Scottish Borders COUNCIL

NHS Borders

Scottish Borders Professional Assurance Framework:

Health* and Social Work Professionals

2015

*(*the term ‘health professional’’ is used here for ease and refers to Nurses, Midwives, Allied Health Professionals, and community and hospital based Medical staff. It does not include independent contractor services for the purposes of this document as there are specific arrangements in place for these services with regard to monitoring quality within Primary and Community Care which will continue.)*

1. INTRODUCTION

Professionally registered practitioners working in health and social care across Scotland perform their roles in a diverse range of settings. The organisational context in which professionally registered health and social care practitioners fulfil their roles is complex. Lines of accountability can be convoluted and often span organisational boundaries. Fostering team working is equally important as developing the roles of any one professional group[1].

The Integrated Joint Board (IJB), NHS Board and Local Authority have corporate accountability for maintaining and improving the quality of services in the form of clinical and social care governance[2].

Accountability for the quality of our staff:

- Nursing, Midwifery and Allied Health Professionals (AHPs) are devolved to the Executive Nurse Director to ensure there is clarity of professional responsibility and robust accountability structures for professional Nurses, Midwives and AHPs. The Executive Nurse Director has overall responsibility for NMAHP practice and standards.
- Social work is the responsibility of the Chief Social Work Officer. Each local authority is required through legislation to appoint a Chief Social Work Officer, who must hold a social work qualification and has a key role in ensuring components are in place for developing good governance: culture, systems, practices, performance, vision and leadership and in overseeing compliance with these arrangements. The Chief Social Work Officer (CSWO) has overall responsibility for social work practice and standards– whether provided directly by the local authority or in partnership with other agencies.
- Medical staff are the professional responsibility of the Medical Director who holds accountability for the actions of medical staff, delivering care through health and social care integrated services.

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

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

[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

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

1.1 The Professional Assurance Framework in Context

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

2. WHY IS THIS PROFESSIONAL ASSURANCE FRAMEWORK NECESSARY?

2.1 The Integration of Health and Social Care

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

> *"…services should be planned and delivered seamlessly from the perspective of the patient, service user or carer, and that systems for managing such services should actively support such seamlessness"[4].*

The integration of health and social care has been a Government imperative for over two decades. Successful integration will require decision-making to be devolved to locality management teams where the focus will be on developing new and innovative solutions. The ability of Health and Social Care Partnerships to reshape care effectively will be crucially dependent on the willingness of the parent bodies to exercise facilitative leadership, that is "to let go"[3]. Cultural change of this magnitude will require innovation, flexibility and informed risk-taking.

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

For the NHS the Francis Report was a landmark publication for with implications for the rest of the UK. It has important messages for all professional practitioners. Among the many recommendations the Francis Report called for a stronger nursing voice in safeguarding acceptable standards of care. So, at the same time that the integration of health and social care requires flexibility, innovation and informed risk-taking, the Mid Staffordshire Public Enquiry Report calls for fundamental standards, clearer accountability, simplified regulation and more effective external scrutiny[5]. These

---

[3] Scottish Government 2020 Vision Available online http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision

[4] SPICe Briefing, Public Bodies (Joint Working) (Scotland) Bill, Available online http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-50.pdf

[5] Francis R, The Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry Available online http://www.midstaffspublicinquiry.com/

principles require to be equally applied to Medical, AHP and social work standards of practice in order to build a strong, cohesive professional whole – which delivers high quality services with, and to, communities and families.

2.3 Transforming Care: A national response to Winterbourne View Hospital (2012)
This report had the equivalent impact on social work and Local Authorities that the Francis Report had on the NHS. It exposed wider issues in the care system. It laid out clear actions for health and local authority commissioners in order to transform care for clients with learning disabilities. The report made clear that Directors are directly accountable and responsible for the quality of care and practice taking place under their watch.

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

Whilst these two English reviews have been instrumental in changing the health and social care landscape there are other reports in Scotland from Mental Welfare Commission, the Scottish Public Services Ombudsman and published significant case reviews that need to influence change in Scottish Borders services.

3. WHO IS THE PROFESSIONAL ASSURANCE FRAMEWORK FOR?

This Framework applies to all health and social care professionals as set out in the integration scheme irrespective of their grade or seniority. It is closely aligned with the statutory regulatory frameworks[6][7] and professional guidance that underpin nursing, midwifery, AHP, Medical and social work practice. Crucially, it will enable health, and social care professionals to carry out their responsibilities, confident in their knowledge of accountability both for their actions and those actions which they have delegated to others.

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

The Chief Social Work Officer, Medical and Executive Nurse Director must ensure that all agencies in our Health and Social Care Partnership fulfil the responsibilities set out in the Assurance Framework. In fulfilling their role, these professional leaders must have access to people, information and existing systems and processes, for example, HR policies and procedures across the NHS and Local Authority, partner services and agencies where health and social care professionals perform their roles[8].

[6] NMC
[7] Midwives Rules & Standards
[8] 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 Executive Nurse Director, Medical Director and Chief Social Work Officer; which provide assurance on standards of care, practice and professionalism'.*

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

4.1 Health and Social Care Professionals are equipped, supervised and supported according to regulatory requirements

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

4.2 There is dispersed leadership which focuses on outcomes and promotes a culture of multi-professional parity and respect

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

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

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

As well as structures there must be clearly defined roles and accountabilities in terms of the uniqueness of the registered Medical Practitioner, registered nurse, midwife, AHP or social worker roles particularly where they overlap. Practitioners and professional leaders must understand what is expected of them, how to fulfil these expectations and how to provide assurance on their effectiveness. Non-clinical managers must also be clear about what is expected when doctors, Nurses, Midwives, AHPs and social workers report to them in a line management capacity. The effectiveness of joint working will be demonstrated by effective information sharing across professions guided by a robust information sharing protocol.

4.4 The IJB, NHS Board and Local Authority have a clear understanding of the quality of the Nursing, Midwifery, Medical, AHP and social work service

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

5. HOW TO USE THIS PROFESSIONAL ASSURANCE FRAMEWORK

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

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

6. PROFESSIONAL REQUIREMENTS

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

6.1 Accountability and Responsibility

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

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

Accountability can be defined as demonstrating an ethos of being answerable for all actions and omissions, whether to service users, peers, employers, standard-setting/regulatory bodies or oneself[9]. Accountability cannot be delegated.

6.2 Scope of Practice

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

For Nurses and Midwives the NMC has incorporated into The NMC Code: Professional standards of practice and behaviour for Nurses and Midwives[10]. The pertinent statements are that Nurses and Midwives:

- Must maintain the knowledge and skills you need for safe and effective practice.
- Must work within the limits of your competence.

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

- Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.
- This specifically includes meeting relevant standards of practice in a lawful safe way, clear and accurate recording, seeking appropriate assistance if you are uncertain about how to proceed in a work matter and undertaking relevant training

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

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

For doctors, the GMC document Good Medical Practice sets out standards of professionalism.

6.3 Delegation

Some tasks are specified to be undertaken by only appropriately registered, skilled practitioners. 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

---

[9] 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.

[10] 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-/

delegated task 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[11].

Apart from a number of specific circumstances, the law does not prescribe which tasks are suitable for particular healthcare personnel. However, it does provide a crucial regulatory framework that applies to every individual practitioner, irrespective of their rank or role. The law imposes a duty of care on practitioners, whether healthcare support workers, registered professional practitioners, doctors or others, in circumstances where it is ‘reasonably foreseeable’ that they might cause harm to patients/clients through their actions or their failure to act[12].

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

Where another, such as an employer, has the authority to delegate an aspect of care, the employer becomes accountable for that delegation. In accordance with the NMC Code[13], Nurses or Midwives must act without delay if they believe a colleague or anyone else may be putting someone at risk.

7. CONCLUSIONS AND RECOMMENDATIONS

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

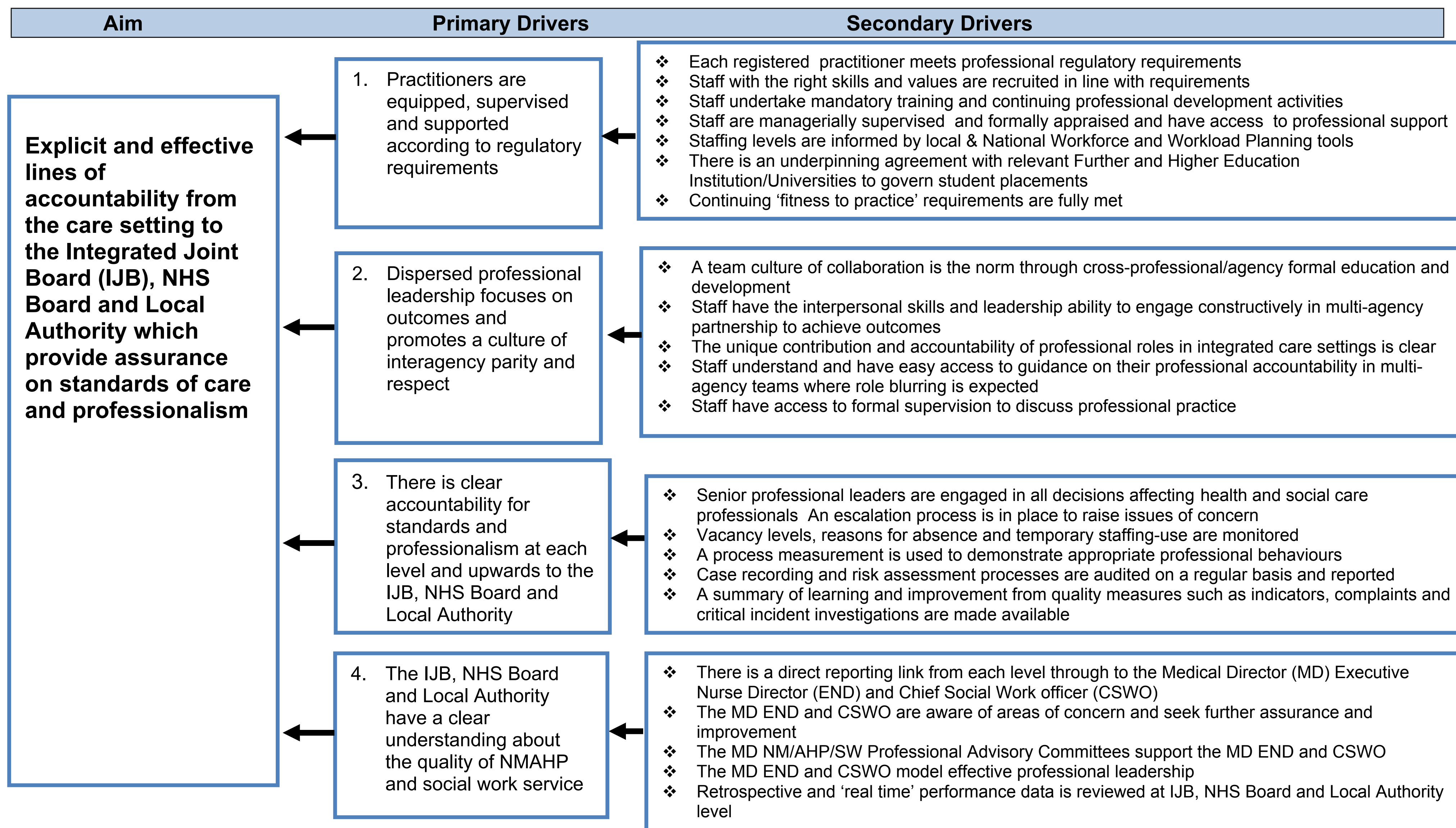
There will undoubtedly be rugged terrain to navigate as the IJB, NHS Board and Local Authority work more formally with other agencies to build new relationships and working practices in pursuit of integrated care. Health, and social care professionals will play their part but they need to feel confident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

---

[11] NMC (2013) Regulation in Practice, Available Online http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/
[12] 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
[13] NMC Code

APPENDIX 1

NMAHP AND SOCIAL WORK PROFESSIONAL ASSURANCE FRAMEWORK



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 relevant medical manager, NMAHP or social worker is involved in the recruitment of all medical, NMAHPs or social workers according to the appropriate profession to ensure professional robustness of the process. ➢ 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 ➢ Appraisal is undertaken by operational managers with input from a relevant medical manager, NMAHP or social work 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 all requisite professional regulatory educational quality standards (e.g. QSPP and Standards for Learning and Assessment in Practice, Care standards)	✓ GMC, NMC, HCPC, SSSC 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 ✓ Capacity to provide and uptake of professional supervision ✓ Practice Education Facilitator (PEF) reporting; NES performance management reports: NMC/HCPC/SSSC validation and monitoring reports ✓ Mandatory training records ✓ Service Level Agreements (SLAs) with relevant HEI/Universities to provide bespoke education when required

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 activities within the NHS, Local Authority and integrated care settings
➢ A relevant medical manager/NMAHP/social worker 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 relevant medical manager, NMAHP/social worker 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
➢ Regular reporting of outcomes form patients, service users and their carers
	✓ Medical NMAHP and social work 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/client record audits (outcome data)
	✓ Patient/client feedback data
	✓ Staff feedback data
	✓ Staff absence data
	✓ Staffing establishments and levels
	✓ Staff Experience data
	✓ Feedback from service users and carers

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

Steps to Meeting Secondary Drivers	Indicators
➢ There is a formal system for involving the relevant medical manager, NMAHP or social worker in professional issues involving NMAHPs or social workers e.g. HR issues, the workforce and clinical governance implications of service design/redesign ➢ The medical manager, NMAHP or social worker reviews workforce data with operational managers e.g. actual against proposed skill mix, vacancies, absence rates ➢ A measure is used to demonstrate / improve appropriate professional 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 Doctors, NMAHPs and social workers are able to bring concerns to the attention of senior managers and that they receive feedback ➢ PIN and relevant Local Authority 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 appropriate professional behaviours, action plans and progress reports ✓ Clinical quality indicator reports ✓ Escalation reports and outcomes

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

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

BIBLIOGRAPHY

Department of Health (2010) *Responsibility and Accountability: Moving on from New Ways of Working to a Creative, Capable Workforce,* DOH, London

Francis R, (2013) *The Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry* Available online http://www.midstaffspublicinquiry.com/

Imison C. and Bohmer R. (2013) *NHS and social care workforce: meeting our needs now and in the future?* The Kings Fund, Available Online

Joint Improvement Team (2009) *Barriers to Partnership Working*, Available online http://www.jitscotland.org.uk/supporting-partnership/work-areas/

Healthcare Improvement Scotland (2013) *Joint Inspection of Adult Services: Draft Quality Indicators and Illustrations,* HIS, Available Online http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/joint_inspection_-_adults.aspx

National Advisory Group on the Safety of Patients in England (Berwick Report), (2013) *A Commitment to Learn, A Commitment to Act,* DOH, London

NHS Highland (2012) *Professional NMAHP Leadership Framework Within the Lead Agency Model*, NHS Highland, Inverness

NHS Scotland (2013) *Framework for Developing a Measurement Plan QI Hub*, Available Online http://www.qihub.scot.nhs.uk/media/340181/2012-06-15_measurement_improvement_journey_process.pdf

NMC (2015) *The Code: Professional Standards of practice and behaviour 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-/

RCN (2013) *Clinical Governance,* Available online http://www.rcn.org.uk/development/practice/clinical_governance

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

Scottish Government (2013) *A Route Map to the 2020 Vision for Health and Social Care*, Available online http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy/routemap2020vision

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

Scottish Government (2012) *Care Governance Framework: Shared Accountability and Assurance of High Quality Care and Experience*, CNOPPP, Scottish Government.

Scottish Government (2013) *All Hands on Deck: How everyone can play their part in improving the life of people in Scotland*, Available onlne http://www.jitscotland.org.uk/supporting-partnership/

Scottish Government (2010) The *Joint Declaration on NMAHP Leadership from Scotland's Chief Nursing Officer, Chief Health Professions Officer and NMAHP Leaders,* Available online http://www.qnis.org.uk/index.php?option=com_docman&task=cat_view&gid=80&Itemid=72&limitstart=10

Social Care Institute for Excellence (2013) *Social Care Governance: A Practice Workbook*, Dept of Health, Social Services and Public Safety, London

SPICe (2013) *Briefing, Public Bodies (Joint Working) (Scotland) Bill,* Available online http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-50.pdf

The Kings Fund (2013) *Integrated Care in Northern Ireland, Scotland and Wales, Lessons for England*, The Kings Fund London

The Kings Fund (2013) *Making Integrated Care Happen at Scale and Pace*, The Kings Fund London

The Kings Fund (2013) *Transforming the Delivery of Health and Social Care*, The Kings Fund, London