Nursing and Midwifery Professional Assurance Framework for Scotland

Scotland's Executive Nurse Directors in Association with the Chief Nursing Officer
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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[1].

NHS Boards have corporate accountability for maintaining and improving the quality of services in the form of clinical governance[2]. The question is, how can they be assured of the quality of the nursing and midwifery service? Responsibility for the quality of nursing and midwifery is devolved to Executive Nurse Directors. 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[3]. 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. The Professional Assurance Framework can be found in Appendix 1.

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[4] (as at 17th January 2014). They work across fourteen regional NHS Boards, seven special health boards[5] and one public health body[6]. 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 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[7], 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.

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[1] Kings Fund (2013), Making Integrated Care Happen at Scale and Pace, The Kings Fund London
[2] RCN (2013) Clinical Governance, Available online http://www.rcn.org.uk/development/practice/clinical_governance
[3] NMC (2013) Regulation in Practice, Available Online http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/
[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
[7] NHS Scotland Healthcare Quality Strategy Available online http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy

Since the launch of the Quality Strategy, the Scottish Government set out the 2020 Vision and Strategic Narrative[8] 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.

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[9], the Chief Nursing Officer's paper on Professionalism in the NMAHP professions in Scotland[10] and the Care Governance Framework[11].

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 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 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:

> *"…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"[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[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

[8] Scottish Government 2020 Vision Available online http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision
[9] NHS Scotland (2010) Joint Declaration Available online http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1005857/Joint_Declaration_-_final.pdf
[10] Scottish Government (2012) Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHSScotland Available online http://www.scotland.gov.uk/Publications/2012/07/7338
[11] Scottish Government (2012), Care Governance Framework: Shared Accountability and Assurance of High Quality Care and Experience, CNOPPP, Scottish Government.
[12] SPICe Briefing, Public Bodies (Joint Working) (Scotland) Bill, Available online http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-50.pdf
[13] Joint Improvement Team (2009), Barriers to Partnership Working, Available online http://www.jitscotland.org.uk/supporting-partnership/work-areas/

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)

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[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[1516] 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 information across the NHS and the local authority, partner services and agencies where nurses and midwives perform their roles[17]. This Framework should also be considered within the context of similar guidance for Allied Health Professionals (AHPs), doctors and social workers.

[14] Francis R, The Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry Available online http://www.midstaffspublicinquiry.com/
[15] NMC Code
[16] Midwives Rules & Standards
[17] NHS Highland (2012) Professional NMAHP Leadership Framework Within the Lead Agency Model

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 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. Please note that NHS Boards may wish to add other primary drivers relevant to local priorities.

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.

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[18]*.*

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 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.

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:

[18] NMC (2013), Revalidation, Available online http://www.nmc-uk.org/Nurses-and-midwives/Revalidation/

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 Conduct[20]. 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[22].

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.

[19] Scottish Government (2012) Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHSScotland, CNOPPP, Scottish Government.
[20] NMC (2010) The Code: Standards of conduct, performance and ethics for nurses and midwives, Available online http://www.nmc-uk.org/Publications/Standards/The-code/Provide-a-high-standard-of-practice-and-care-at-all-times-/
[21] NMC (2013) Regulation in Practice, Available Online http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/
[22] RCN (2011), Accountability and Delegation, What you need to Know, Available online http://www.rcn.org.uk/__data/assets/pdf_file/0003/381720/003942.pdf

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[23], 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 fundaments to assuring professional nursing and midwifery practice in Scotland. They must not be eroded or compromised.

There will undoubtedly be rugged terrain to navigate as the NHS works more formally with other agencies to build new relationships and working practices in pursuit of integrated care. Nurses and midwives will play their part but they need to feel confident that their organisations understand what is required of them to meet the code of professional conduct, indeed to 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 recommendations suggest how to use this Framework to best effect.

7.1 Recommendations

1. All NHS Boards should adopt this Framework to assure themselves, the public and Scottish Government on the quality of the nursing and midwifery service

2. The Framework should be used for learning and development and as an aid to Personal Development Planning/Review to support nurses and midwives at all levels to understand and fulfil their professional responsibilities

3. The Framework should be aligned with the Joint Declaration on Nursing, Midwifery and AHP Leadership

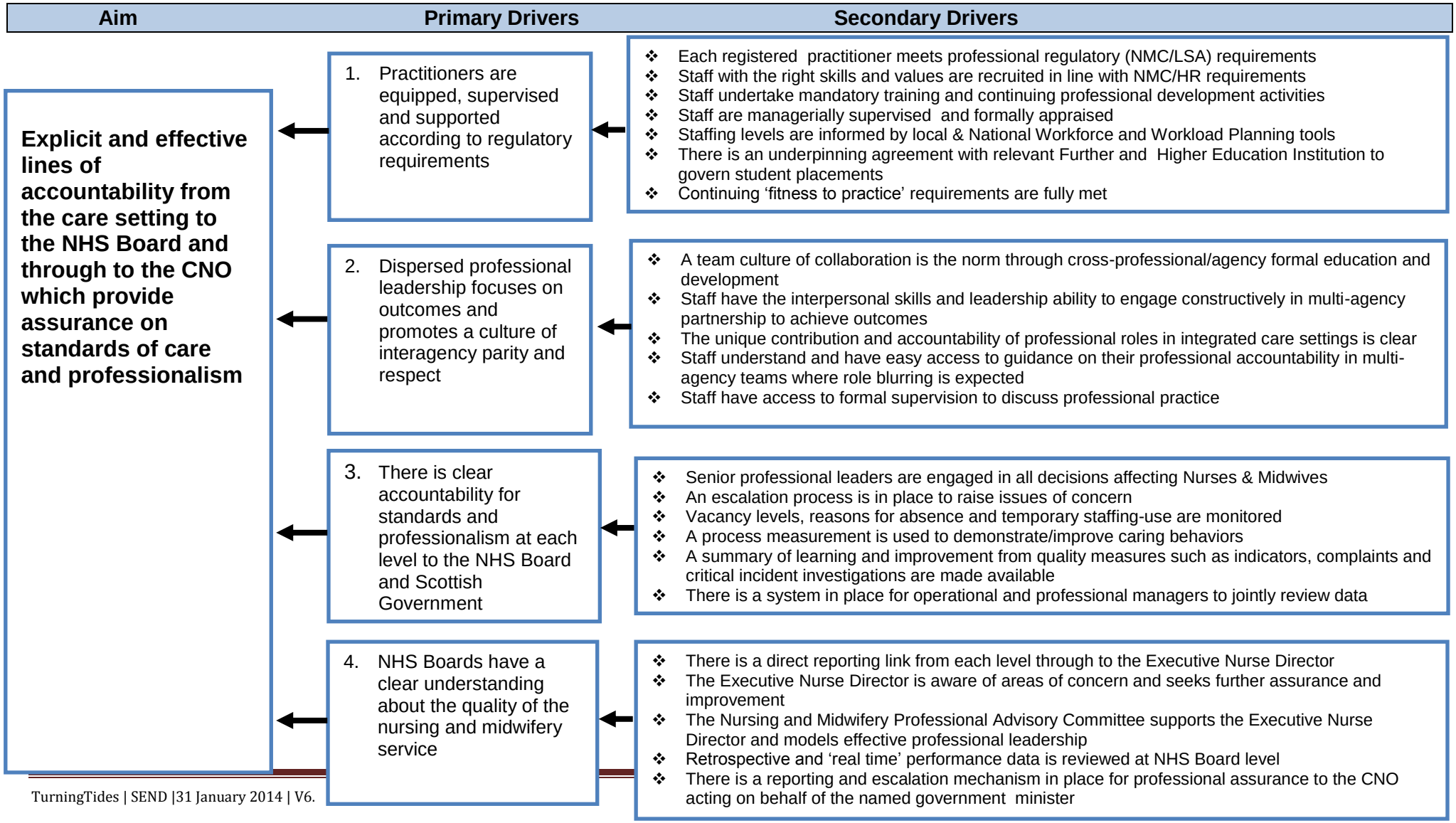
4. Consideration should be given to the development of a 'national dashboard' of agreed indicators for measuring progress and benchmarking. This should be informed by work currently being undertaken in relation to Leading Better Care

5. The Framework should be reviewed as part of an annual stocktake by Executive Nurse Directors/CNO to ensure it remains current

[23] NMC Code

APPENDIX 1

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



HOW WE PROVIDE ASSURANCE

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

Steps to Meeting Secondary Drivers	**Indicators**
➢ An up-to-date record is held of each practitioner's registration details ➢ A senior nurse /midwife is involved in the recruitment of all nurses and midwives ➢ Professional values and attitudes are explicitly assessed as part of the interview process (values based interviews). ➢ Each practitioner holds their own training record and understands their responsibility along with their manager for meeting mandatory training requirements ➢ Performance appraisal is undertaken by operational managers with input from a senior nursing/midwifery representative informed by feedback from colleagues and patients/clients ➢ Practitioners have access to a professional supervisor (mandatory in professionally isolated multi-agency settings) ➢ Inter-agency / cross-professional formal education and development is monitored through governance arrangements ➢ Implementation of NES and NMC quality standards (e.g. QSPP and Standards for Learning and Assessment in Practice)	✓ NMC Registration monitoring records ✓ Recruitment monitoring data ✓ Performance appraisal records ✓ 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) ✓ Individual learning and development records ✓ Availability of and uptake of professional supervision ✓ Practice Education Facilitator (PEF) reporting; NES performance management reports: NMC validation and monitoring reports ✓ Mandatory training records

2. Dispersed professional leadership focuses on outcomes and promotes a culture of inter-agency parity and respect	
Steps to meeting Secondary Drivers	**Indicators**
➢ Senior practitioners have access to leadership development in partnership working and leading across organisational boundaries ➢ Protocols are in place to support and advise practitioners on delegation of clinical and non-clinical activities within the NHS and in multi-agency settings ➢ A senior nurse/midwife agrees staffing levels with operational managers informed by local and national tools ➢ 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. ➢ An independent and objective senior nurse /midwife sits on disciplinary panels where professional conduct /competence is an issue ➢ 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	✓ Nursing and Midwifery leadership and professional reporting structure ✓ % staff undertaking multi-agency leadership development programmes ✓ Compliance with protocols on: - role clarity - delegation principles in multiagency settings - Professional accountability and reporting processes ✓ Dependency/occupancy/skill mix/nurse to bed ratio reports ✓ Patient record audits (outcome data) ✓ Patient 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 to the NHS Board

Steps to Meeting Secondary Drivers	**Indicators**
➢ There is a formal system for involving the senior nurse / midwife in professional issues involving nurses and midwives e.g. HR issues, the workforce and clinical governance implications of service design/redesign ➢ The senior nurse/midwife reviews workforce data with operational managers e.g. actual against proposed skill mix, vacancies, absence rates ➢ A measure is used to demonstrate / improve professional caring behaviors ➢ 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 ➢ A recognised and well-publicised escalation process is in place to ensure nurses and midwives are able to bring concerns to the attention of senior managers ➢ PIN Guidelines and Policies underpin practice	✓ Workforce data e.g. skill mix reviews, staff vacancies, temporary staffing use (agency and bank) ✓ Core mandatory quarterly attendance statistics, capability, disciplinary and grievance data ✓ Risk management reports ✓ Critical incident review reports ✓ Outcome of review of caring behaviours, action plans and progress reports ✓ Clinical quality indicator reports ✓ Escalation reports and outcomes

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

Steps to Meeting Secondary Drivers	**Indicators**
➢ There is a formal system for reporting to the Executive Nurse Director on professional issues involving nurses and midwives ➢ A quality report is made to the NHS Board via relevant governance structures which triangulates indicators of workforce and professionalism with relevant aspects of scrutiny and review reports, feedback on caring behaviours and demonstrates evidence of the learning and continuous improvement arising from these. ➢ There is a reporting and escalation mechanism in place for professional assurance to the CNO acting on behalf of the named government minister	✓ Independent scrutiny reports, action plans and progress reports ✓ Ombudsman reports ✓ Complaints, compliments and critical incident statistics and reports (including reports of near misses) ✓ Staffing and skill mix review reports ✓ Records of referrals to NMC and outcome of investigations and hearings. ✓ Pre and Post Registration Education Placement Audit reports ✓ Patient feedback data ✓ Staff feedback data ✓ Patient-reported outcome reported measures (PROMS) ✓ Risk management data (e.g. DATIX reports) ✓ Specific Scottish Patient Safety Programme indicators ✓ Healthcare Improvement Scotland inspection reports and audits

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