Nursing and Midwifery Professional Assurance Framework

A Framework to demonstrate how Executive Nurse Directors provide assurance to the NHS Board on the quality and professionalism of nursing and midwifery in Shetland.

Kathleen Carolan
Director of Nursing & Acute Services, June 2014
## Table of Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Item</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>1.1</td>
<td>The Professional Assurance Framework in Context</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>WHY IS THIS PROFESSIONAL ASSURANCE FRAMEWORK NECESSARY?</td>
<td>4</td>
</tr>
<tr>
<td>2.1</td>
<td>The Integration of Health and Social Care</td>
<td>4</td>
</tr>
<tr>
<td>2.2</td>
<td>The Mid Staffordshire Public Enquiry Report (The Francis Report)</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>WHO IS THE PROFESSIONAL ASSURANCE FRAMEWORK FOR?</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>COMPONENTS OF THE PROFESSIONAL ASSURANCE FRAMEWORK</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Practitioners are equipped, supervised and supported according to regulatory requirements</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>There is dispersed leadership which focuses on outcomes and promotes a culture of multi-professional parity and respect</td>
<td>6</td>
</tr>
<tr>
<td>4.1</td>
<td>There is clear accountability for standards and professionalism at each level and upwards to the NHS Board</td>
<td>7</td>
</tr>
<tr>
<td>4.2</td>
<td>NHS Boards have a clear understanding about the quality of the nursing and midwifery service</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>HOW TO USE THIS PROFESSIONAL ASSURANCE FRAMEWORK</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>PROFESSIONAL REQUIREMENTS</td>
<td>8</td>
</tr>
<tr>
<td>6.1</td>
<td>Accountability and Responsibility</td>
<td>8</td>
</tr>
<tr>
<td>6.2</td>
<td>Scope of Practice</td>
<td>8</td>
</tr>
<tr>
<td>6.3</td>
<td>Delegation</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>CONCLUSIONS AND RECOMMENDATIONS</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Appendix A - NHS Shetland (Acute Services and Community Health &amp; Social Care) – Professional Assurance Framework</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Appendix B – Specific Responsibilities Associated with Professional Lead Role</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Appendix C – Nursing and Midwifery Professional Assurance Framework Driver Diagram</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>APPENDIX D – Professional Leads for Nursing &amp; Midwifery across Acute Services and Health &amp; Social Care</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>APPENDIX E – Lines of Professional Accountability across Nursing &amp; Midwifery</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>APPENDIX F – NMC Referral Pathway</td>
<td>21</td>
</tr>
</tbody>
</table>

Acknowledgements: This framework is based on the national nursing and midwifery professional framework (2014) developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored. Thanks also go to NHS Orkney and NHS Highland for access to the quality assurance models which have been developed by these Health Boards to as part of the governance arrangements for delivering health and social care service integration.
1. INTRODUCTION
Nurses and midwives working in NHS Scotland perform their roles in a diverse range of settings. While the largest proportion still work in hospitals, a significant number work in community settings in or close to people’s own homes. The organisational context in which nurses and midwives 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.

NHS Boards have corporate accountability for maintaining and improving the quality of services in the form of clinical governance. The question is, how can they be assured of the quality of the nursing and midwifery service? Accountability for the quality of nursing and midwifery is devolved to Executive Nurse Directors to ensure there is clarity of professional responsibility and robust accountability structures for professional nurses and midwives. This is likely to be most needed in times of significant organizational and structural change and in the commissioning of nursing and midwifery services, when patients, families and service users may be more at risk if responsibilities for task and care are unclear.

Individually, nurses and midwives are professionally accountable to the Nursing and Midwifery Council (NMC) 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 nurses perform their roles. This Framework sets out how Executive Nurse Directors provide assurance to the NHS Board on the quality and professionalism of nursing and midwifery. When implemented, the framework provides evidence that structures and processes are in place to provide the right level of scrutiny and assurance across all nursing and midwifery services. The Professional Assurance Framework and the systems in place to demonstrate assurance in Shetland is shown in Appendix A.

1.1 The Professional Assurance Framework in Context
Taking a wider perspective, nurses and midwives are fundamental to Scottish Governments ambitions for NHS Scotland to be a world leader in healthcare quality. The NHS in Scotland currently employs 57,280 nurses and 2,982 midwives (as at 17th January 2014). They work across fourteen regional NHS Boards, seven special health boards and one public health body. Each NHS Board is accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates. The Health and Social Care Management Board oversees NHS Scotland on behalf of Scottish ministers. The Chief Nursing Officer (CNO) for

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1 Kings Fund (2013), Making Integrated Care Happen at Scale and Pace, The Kings Fund London
4 ISD Nursing and Midwifery Workforce Statistic January 2014 Available online http://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/
5 NHS in Scotland Available online http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/NHS-Boards
6 Healthcare Improvement Scotland Available online http://www.healthcareimprovementscotland.org/welcome_to_healthcare_improvem.aspx
Scotland is the Board member with overall responsibility for nursing and midwifery. The CNO and a team of professional advisors including the Chief Midwifery Advisor, work in partnership with Executive Nurse Directors to ensure the highest standards of nursing and midwifery care in Scotland. The Healthcare Quality Strategy launched by the Cabinet Secretary for Health, Wellbeing and Cities Strategy in May 2010 has inspired the NHS to work towards a shared vision of world-leading safe, effective and person-centred healthcare.

Since the launch of the Quality Strategy, the Scottish Government set out the 2020 Vision and Strategic Narrative 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 (including Nurses and Midwives) work in partnership with the people they serve. This Framework, as well as assuring NHS Boards, demonstrates to Scottish Government how NHS Scotland’s nurses and midwives are meeting the ambitions of the Healthcare Quality Strategy and the Public Bodies, (Joint Working) (Scotland) Bill 2013.

2. WHY IS THIS PROFESSIONAL ASSURANCE FRAMEWORK NECESSARY?

A number of demographic and environmental changes have influenced a shift in the delivery of health and social care. These are well articulated in other documents so it is not the intention to repeat them here. A full bibliography can be found on page 13. However, in setting the context for this Assurance Framework, three of these have specific relevance and should be seen as underpinning documents. These are the Joint Declaration on Nursing, Midwifery and AHP Leadership, the Chief Nursing Officer’s paper on Professionalism in the NMAHP professions in Scotland and the Care Governance Framework.

It is also worth reflecting on other influences which are likely to have a significant impact on how nurses and midwives work going forward. These are the forthcoming revalidation of nurses and midwives regulated by the NMC, to provide greater public confidence in professionalism and fitness to practise; the Public Bodies (Joint Working) (Scotland) Bill (2013) and the Francis Report of the Mid Staffordshire Public Enquiry (2013). Together these signal the need for a reappraisal of systems of professional accountability and assurance.

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:

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“…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”\textsuperscript{12}.

The integration of health and social care has been a Government imperative for over two decades. Progress has been patchy and the Joint Improvement Team (JIT) suggests that at least a third of public bodies in Scotland experience problems in partnerships. Power and hierarchies in professional and managerial relationships tend to get in the way\textsuperscript{13}. 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”\textsuperscript{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)

The Francis report was a landmark publication for NHS England with implications for the rest of the UK. It has important messages for all. 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\textsuperscript{14}. Together these serve to illustrate the complexity within which nurses and midwives and other professional groups are working. Cutting through this complexity, Executive Nurse Directors must balance empowering facilitative leadership with absolute clarity in roles, accountabilities and expectations.

3. WHO IS THE PROFESSIONAL ASSURANCE FRAMEWORK FOR?

This Framework applies to all nurse and midwife registrants, irrespective of their grade or seniority. It is closely aligned with the statutory regulatory frameworks\textsuperscript{15} \textsuperscript{16} and professional guidance that underpin nursing and midwifery practice. Crucially, it will enable nurses and midwives to carry out their clinical 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 clinical services and the quality of care delivered to patients/clients. This may be within the NHS but also in settings where staff from different organisations work together with a manager who may be from a different professional group or a non-clinical background. As a member of an integrated NHS Board, Executive Nurse Directors must ensure that all agencies in Health and Social Care Partnerships fulfil the responsibilities set out in the Assurance Framework. In fulfilling their role in multi-agency settings, Executive Nurse Directors must have access to people and

\textsuperscript{12} SPICe Briefing, Public Bodies (Joint Working) (Scotland) Bill, Available online
\textsuperscript{13} http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-50.pdf
\textsuperscript{15} NMC Code
\textsuperscript{16} Midwives Rules & Standards
information across the NHS and the local authority, partner services and agencies where nurses and midwives perform their roles\textsuperscript{17}. This Framework should also be considered within the context of similar guidance for Allied Health Professionals (AHPs), doctors and social workers.

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:

‘Explicit and effective lines of accountability from the care setting to the NHS Board and through to the Chief Nursing Officer which provide assurance on standards of care 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. The Primary Drivers and the rationale behind them are summarized below. \textit{The local application of the driver diagram is shown in Appendix A}

4.1 Practitioners 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

Executive Nurse Directors are professionally accountable for the quality of the nursing and midwifery 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 and midwifery 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.

\textsuperscript{17} NHS Highland (2012) Professional NMAHP Leadership Framework Within the Lead Agency Model
4.3 There is clear accountability for standards and professionalism at each level and upwards to the NHS Board

As well as structures there must be clearly defined roles and accountabilities in terms of the uniqueness of registered nurse, midwife 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 and midwives report to them in a line management capacity. Similarly, nurses and midwives should be clear on the supervision requirements of non-nursing and midwifery staff for whom they may be accountable for.

4.4 NHS Boards have a clear understanding about the quality of the nursing and midwifery service

The final building block in this Framework is that, for NHS Boards to be fully accountable, they must have a clear understanding about the quality of the nursing and midwifery 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.

A Note on Assuring Fitness to Practise

The NMC have committed to introducing a model of revalidation by the end of 2015. This will require a third party to confirm that the nurse or midwife registrant is complying with the NMC Code and remains fit to practise. This Framework should be updated to reflect these changes as more details become available.

5. HOW TO USE THIS PROFESSIONAL ASSURANCE FRAMEWORK

The framework will be used in Shetland in the following ways:

- 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 and midwifery roles and practice, leadership, governance and reporting arrangements
- Highlight where improvements are required
- Clarify what is expected of nurses and midwives, professional leaders and operational managers
- Provide guidance on what needs to be in place when setting up new organisational structures such as in Health and Social Care Partnerships
- 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.

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6. PROFESSIONAL REQUIREMENTS

As an aid to using the 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. The Scottish Government Health Directorates’ paper on Professionalism defines these terms as follows:

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.

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 19

6.2 Scope of Practice

Nurses and midwives must work within the parameters of their designated role and capability. This was formerly known as the Scope of Professional Practice but guidance on this has subsequently been incorporated into the NMC Code of Professional Conduct20. 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.

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 nursing 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 21.

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 nurses, doctors or others, in circumstances


where it is ‘reasonably foreseeable’ that they might cause harm to patients through their actions or their failure to act\textsuperscript{21}

If these conditions have been met and an aspect of care is delegated, the delegatee becomes accountable for their actions and decisions. However, the nurse or midwife 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{22}, the nurse or midwife 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 nursing and midwifery professional 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 nursing and midwifery practice in Scotland. They must not be eroded or compromised.


\textsuperscript{22} NMC Code
1. Practitioners are equipped, supervised and supported according to regulatory requirements

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<th>Primary Driver</th>
<th>Assurances in Place in Shetland</th>
<th>Signposting/Practical Information</th>
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<tbody>
<tr>
<td>Practitioners are equipped, supervised and supported according to regulatory requirements</td>
<td>Professional leads for nursing and midwifery have been assigned to senior nurses who work across the Acute &amp; Specialist Services Directorate and the Community Health &amp; Care Directorate</td>
<td>Flow chart in Appendix C/D sets out the different senior nurse roles and professional leadership areas</td>
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<td>All newly qualified nurses receive a local induction and competency framework for completion in the first six months of qualification.</td>
<td>Band 5 competency framework</td>
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<td>All nursing staff undertake annual appraisal, which includes a review of performance and ongoing practice development/training requirements. These reviews are undertaken by nurses/midwives who will also act as mentors as part of the revalidation process.</td>
<td>Training Plan eKSF</td>
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<td>All nursing staff access compulsory training sessions – time is built into rotas to accommodate this.</td>
<td>Compulsory training framework – see Staff Development Bulletin</td>
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<td>A framework for clinical supervision is in place for nurses to utilise.</td>
<td>Clinical supervision – database of supervisors</td>
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| Practitioners are equipped, supervised and supported according to regulatory requirements | Student nurses are supervised during learning placements and mentors are assigned to support student education. Practice Educators oversee and monitor the quality of learning placements and student experience on an ongoing basis. | Mentor audit reports  
Mentor feedback  
Student feedback                                                                                     |
| Staffing levels and skill mix are adjusted to ensure they meet patient safety and care standards requirements (strategically as part of regular workforce analysis) | Workforce plan  
Workforce planning tool  
Bed management escalation protocols  
Staffing situation reports (daily)                                                                                                                                |                                                                                                                                                           |
| Staffing levels and skill mix are adjusted to meet patient dependency and acuity needs (operationally 24/7/365) | Workforce plan  
Workforce planning tool  
Bed management escalation protocols  
Staffing situation reports (daily)                                                                                                                                |                                                                                                                                                           |
| The Director of Nursing & Acute Services has oversight of all fitness to practice referrals in line with NHS Scotland NMC referral guidance framework (across acute and community care services) | NMC referral guidance framework                                                                                                                                  |                                                                                                                                                           |
2. Dispersed professional leadership focuses on outcomes and promotes a culture of interagency parity and respect

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<tr>
<td>Dispersed professional leadership focuses on outcomes and promotes a culture of interagency parity and respect</td>
<td>Integrated governance and professionalism group established to ensure there is effective leadership and oversight of the development of integrated services across Health and Social Care</td>
<td>See integrated health and social care governance organisational chart</td>
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<td>Professional Lead Officers support a Health &amp; Social Care Reference Group – with a focus on healthcare governance</td>
<td></td>
<td>See Clinical Governance website pages (intranet)</td>
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<tr>
<td>Professional leads for nursing and midwifery have been assigned to senior nurses who work across the Acute &amp; Specialist Services Directorate and the Community Health &amp; Care Directorate to ensure that multi-agency teams have clear lines of managerial and professional accountability</td>
<td></td>
<td>Flow chart in Appendix C/D sets out the different senior nurse roles and professional leadership areas</td>
</tr>
<tr>
<td>Professional leads assigned portfolio areas to support:  - Practice Development and Education  - Workforce and Role Development  - Leadership  - Care Standards  - Improvement Programmes  - Appraisal and Revalidation  - Professionalism</td>
<td></td>
<td>Flow chart in Appendix C/D sets out the different senior nurse roles and professional leadership areas</td>
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<tr>
<td>Dispersed professional leadership focuses on outcomes and promotes a culture of interagency parity and respect</td>
<td>Leading Better Care programme is embedded in Acute and Community Based healthcare improvement and leadership activities</td>
<td>LBC website</td>
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<td>Professional leads will ensure that appropriate access to (clinical) supervision is in place for all teams who work across the Acute &amp; Specialist Services Directorate and the Community Health &amp; Care Directorate</td>
<td>Clinical Supervision Policy Clinical Supervision Policy (Health Visitors) Supervision of Midwives Standards</td>
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3. There is clear accountability for standards and professionalism at each level to the NHS Board and Scottish Government

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| There is clear accountability for standards and professionalism at each level to the NHS Board and Scottish Government | Professional leads will ensure that appropriate access to (clinical) supervision is in place for all teams who work across the Acute & Specialist Services Directorate and the Community Health & Care Directorate, along with an escalation process to raise concerns as necessary | Clinical Supervision Policy (Health Visitors)  
Supervision of Midwives Standards                                                                 |
| Incidents and complaints are monitored - results will be visible and made available to the public/patients, staff and Board | Quarterly incidents reports (to Clinical Governance Committee)  
Quarterly complaints investigations (to Board)                                                                 |
| Nursing sensitive quality measures are monitored along with other quality and safety standards – results will be visible and made available to the public/patients, staff and Board | Quality Report prepared for each Board meeting  
Care Governance Report prepared for each Clinical Governance Committee                                                                 |
| Patient experience feedback will be gathered routinely and suggestions to improve patient care experience will be acted on by Team Leaders/SCNs. Results will be visible and made available to the public/patients, staff and Board | Patient Experience Report prepared for each Clinical Governance Committee                                                                 |
| Information about vacancy levels and utilisation of additional staff will be circulated to each APF meeting | Additional Hours Report to each Area Partnership Forum (APF)                                                                 |
3. There is clear accountability for standards and professionalism at each level to the NHS Board and Scottish Government

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<td></td>
<td>Professional leads come together as a Strategic Nurse Group, to discuss issues affecting nursing and midwifery – including providing professional advice on strategic and operational plans.</td>
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<td>A programme of caring behaviours training/skills development is in place and team action plans link with other quality improvement work</td>
<td>Staff Development Bulletin Quality Report prepared for each Board meeting</td>
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4. NHS Boards have a clear understanding about the quality of the nursing and midwifery service

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<tr>
<td>NHS Boards have a clear understanding about the quality of the nursing and midwifery service</td>
<td>There is a clear organisational structure in place for professional and general management leadership for nursing and midwifery – through to the Nurse Director.</td>
<td>Flow chart in Appendix E sets out the different senior nurse roles and professional leadership areas</td>
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<tr>
<td></td>
<td>The Nurse Director is the executive lead for Acute &amp; Specialist Services and also represents professional nursing issues through the CHP Strategic Group and other standing committees for NHS and integrated services.</td>
<td>Minutes of the Acute Services Strategic Group Minutes of the CHP Strategic Group</td>
</tr>
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<td>The Nurse Director attends professional advisory committees to ensure there is appropriate engagement with the professions and consultation about key issues affecting nursing and midwifery services (e.g. workforce planning, education, service redesign, local and national policy direction etc)</td>
<td>Minutes of ACF Minutes of ANMAC</td>
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<td>The Nurse Director is able to escalate concerns to the Chief Nursing Officer (CNO) as part of the professional assurance arrangements in place. Other routes for escalation include the Chief Executive to the CEO for NHS Scotland or through the Chair to the Cabinet Secretary.</td>
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<td></td>
<td>The Nurse Director presents data at Board and standing committee level concerning the performance of nursing services across the Acute &amp; Specialist Services Directorate and the Community Health &amp; Care Directorate (e.g. relating to workforce, care standards, education, role development and service development</td>
<td>Quality Report prepared for each Board meeting Care Governance Report prepared for each Clinical Governance Committee Quality Scorecard developed and reviewed at each Clinical Governance Committee</td>
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Appendix B – Specific Responsibilities Associated with Professional Lead Role

Nurse Director is responsible for:

- Providing professional leadership and ensuring that professional issues are considered as part of strategic, tactical and operational service delivery. Including providing professional advice and assurances to the Board;
- Ensuring that senior nurse posts appropriately reflect professional leadership responsibilities to support the development and delivery of the professional assurance arrangements across Nursing and Midwifery in services in Shetland;
- Approving the development of advanced practice roles and providing advice on role development in line with the Advanced Practice Framework;
- Approving the workforce plans for Nursing and Midwifery in services in Shetland and ensuring that evidence based tools are used to determine staffing numbers and skill mix;
- Providing advice on training plans for Nursing and Midwifery in services in Shetland;
- Practice development for pre-registration and post registration programmes for Nursing and Midwifery;
- Providing advice to senior managers about referral to regulatory bodies where the competency or conduct of a nurse, midwife or health visitor falls below professional standards or they do not observe local policies and procedures (national pathway shown as Appendix F);
- Chairing local hearings (concerning fitness to practice) and making referrals to the NMC as appropriate

Professional Leads are responsible for:

- Providing professional leadership and ensuring that professional issues are considered as part of day to day service delivery and service change;
- Ensuring that nurses, midwives and health visitors have access to professional advice to support safe practice;
- Ensuring that appropriate mechanisms are in place to support staff appraisal (including mentorship as part of the new revalidation arrangements to commence in 2015);
- Ensuring that there are systems in place for nurses, midwives and health visitors to access appropriate training to support competency (skills development and maintenance);
- Ensuring that workforce plans are developed using evidence based workforce tools and that professional issues are considered as part of skill mix review, role development or role design;
- Providing advice to managers about investigating circumstances where the competency or conduct of a nurse, midwife or health visitor falls below professional standards or they do not observe local policies and procedures;
Appendix C – Nursing and Midwifery Professional Assurance Framework Driver Diagram

NURSING AND MIDWIFERY PROFESSIONAL ASSURANCE FRAMEWORK: FROM CARE SETTING TO NHS BOARD

Aim

Explicit and effective lines of accountability from the care setting to the NHS Board and through to the CNO which provide assurance on standards of care and professionalism

Primary Drivers

1. Practitioners are equipped, supervised and supported according to regulatory requirements
   - Each registered practitioner meets professional regulatory (NMC/LSA) requirements
   - Staff with the right skills and values are recruited in line with NMC/HR requirements
   - Staff undertake mandatory training and continuing professional development activities
   - Staff are managerially supervised and formally appraised
   - Staffing levels are informed by local & National Workforce and Workload Planning tools
   - There is an underpinning agreement with relevant Further and Higher Education Institution to govern student placements
   - Continuing ‘fitness to practice’ requirements are fully met

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 to the NHS Board and Scottish Government
   - Senior professional leaders are engaged in all decisions affecting Nurses & Midwives
   - 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/improve caring behaviors
   - 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

Secondary Drivers

4. NHS Boards have a clear understanding about the quality of the nursing and midwifery service
   - There is a direct reporting link from each level through to the Executive Nurse Director
   - The Executive Nurse Director is aware of areas of concern and seeks further assurance and improvement
   - The Nursing and Midwifery Professional Advisory Committee supports the Executive Nurse Director and models effective professional leadership
   - Retrospective and ‘real time’ performance data is reviewed at NHS Board level
   - There is a reporting and escalation mechanism in place for professional assurance to the CNO acting on behalf of the named government minister
APPENDIX D – Professional Leads for Nursing & Midwifery across Acute Services and Health & Social Care

Director of Nursing & Acute Services

Chief Nurse (Acute & Specialist Services)

Child & Family Health Manager (Lead Midwife)

Chief Nurse (Community)**

Professional Lead for Nurses employed in the following roles/teams:

Specialist roles
Renal
A&E
OPD & Pre-Assessment
Surgical Teams
Theatre
Medical Teams (including Rehabilitation)
Day Services (DSU & Ambulatory Care)
Decontamination & IC
Non substantive roles (e.g. bank)

Professional Lead for Practitioners* employed in the following roles/teams:

Public Health Nursing (clinical)
Health Visiting
School Nursing
Children’s Nursing
Midwifery
Sexual Health & Family Planning Protection

Professional responsibility for nurses working in:

Specialist roles
Acute Setting (Secondary Care)
Community Setting (Primary Care & Locality Based Teams)
Mental Health
Learning Disabilities
Substance Misuse

Definition of practitioners is:

Nurses
Midwives
Health Visitors

Chief Nurse (Community Health & Social Care) is a working title, pending the review of the management structure for Health & Social Care Integration
APPENDIX E – Lines of Professional Accountability across Nursing & Midwifery

- **Director of Nursing & Acute Services**
- **Chief Nurse (Acute & Specialist Services)**
- **Child & Family Health Manager**
- **Chief Nurse (Community)**

**Professional responsibility for nurses working in:**
- Specialist roles
- Acute Setting (Secondary Care)
- Community Setting (Primary Care & Locality Based Teams)
- Mental Health
- Learning Disabilities
- Substance Misuse

**Other areas of professional responsibility (Executive Lead Officer, with pan organisational):**
- **Workforce Lead – NMAHPs**
- **Fitness to Practice – NMAHPs**
- **Quality & Care Standards – NMAHPs**
- **Safety - NMAHPs**
- **Practice Education & Development Lead – NMAHPs**
- **Person Centred Care – NMAHPs**
- **Non Medical Prescribing – NMAHPs**
- **Healthcare Associated Infection (HAI) Adult Protection**

**Other aspects of the professional role:**
- **Protection Lead (Children/Adults) – pan organisational**
- **LBC Lead – pan organisational**
- **Lead Midwife**
- **Professional Lead for nurses working in**
  - Acute & Specialist Services
- For Acute & Specialist Services:
  - HAI/Patient Safety/Quality/Education/workforce
  - Operational lead
  - **Acute & Specialist Services - Care Standards lead**

**Other areas of the professional role:**
- **Patient Experience lead – pan organisational**
- **Practice Development lead – pan organisational**
- **Professional Lead for nurses working in**
  - Community Health & Social Care Services
  - For H&SC Services:
    - HAI/Patient Safety/Quality/Education/workforce
    - Operational lead
    - **H&SC - Care Standards lead**