

2020



# 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.

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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<sup>1</sup>

NHS Boards have corporate accountability for maintaining and improving the quality of services in the form of clinical governance<sup>2</sup>. 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<sup>3</sup>. 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 59, 743 nurses and midwives (as of June 2019)<sup>4</sup> They work across fourteen regional NHS Boards, seven special health boards<sup>5</sup> and one public health body<sup>6</sup>. Each NHS Board is accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates. The Scottish Government Health and Social Care Directorates oversee 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

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<sup>1</sup> Kings Fund (2013), Making Integrated Care Happen at Scale and Pace, The Kings Fund London

<sup>2</sup> RCN (2013) Clinical Governance, Available online [http://www.rcn.org.uk/development/practice/clinical\\_governance](http://www.rcn.org.uk/development/practice/clinical_governance)

<sup>3</sup> NMC (2018) Regulation in Practice, Available Online <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

<sup>4</sup> ISD (2019) <https://www.isdscotland.org/Health-Topics/Workforce/Publications/2019-09-03/Nursing-and-Midwifery.asp>

<sup>5</sup> NHS in Scotland on the Web Available online <https://www.scot.nhs.uk/organisations/>

<sup>6</sup> Healthcare Improvement Scotland Available online

[http://www.healthcareimprovementscotland.org/welcome\\_to\\_healthcare\\_improvem.aspx](http://www.healthcareimprovementscotland.org/welcome_to_healthcare_improvem.aspx)

of nursing and midwifery care in Scotland. The Healthcare Quality Strategy<sup>7</sup> 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<sup>8</sup> 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 to provide highly integrated, person centred care, as set out in the Public Bodies (Joint Working) (Scotland) Act 2014<sup>9</sup>.

## **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<sup>10</sup>, the Chief Nursing Officer's paper on Professionalism in the NMAHP professions in Scotland<sup>11</sup> the Care Governance Framework<sup>12</sup> and the Transforming Nursing Roles programme which commenced in 2016; providing an education framework for the development of the nursing, midwifery and health professions (NMaHP) and their contribution to the wider transformational change agenda in health and social care in Scotland<sup>13</sup>.

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) Act 2014, 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 Act sets the framework for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the increasing numbers

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<sup>7</sup> NHS Scotland Healthcare Quality Strategy Available online <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy>

<sup>8</sup> Scottish Government 2020 Vision Available online <http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision>

<sup>9</sup> Public Bodies (Joint Working)(Scotland)Act (2014) Available online <http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

<sup>10</sup> NHS Scotland (2010) Joint Declaration Available online

[http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1005857/Joint\\_Declaration\\_-\\_final.pdf](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1005857/Joint_Declaration_-_final.pdf)

<sup>11</sup> 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>

<sup>12</sup> Scottish Government (2012), Care Governance Framework: Shared Accountability and Assurance of High Quality Care and Experience, CNOPPP, Scottish Government.

<sup>13</sup> CNOD (2016-19) Available online <https://www.gov.scot/collections/transforming-roles-programme-reports/>

of people in Scotland who need joined-up support and care, particularly people with multiple, complex, long-term conditions

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<sup>14</sup>. 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”<sup>3</sup>. 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<sup>15</sup>. 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.

## 2.3 Vale of Leven

The Rt Hon Lord MacLean published his final report of the Vale of Leven Hospital Inquiry<sup>16</sup> on November 24, 2014 into the occurrence of *Clostridium difficile* (*C. diff*) infection at the Vale of Leven Hospital (VOLH) from January 1, 2007 onwards, in particular between December 1, 2007 and June 1, 2008.

The Cabinet Secretary for Health, Wellbeing and Sport provided an initial response to the Scottish Parliament on November 25, 2014 when all 75 recommendations were accepted (65 for NHS boards, nine for Scottish Government and one for the Crown Office and Procurator Fiscal Service), and gave evidence to the Health and Sport Committee on February 24, 2015.

One of the key recommendations was to create an Implementation Group facilitated by Healthcare Improvement Scotland to develop an assurance system that will demonstrate the implementation of the 65 recommendations for NHS Boards.

Excellence in Care (EiC), which forms part of the government's response to the Vale of Leven Hospital Inquiry Report, focuses on four key deliverables (see text below). It

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<sup>14</sup> [http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB\\_13-50.pdf](http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-50.pdf)

<sup>15</sup> Francis R, The Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry Available online <http://www.midstaffspublicinquiry.com/>

<sup>16</sup> Valen of Leven Hospital Inquiry Available online: <https://www2.gov.scot/Topics/Health/Services/Preventing-Healthcare-Infections/Valelevenhospitalinquiry>

covers nursing and midwifery in all hospitals and community services, from A&E to mental health, and care of older people to children's services.

Excellence in Care aims to deliver:

- A nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery;
- A design of local and national infrastructure, including an agreed national framework and "dashboard"
- A framework document that outlines key principles/guidance to NHS boards and integrated joint boards on development and implementation of local care assurance systems/processes
- A set of NHS Scotland record-keeping standards

The aim is that all NHS boards and integrated joint boards will have consistent and robust processes and systems for measuring, assuring and reporting on the quality of nursing and midwifery care and practice. The systems will inform quality of care reviews at national and local level and drive continuous improvements in nursing and midwifery care quality.

The Excellence in Care framework signals a move away from retrospective evaluation of the quality and care experiences of patients and a move towards interactive, real-time engagement with patients to understand care needs and how well we are meeting those needs. The role of the Nurse Director and the Professional leads is to ensure that nurses and midwives are supported to develop their leadership and improvement science skills to shape and deliver care (in all settings) in line with the Excellence of Care aims.

### **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<sup>17 18</sup> 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-

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<sup>17</sup> NMC (2018) Regulation in Practice, Available Online <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

<sup>18</sup> NMC Standards for competence for registered midwives (2018) Available online <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-midwives.pdf>

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<sup>19</sup>. 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. **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

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<sup>19</sup> NHS Highland (2012) Professional NMAHP Leadership Framework Within the Lead Agency Model

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.

#### **4.5 Revalidation**

The Nursing and Midwifery Council (NMC) introduced revalidation in April 2016. This is one of the regulatory responses to a series of recommendations set out in the Francis Report.

Revalidation<sup>20</sup> is the process that all nurses and midwives must complete on a three year cycle to maintain registration with the NMC and demonstrate as registrants how applying the NMC Code and standards and competency for nurses and midwives in everyday practice. A significant component of the process is to provide evidence of reflective practice (recording accounts and discussing them) and gathering feedback from colleagues and patients.

Other requirements include:

- Demonstrating that the registrant has completed 450 hours of practice in the three year period (or 900 hours if they are maintaining registration on the nursing and midwifery parts of the register);
- Providing assurance of good health and character;
- Providing assurance that appropriate indemnity is in place

The confirmer is the person who looks at the evidence collected by the registrant and 'confirms' that they have met the revalidation requirements. The policy at NHS

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<sup>20</sup> NMC (2019) Revalidation, Available online <http://revalidation.nmc.org.uk/welcome-to-revalidation.1.html>



Shetland is that the confirmer will be the registrant's line manager (the line manager does not need to be a NMC registrant to complete the process). However, if they are not an NMC registrant, then the reflective discussion must be undertaken with a NMC registrant who then provides evidence that the reflective accounts meet the requirements for revalidation.

If the registrant does not wish to ask their line manager to undertake the role of confirmer because of a potential conflict of interest or bias; then they must discuss the matter with the Professional Lead who will identify a suitable confirmer to support the revalidation process.

Dual registrants (e.g. where a practitioner is both a practicing nurse and midwife) should discuss with the professional leads in the respective professions, who would be most appropriate to act as a confirmer. More advice for dual registrants can be found on the NMC website<sup>21</sup>.

## **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 the Chief Executive is 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 multi-agency 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 present and 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.

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<sup>21</sup> NMC (2019) Revalidation <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/multiple-registrations-and-additional-qualifications-guidance.pdf>

## 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<sup>22</sup>

## 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<sup>23</sup>. 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<sup>21</sup>.

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<sup>24</sup>

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

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<sup>22</sup> 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.

<sup>23</sup> 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-/>

<sup>24</sup> 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](http://www.rcn.org.uk/_data/assets/pdf_file/0003/381720/003942.pdf)

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<sup>25</sup>, 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.

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<sup>25</sup> NMC (2018) Regulation in Practice, Available Online <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

## Appendix A - NHS Shetland (Acute Services and Community Health & Social Care) – Professional Assurance Framework

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

Primary Driver	Assurances in Place in Shetland	Signposting/Practical Information
<b>Practitioners are equipped, supervised and supported according to regulatory requirements</b>	Professional leads for nursing and midwifery have been assigned to senior nurses who work across the Acute & Specialist Services Directorate and the Community Health & Care Directorate	Flow chart in Appendix C/D sets out the different senior nurse roles and professional leadership areas
	All newly qualified nurses receive a local induction and competency framework for completion in the first six months of qualification.	Band 5 competency framework  Flying Start Effective Practitioner (see NES website)
	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.	Training Plan  TURAS learn resources  Revalidation
	All nursing staff access compulsory training sessions – time is built into rotas to accommodate this.	Compulsory training framework – see TURAS
	A framework for clinical supervision is in place for nurses to utilise.	Clinical supervision – database of supervisors

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

<b>Primary Driver</b>	<b>Assurances in Place in Shetland</b>	<b>Signposting/Practical Information</b>
<b>Practitioners are equipped, supervised and supported according to regulatory requirements</b>	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.	Student feedback  Supervisor and assessor feedback  Mentor feedback until April 2020
	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) Safe staffing legislation
	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) Safe staffing legislation
	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**

Primary Driver	Assurances in Place in Shetland	Signposting/Practical Information
<b>Dispersed professional leadership focuses on outcomes and promotes a culture of interagency parity and respect</b>	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	See integrated health and social care governance organisational chart
	Professional Lead Officers support the Joint Governance Group with a focus on healthcare governance	See Clinical Governance website pages (intranet)
	Professional leads for nursing and midwifery have been assigned to senior nurses who work across the Acute & Specialist Services Directorate and the Community Health & Care Directorate to ensure that multi-agency teams have clear lines of managerial and professional accountability	Flow chart in Appendix C/D sets out the different senior nurse roles and professional leadership areas
	Professional leads assigned portfolio areas to support: <ul style="list-style-type: none"> <li>• Practice Development and Education</li> <li>• Workforce and Role Development</li> <li>• Leadership</li> <li>• Care Standards</li> <li>• Improvement Programmes</li> <li>• Appraisal and Revalidation</li> <li>• Professionalism</li> </ul>	Flow chart in Appendix C/D sets out the different senior nurse roles and professional leadership areas

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

<b>Primary Driver</b>	<b>Assurances in Place in Shetland</b>	<b>Signposting/Practical Information</b>
<b>Dispersed professional leadership focuses on outcomes and promotes a culture of interagency parity and respect</b>	Excellence in Care programme is embedded in Acute and Community Based healthcare improvement and leadership activities	EiC website
	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	Clinical Supervision Policy Clinical Supervision Policy (Health Visitors) Supervision of Midwives Standards

**3. There is clear accountability for standards and professionalism at each level to the NHS Board and Scottish Government**

<b>Primary Driver</b>	<b>Assurances in Place in Shetland</b>	<b>Signposting/Practical Information</b>
<b>There is clear accountability for standards and professionalism at each level to the NHS Board and Scottish Government</b>	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 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, Care & Professional 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  Quality Report prepared for each Clinical, Care & Professional 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	Quality Report prepared for each Clinical, Care & Professional 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**

<b>Primary Driver</b>	<b>Assurances in Place in Shetland</b>	<b>Signposting/Practical Information</b>
	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.	
	A programme of caring behaviours training/skills development is in place and team action plans link with other quality improvement work	Quality Report prepared for each Clinical, Care & Professional Governance Committee  TURAS learn resources

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

<b>Primary Driver</b>	<b>Assurances in Place in Shetland</b>	<b>Signposting/Practical Information</b>
<b>NHS Boards have a clear understanding about the quality of the nursing and midwifery service</b>	There is a clear organisational structure in place for professional and general management leadership for nursing and midwifery – through to the Nurse Director	Flow chart in Appendix E sets out the different senior nurse roles and professional leadership areas
	The Nurse Director is the executive lead for Acute & Specialist Services and also represents professional nursing issues through the Shetland Children's Partnership and other standing committees for NHS and integrated services.	Minutes and reports from standing committees

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

<b>Primary Driver</b>	<b>Assurances in Place in Shetland</b>	<b>Signposting/Practical Information</b>
	<p>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</p>	<p>Minutes of ACF Minutes of ANMAC</p>
	<p>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.</p>	
	<p>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</p>	<p>Quality Report prepared for each Board meeting</p> <p>Quality Report/Scorecard prepared for each Clinical, Care &amp; Professional Governance Committee</p>

## 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 and IJB;
- Ensuring that senior nurse/midwife 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;
- Ensuring that senior nurse/midwife post holders have appropriate access to professional development and support opportunities and competencies to deliver the professional leadership role; including nurses who sit on Integrated Authorities<sup>26</sup>;
- 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;
- Implementing elements of the Health and Care (Staffing) (Scotland) Act 2019 that are relevant to Nursing, Health Visiting and Midwifery professions;
- 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 employer requirements to support revalidation;

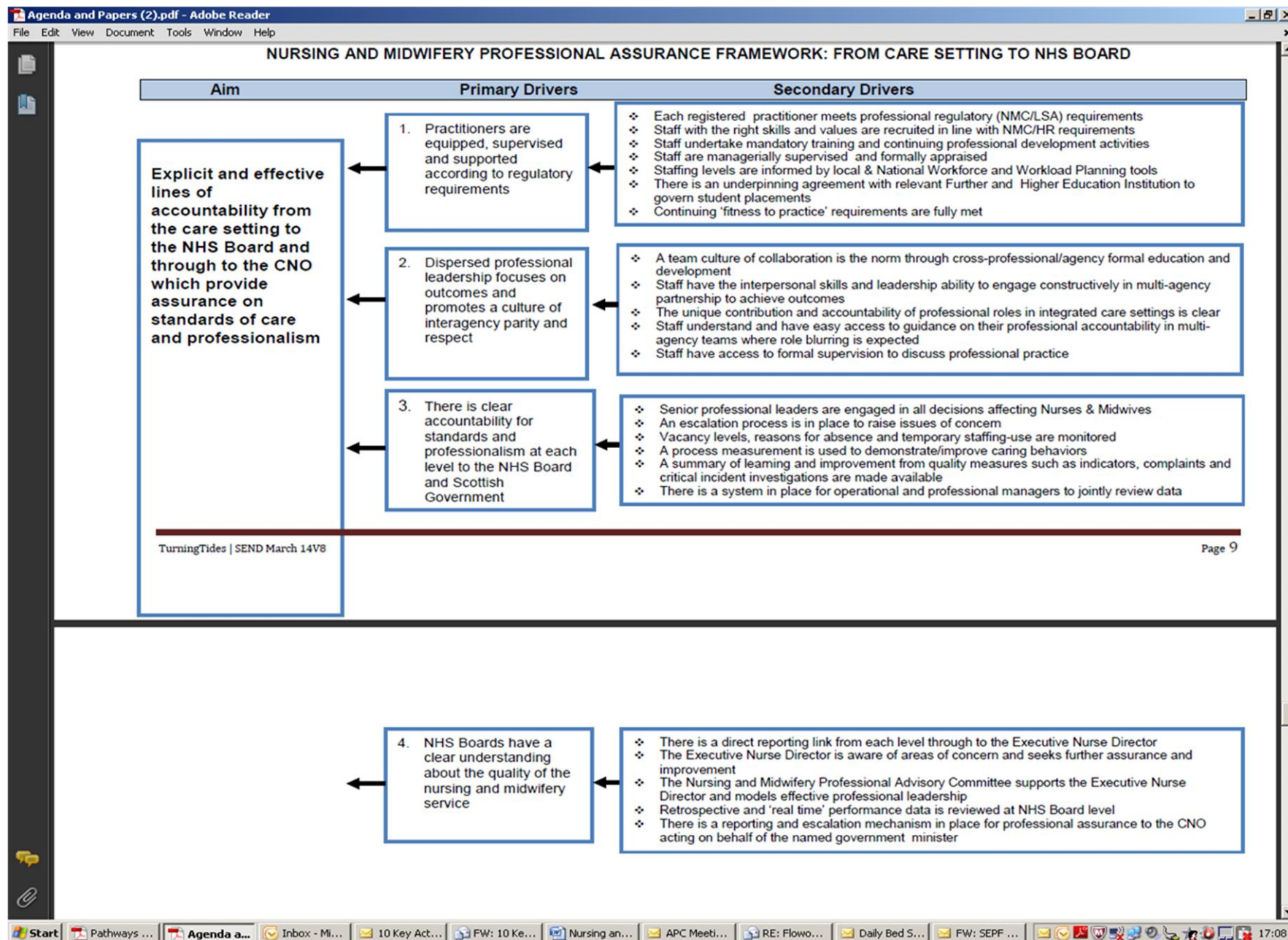
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<sup>26</sup> RCN (2019) Competency framework for integration authority nurse board members

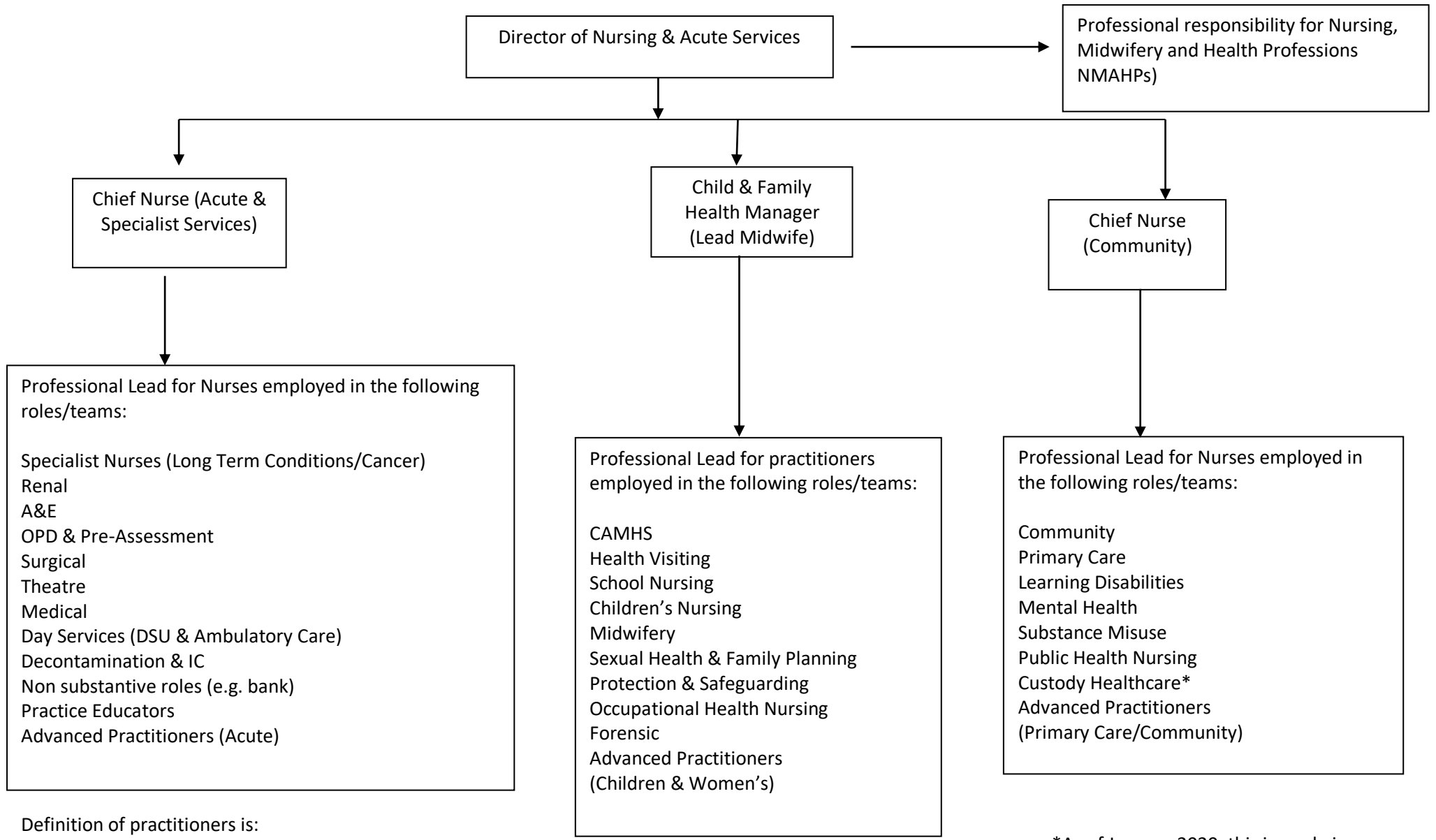
<https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-competency-framework-for-integration-authority-nurse-board-members>

- 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



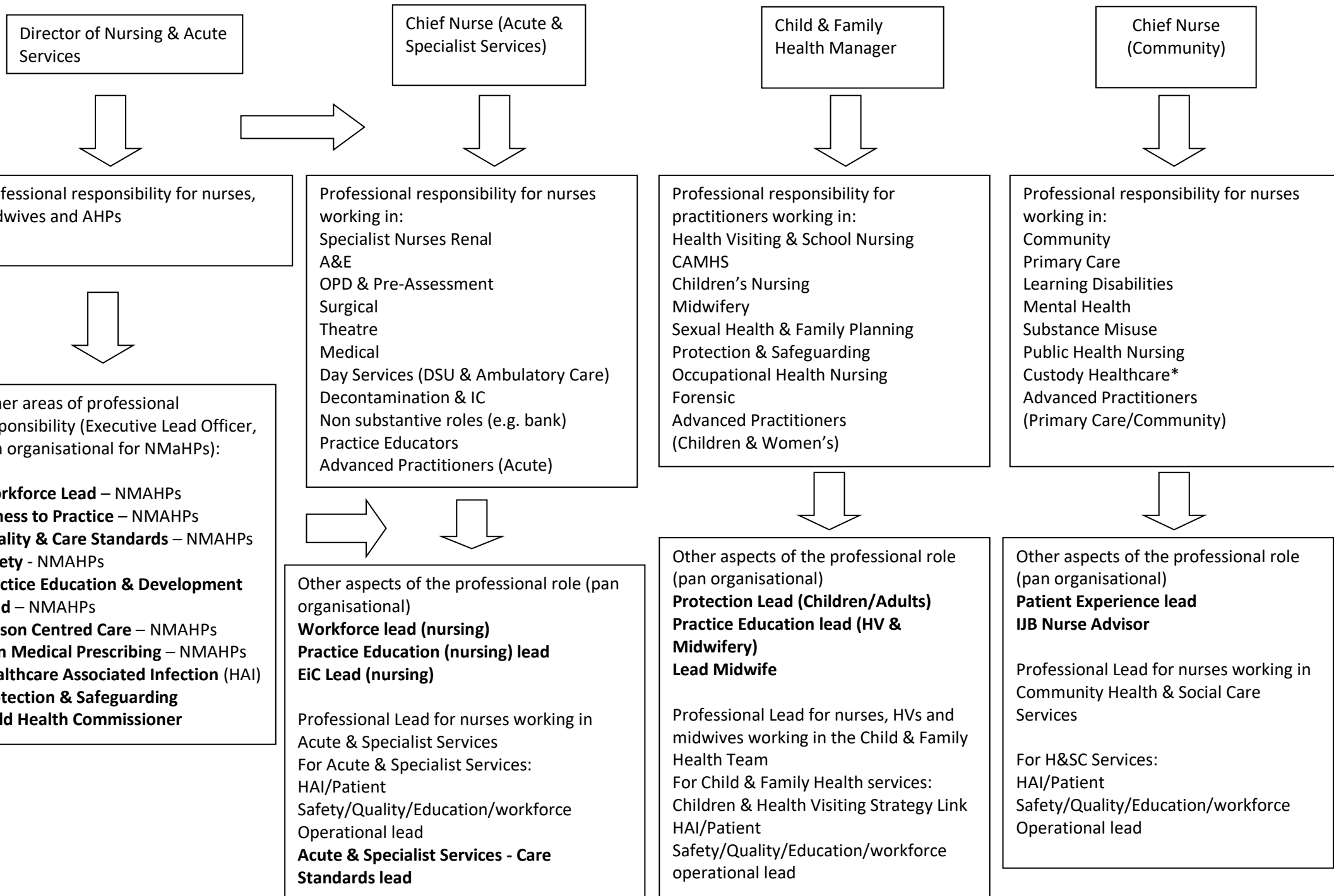
**APPENDIX D – Professional Leads for Nursing & Midwifery across Acute Services and Health & Social Care**



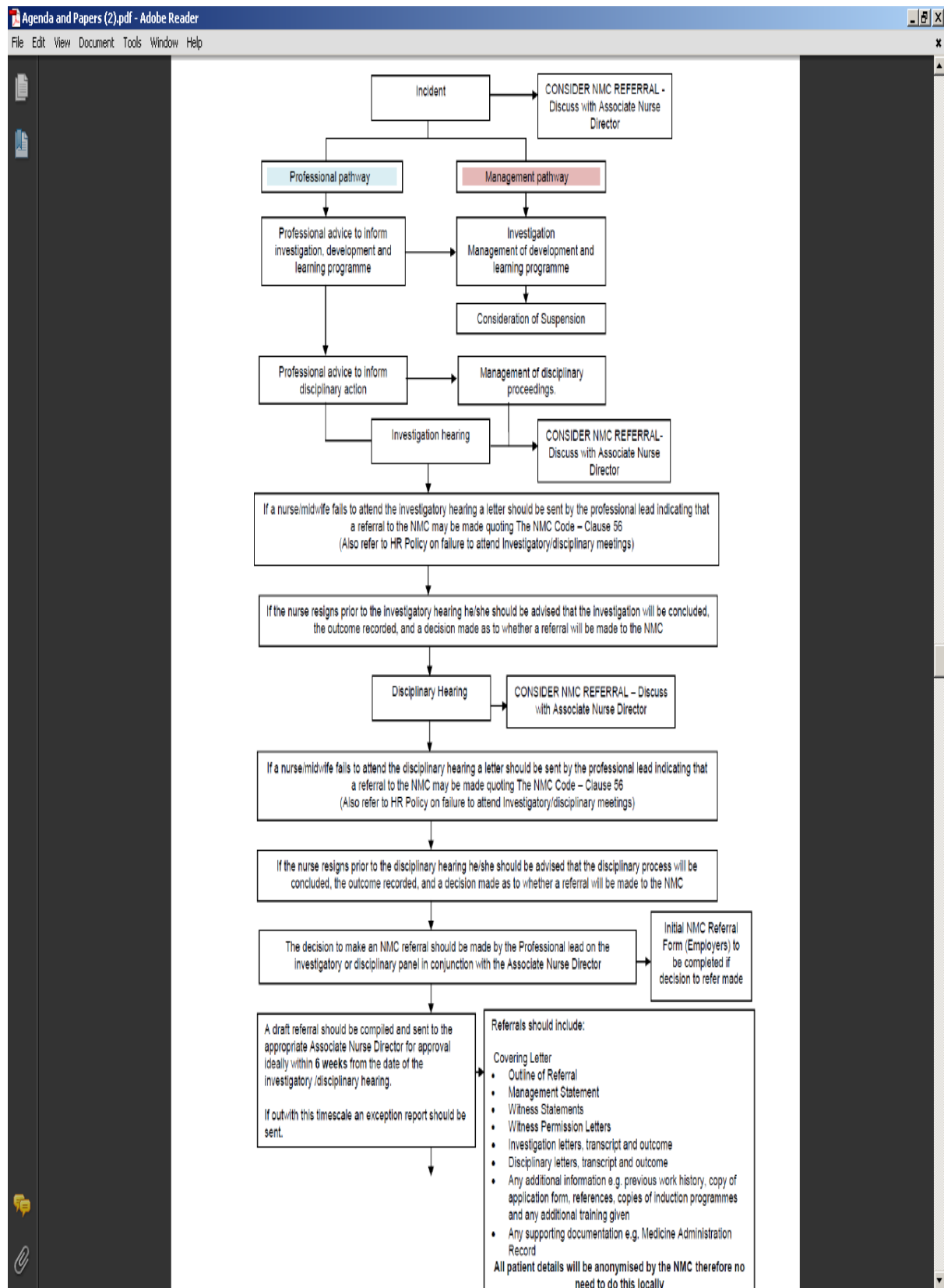
Definition of practitioners is:  
Nurses  
Midwives  
Health Visitors

\*As of January 2020, this is a role in development and not fully implemented in local practice

## APPENDIX E – Lines of Professional Accountability across Nursing & Midwifery



## APPENDIX F – NMC Referral Pathway



**Employer Link Service** can be contacted on [EmployerLinkService@nmc-uk.org](mailto:EmployerLinkService@nmc-uk.org). The advice line number 020 7462 8850 is open Monday to Friday from 09:00 to 17:00.

Employer Confirmation Service <https://www.nmc.org.uk/registration/employer-confirmations/>