organizational and structural change and in the commissioning of services; when patients, families and service users may be more at risk if responsibilities for tasks and care are unclear.

Individually nurses and midwives are professionally accountable to the Nursing and Midwifery Council (NMC); social workers are professionally accountable to the Scottish Social Services Council (SSSC), with AHPs accountable to the Health and Care Professions Council (HCPC); but they also have a contractual accountability to their employer and are accountable in law for their actions. This is the position irrespective of the setting and context within which professionally registered practitioners perform their roles.

This Framework sets out how the Executive Nurse Director and Chief Social Work Officer provide assurance to the IJB, NHS Board and the Local Authority in Dumfries and Galloway on the quality and professionalism of the health, and social care professionals for which they have accountability. When implemented, the framework provides evidence that structures and processes are in place to provide the right level of scrutiny and assurance across all these professional services. It is one of the key methods by which clinical and care governance will be achieved across integrated health and social care. The Professional Assurance Framework can be found in Appendix 1.

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1 Kings Fund (2013), Making Integrated Care Happen at Scale and Pace, The Kings Fund London
1.1 The Professional Assurance Framework in Context

The Scottish Government set out the 2020 Vision and Strategic Narrative\(^3\) for achieving sustainable quality in the delivery of health and social care across Scotland. This vision can only be realised if the people who deliver care in Scotland work in partnership with the people they serve. This Framework, as well as assuring the Integrated Joint Board (IJB), Dumfries and Galloway NHS Board and the Local Authority, will also demonstrate to the Scottish Government how health and social care professionals within Dumfries and Galloway are meeting the ambitions of the Public Bodies (Joint Working) (Scotland) Bill 2013.

2. WHY IS THIS PROFESSIONAL ASSURANCE FRAMEWORK NECESSARY?

2.1 The Integration of Health and Social Care

The Public Bodies (Joint Working) (Scotland) Bill introduced in the Scottish Parliament in May 2013 aims to enact the Scottish Government’s commitment to integrate adult health and social care. The policy memorandum to the Bill states that integration means that:

“…services should be planned and delivered seamlessly from the perspective of the patient, service user or carer, and that systems for managing such services should actively support such seamlessness”\(^4\).

The integration of health and social care has been a Government imperative for over two decades. Power and hierarchies in professional and managerial relationships tend to get in the way\(^5\). Successful integration will require decision-making to be devolved to locality management teams where the focus will be on developing new and innovative solutions. The ability of Health and Social Care Partnerships to reshape care effectively will be crucially dependent on the willingness of the parent bodies to exercise facilitative leadership, that is “to let go”\(^3\). Cultural change of this magnitude will require innovation, flexibility and informed risk-taking.

2.2 The Mid Staffordshire Public Enquiry Report (The Francis Report 2012)

For the NHS the Francis Report was a landmark publication for with implications for the rest of the UK. It has important messages for all professional practitioners. Among the many recommendations the Francis Report called for a stronger nursing voice in safeguarding acceptable standards of care. So, at the same time that the integration of health and social care requires flexibility, innovation and informed risk-taking, the Mid Staffordshire Public Enquiry Report calls for fundamental standards, clearer accountability, simplified regulation and more effective external scrutiny\(^6\). These principles require to be equally applied to AHP and social work standards of practice in order to build a strong, cohesive professional whole – which delivers high quality services with, and to, communities and families.

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\(^3\) Scottish Government 2020 Vision Available online http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision
\(^5\) Joint Improvement Team (2009), Barriers to Partnership Working, Available online http://www.jitscotland.org.uk/supporting-partnership/work-areas/
2.3 Transforming Care: A national response to Winterbourne View Hospital (2012)

This report had the equivalent impact on social work and Local Authorities that the Francis Report had on the NHS. It exposed wider issues in the care system. It laid out clear actions for health and local authority commissioners in order to transform care for clients with learning disabilities. The report made clear that Directors are directly accountable and responsible for the quality of care and practice taking place under their watch.

Chief Social Work Officers and Executive Nurse Directors must balance empowering facilitative leadership with absolute clarity in roles, accountabilities and expectations in order to achieve the necessary professional assurance with regard to standards of practice. The examples given here provide some context but there are obviously other reports over recent years with disappointingly similar and recurring themes, which demonstrate the need for professional assurance.

3. WHO IS THE PROFESSIONAL ASSURANCE FRAMEWORK FOR?

This Framework applies to all health, and social care professionals irrespective of their grade or seniority. It is closely aligned with the statutory regulatory frameworks and professional guidance that underpin nursing, midwifery, AHP and social work practice. Crucially, it will enable health, and social care professionals to carry out their responsibilities, confident in their knowledge of accountability both for their actions and those actions which they have delegated to others.

The Framework also has wider applicability to those responsible for services and the quality of care delivered to patients/clients or service users. This may be within settings where staff from different organisations work together with a manager who may be from a different professional group or background.

The Chief Social Work Officer and Executive Nurse Director must ensure that all agencies in our Health and Social Care Partnership fulfil the responsibilities set out in the Assurance Framework. In fulfilling their role, these professional leaders must have access to people and information across the NHS and Local Authority, partner services and agencies where health and social care professionals perform their roles.

4. COMPONENTS OF THE PROFESSIONAL ASSURANCE FRAMEWORK

The Assurance Framework which has been set out in the format of a Driver Diagram (logic model) aims to ensure that there are:

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7 NMC
8 Midwives Rules & Standards
9 NHS Highland (2012) Professional NMAHP Leadership Framework Within the Lead Agency Model
‘Explicit and effective lines of accountability from the care setting to the Executive Nurse Director, Medical Director and Chief Social Work Officer; which provide assurance on standards of care, practice and professionalism’.

The building blocks to meeting the aim are provided as a series of Primary Drivers. Core specific actions, systems and processes needed to meet each Primary Driver are set out in separate sections from pages 9 -12. Examples of indicators to demonstrate the extent to which these requirements are in place are included. These can be converted into measures to inform improvements where required. The Primary Drivers and the rationale behind them are summarized below.

4.1 Health and Social Care Professionals are equipped, supervised and supported according to regulatory requirements
The building blocks to effective systems of assurance starts where caring takes place - at the interface between practitioners and the people they serve. As such practitioners must be fully equipped, supported and supervised. The Framework sets out what is needed in this respect and explains how to provide assurance that systems are in place and working effectively.

4.2 There is dispersed leadership which focuses on outcomes and promotes a culture of multi-professional parity and respect
The Executive Nurse Director and Chief Social Work Officer are professionally accountable for the quality of the nursing, midwifery, AHP and social work service provided in their organisations. Given the size and complexity of most organisations they must extend their span of clinical governance and professional influence through a dispersed and devolved professional leadership structure. Hierarchies can be constraining but equally there must be easy access to professional leadership, advice and support for operational managers at the different levels throughout the organisation.

The professional leaders selected for these roles must be able to foster (and demonstrate) effective team working through a mutual respect for the contribution of other professional groups and agencies. The focus must be on achieving health and social care outcomes as well as the ones that matter to the people served. An effective nursing, midwifery, AHP and social work leadership structure can be likened to the weave of a fabric that can be tightened or loosened depending upon the circumstances and the capability of the leaders that occupy professional leadership roles. It must set clear parameters but also empower.

4.3 There is clear accountability for standards and professionalism at each level and upwards to the IJB, NHS Board and Local Authority
As well as structures there must be clearly defined roles and accountabilities in terms of the uniqueness of registered nurse, midwife, AHP or social worker roles particularly where they overlap. Practitioners and professional leaders must understand what is expected of them, how to fulfil these expectations and how to provide assurance on their effectiveness. Non-clinical managers must also be clear about what is expected when nurses, midwives, AHPs and social workers report to them in a line management capacity.

4.4 The IJB, NHS Board and Local Authority have a clear understanding of the quality of the nursing, midwifery, AHP and social work service
The final building block in this Framework is that, for the NHS Board and Local Authority to be fully accountable, they must have a clear understanding about the quality of the nursing, midwifery, AHP and social work service provided in their region. Crucially there must be transparency. A combination of retrospective and real time data should be used to provide assurance that systems and processes are in place and working effectively.
5. HOW TO USE THIS PROFESSIONAL ASSURANCE FRAMEWORK

This Assurance Framework can be used in a variety of ways such as to:

- Confirm there is a system of safeguarding in place for which Chief Executives are ultimately accountable
- Review and strengthen what is already in place in relation to nursing, midwifery, AHP and social work roles and practice, leadership, governance and reporting arrangements
- Highlight where improvements are required
- Clarify what is expected of nurses, midwives and social workers, professional leaders and operational managers
- Provide guidance on what needs to be in place when setting up new organisational structures
- Reinforce the importance of professional conduct and competence during appraisal and personal development and review processes
- Assist managers and practitioners in ensuring that appropriate professional attitudes and behaviours are identified and in taking supportive and remedial action where required.

6. PROFESSIONAL REQUIREMENTS

As an aid to using this Professional Assurance Framework some of the underlying concepts are clarified below.

6.1 Accountability and Responsibility

The terms ‘responsibility’ and ‘accountability’ should not be used interchangeably.

**Responsibility** can be defined as a set of tasks or functions that an employer, professional body, court of law or some other recognised body can legitimately demand. Responsibility for completion of a set of tasks or functions can be delegated.

**Accountability** can be defined as demonstrating an ethos of being answerable for all actions and omissions, whether to service users, peers, employers, standard-setting/regulatory bodies or oneself. Accountability cannot be delegated.

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6.2 Scope of Practice
Health and social care professionals must work within the parameters of their designated role and capability.

For nurses and midwives this was formerly known as the Scope of Professional Practice but guidance on this has subsequently been incorporated into the NMC Code of Professional Conduct\textsuperscript{11}. The pertinent statements are that nurses and midwives:

- Must have the knowledge and skills for safe and effective practice when working without direct supervision.
- Must recognise and work within the limits of their competence.

For social workers the SSSC has clear Codes of Practice which set out the standards of professional conduct and practice required of social workers. This document states that social workers must:

- be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

For AHPs the Health and Care Professions Council has the Standards of Conduct, Performance and Ethics; in which duties as a registrant are stated clearly. In particular:

- You must keep your professional knowledge and skills up to date.
- You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.

6.3 Delegation
If a registered practitioner delegates a task, then that practitioner must be sure that the delegation is appropriate. This means that the task must be necessary; and the person performing the delegated task, for example a Support Worker or student, must understand the task and how it is performed, have the skills and abilities to perform the task competently and accept responsibility for carrying it out\textsuperscript{12}.

Apart from a number of specific circumstances, the law does not prescribe which tasks are suitable for particular healthcare personnel. However, it does provide a crucial regulatory framework that applies to every individual practitioner, irrespective of their rank or role. The law imposes a duty of care on practitioners, whether healthcare support workers, registered professional practitioners, doctors or others, in circumstances where it is ‘reasonably foreseeable’ that they might cause harm to patients/clients through their actions or their failure to act\textsuperscript{13}.

If these conditions have been met and an aspect of care is delegated, the delegate becomes accountable for their actions and decisions. However, the health or social care professional remains accountable for the overall management of the person in their care, and cannot delegate this function or responsibility.

Where another, such as an employer, has the authority to delegate an aspect of care, the employer becomes accountable for that delegation. In accordance with the NMC Code of Conduct\textsuperscript{14}, nurses or midwives must act without delay if they believe a colleague or anyone else may be putting someone at risk.

7. CONCLUSIONS AND RECOMMENDATIONS

The requirement for health and social care professionals' accountability remains the same no matter where they work or who they work with. In times of organisational change and upheaval it is possible to lose sight of this. Previously accepted norms deconstruct and professional identity is challenged. Sometimes such challenge is appropriate to enable progress to be made, but the four primary drivers set out in this Framework are the fundamentals to assuring professional practice in Dumfries and Galloway. They must not be eroded or compromised.

There will undoubtedly be rugged terrain to navigate as the IJB, NHS Board and Local Authority work more formally with other agencies to build new relationships and working practices in pursuit of integrated care. Health, and social care professionals will play their part but they need to feel confident that their organisations understand what is required of them to meet their codes of professional conduct/standards of professional practice, and work within the law. At a human level, it is often only when there are clear parameters and a concordance in approach that people feel confident enough to innovate and flourish. The following suggests how this Framework will be used to best effect.

\textsuperscript{14} NMC Code
# NMAHP and Social Work Professional Assurance Framework

## Aim

<table>
<thead>
<tr>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
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<tbody>
<tr>
<td>1. Practitioners are equipped, supervised and supported according to regulatory requirements</td>
<td>Each registered practitioner meets professional regulatory requirements</td>
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<tr>
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<td>Staff with the right skills and values are recruited in line with requirements</td>
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<td>Staff undertake mandatory training and continuing professional development activities</td>
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<td>Staff are managerially supervised and formally appraised</td>
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<td>Staffing levels are informed by local &amp; National Workforce and Workload Planning tools</td>
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<td>There is an underpinning agreement with relevant Further and Higher Education Institution/Universities to govern student placements</td>
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<td>Continuing ‘fitness to practice’ requirements are fully met</td>
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Explicit and effective lines of accountability from the care setting to the Integrated Joint Board (IJB), NHS Board and Local Authority which provide assurance on standards of care and professionalism

2. Dispersed professional leadership focuses on outcomes and promotes a culture of interagency parity and respect

- A team culture of collaboration is the norm through cross-professional/agency formal education and development
- Staff have the interpersonal skills and leadership ability to engage constructively in multi-agency partnership to achieve outcomes
- The unique contribution and accountability of professional roles in integrated care settings is clear
- Staff understand and have easy access to guidance on their professional accountability in multi-agency teams where role blurring is expected
- Staff have access to formal supervision to discuss professional practice

3. There is clear accountability for standards and professionalism at each level and upwards to the IJB, NHS Board and Local Authority

- Senior professional leaders are engaged in all decisions affecting health and social care professionals. An escalation process is in place to raise issues of concern
- Vacancy levels, reasons for absence and temporary staffing use are monitored
- A process measurement is used to demonstrate appropriate professional behaviours
- A summary of learning and improvement from quality measures such as indicators, complaints and critical incident investigations are made available
- There is a system in place for operational and professional managers to jointly review data

4. The IJB, NHS Board and Local Authority have a clear understanding about the quality of NMAHP and social work service

- There is a direct reporting link from each level through to the Executive Nurse Director (END) and Chief Social Work officer (CSWO)
- The END and CSWO are aware of areas of concern and seek further assurance and improvement
- The NM/AHP/SW Professional Advisory Committees support the END and CSWO
- The END and CSWO model effective professional leadership
- Retrospective and ‘real time’ performance data is reviewed at IJB, NHS Board and Local Authority level
HOW WE PROVIDE ASSURANCE

1. Practitioners are equipped, supervised and supported according to regulatory requirements

<table>
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<tr>
<th>Steps to Meeting Secondary Drivers</th>
<th>Indicators</th>
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<tr>
<td>An up-to-date record is held of each practitioner’s registration details</td>
<td>✓ NMC, HCPC, SSSC Registration monitoring records</td>
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<tr>
<td>A senior NMAHP or social worker is involved in the recruitment of all NMAHPs or social workers according to the appropriate profession to ensure professional robustness of the process.</td>
<td>✓ Recruitment monitoring data</td>
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<td>Professional values and attitudes are explicitly assessed as part of the interview process (values based interviews).</td>
<td>✓ Performance appraisal records</td>
</tr>
<tr>
<td>Each practitioner holds their own training record and understands their responsibility along with their manager for meeting mandatory training requirements</td>
<td>✓ Personal Development Planning and Review (PDR) statistics (including extent to which actions identified and agreed upon during PDP/PDR processes have been progressed and completed)</td>
</tr>
<tr>
<td>Performance appraisal is undertaken by operational managers with input from a senior NMAHP or social work representative informed by feedback from colleagues and patients/clients</td>
<td>✓ Individual learning and development records</td>
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<tr>
<td>Practitioners have access to a professional supervisor (mandatory in professionally isolated multi-agency settings)</td>
<td>✓ Capacity to provide and uptake of professional supervision</td>
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<tr>
<td>Inter-agency / cross-professional formal education and development is monitored through governance arrangements</td>
<td>✓ Practice Education Facilitator (PEF) reporting; NES performance management reports: NMC/HCPC/SSSC validation and monitoring reports</td>
</tr>
<tr>
<td>Implementation of all requisite professional regulatory educational quality standards (e.g. QSPP and Standards for Learning and Assessment in Practice)</td>
<td>✓ Mandatory training records</td>
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<td>✓ Service Level Agreements (SLAs) with relevant HEI/Universities to provide bespoke education when required</td>
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</table>
2. Dispersed professional leadership focuses on outcomes and promotes a culture of inter-agency parity and respect

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<thead>
<tr>
<th>Steps to meeting Secondary Drivers</th>
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<tr>
<td>Senior practitioners have access to leadership development in partnership working and leading across organisational boundaries</td>
<td>✓ NMAHP and social work leadership and professional reporting structure</td>
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<td>Protocols are in place to support and advise practitioners on delegation of activities within the NHS, Local Authority and integrated care settings</td>
<td>✓ % staff undertaking multi-agency leadership development programmes</td>
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<td>A senior NMAHP/social worker agrees staffing levels with operational managers informed by local and national tools</td>
<td>✓ Compliance with protocols on:</td>
</tr>
<tr>
<td>An explicit decision-making process underpins which professional is most appropriate to provide specific aspects of care based on assessed need and person-centred outcomes.</td>
<td>️ role clarity</td>
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<tr>
<td>An independent and objective senior NMAHP/social worker sits on disciplinary panels where professional conduct/competence is an issue</td>
<td>️ delegation principles in multiagency settings</td>
</tr>
<tr>
<td>A system is in place to enable all staff to raise a concern if they are asked to undertake a task for which they do not feel competent</td>
<td>️ Professional accountability and reporting processes</td>
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✓ Dependency/occupancy/skill mix/nurse to bed ratio reports
✓ Patient/client record audits (outcome data)
✓ Patient/client feedback data
✓ Staff feedback data
✓ Staff absence data
✓ Staffing establishments and levels
✓ Staff Experience data
3. There is clear accountability for standards and professionalism at each level and upwards to the IJB, NHS Board and Local Authority

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<tr>
<td>There is a formal system for involving the senior NMAHP or social worker in professional issues involving NMAHPs or social workers e.g. HR issues, the workforce and clinical governance implications of service design/redesign</td>
<td>✓ Workforce data e.g. skill mix reviews, staff vacancies, temporary staffing use (agency and bank)</td>
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<tr>
<td>The senior NMAHP or social worker reviews workforce data with operational managers e.g. actual against proposed skill mix, vacancies, absence rates</td>
<td>✓ Core mandatory quarterly attendance statistics, capability, disciplinary and grievance data</td>
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<td>A measure is used to demonstrate / improve appropriate professional behaviors</td>
<td>✓ Risk management reports</td>
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<tr>
<td>Summaries of learning and improvement from quality measures (such as quality indicators, complaints and critical incident investigations) are used for organisational learning and are embedded within governance structures</td>
<td>✓ Critical incident review reports</td>
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<tr>
<td>A recognised and well-publicised escalation process is in place to ensure NMAHPs and social workers are able to bring concerns to the attention of senior managers and that they receive feedback</td>
<td>✓ Outcome of review of appropriate professional behaviours, action plans and progress reports</td>
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<td>PIN and relevant Local Authority Guidelines and Policies underpin practice</td>
<td>✓ Clinical quality indicator reports</td>
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<td>✓ Escalation reports and outcomes</td>
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4. The IJB, NHS Board and Local Authority have a clear understanding about the quality of NMAHP and social work services

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<tr>
<td>➢ There is a formal system for reporting to the Executive Nurse Director and Chief Social Work Officer on professional issues involving NMAHPs and social workers</td>
<td>✓ Independent scrutiny reports, action plans and progress reports</td>
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<tr>
<td>➢ A quality report is made to the NHS Board and Local Authority via relevant governance structures which triangulates indicators of workforce and professionalism with relevant aspects of scrutiny and review reports, feedback on professional behaviours and demonstrates evidence of the learning and continuous improvement arising from these.</td>
<td>✓ Scottish Public Service Ombudsman reports</td>
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<td>✓ Complaints, compliments and critical incident statistics and reports (including reports of near misses)</td>
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<td>✓ Staffing and skill mix review reports</td>
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<td>✓ Records of referrals to NMC/HCPC/SSSC and outcome of investigations and hearings.</td>
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<td>✓ Pre and Post Registration Education Placement Audit reports</td>
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<td>✓ Patient/client feedback data</td>
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<td>✓ Staff feedback data</td>
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<td>✓ Risk management data (e.g. DATIX reports)</td>
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<td></td>
<td>✓ Specific Scottish Patient Safety Programme and joint improvement collaborative indicators</td>
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<td></td>
<td>✓ Healthcare Improvement Scotland, Care Inspectorate inspection reports and audits</td>
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