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**To: Renfrewshire Integration Joint Board**

**On: 18 September 2015**

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**Report by: Chief Officer Designate**

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**Subject: Quality, Care and Professional Governance**

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**1. Summary**

- 1.1 As part of the Integration Work Programme, Renfrewshire HSCP established a Workstream Group to review and propose the framework and associated arrangements for clinical and care governance within the new organisation. Co-chaired by Katrina Phillips and Shiona Strachan (and since April by Ian Beattie), the group included professional representation and input from both health and social work.
- 1.2 The remit of the Workstream group was to:
- Ensure that proposed arrangements are consistent with the guidance and principles for Clinical and Care Governance as specified by the Scottish Government.
  - Ensure that Health and Social Care systems are working to a shared understanding and definitions for Quality, Care and Professional Governance.
  - Examine current Health & Social Care Governance arrangements and determine their compatibility in an integrated structure (the governance structures for RHSCP parent organisations are included as Appendix 1).
  - Propose options that would lead to effective future integration of these arrangements.
  - Outline the work that would need to be undertaken to complete that integration.
- 1.3 The paper outlines existing governance arrangements and proposes how these will be developed to meet the needs of the Renfrewshire Health and Social Care Partnership (RHSCP) in future. As new organisational

structures take shape and as ways of working become defined, these proposed arrangements for Clinical and Care Governance will be kept under review and any adaptations will be made consistent with the Scottish Government guidance and with the advice from professional leads and advisors and in agreement with the Chief Officer

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## **2. Recommendation**

- 2.1. The Quality Care and Professional Governance Framework is agreed for implementation.
- 2.2 Note that the IJB will receive bi-annual Clinical and Care Governance Progress Reports from the Chief Officer. This will include information on the number and type of complaints, information about significant clinical incident reviews, serious case reviews, and staff conduct. The report will also seek to provide a thematic analysis of emerging themes and actions taken. Information on external scrutiny reports e.g. Mental Welfare Commission, Health Improvement Scotland, Care Inspectorate and any actions taken as a result. The IJB will provide an additional quality assurance and scrutiny process as an integral part of the Quality care and Professional Governance framework and approach.

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## **Implications of the Report**

- 1. Financial – Nil**
- 2. HR & Organisational Development – Nil**
- 3. Community Planning - Nil**
- 4. Legal – Nil**
- 5. Property/Assets – Nil**
- 6. Information Technogloy – Nil**
- 7. Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual

impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

- 8. **Health & Safety – Nil**
- 9. **Procurement – Nil**
- 10. **Risk – Nil**
- 11. **Privacy Impact – Nil**

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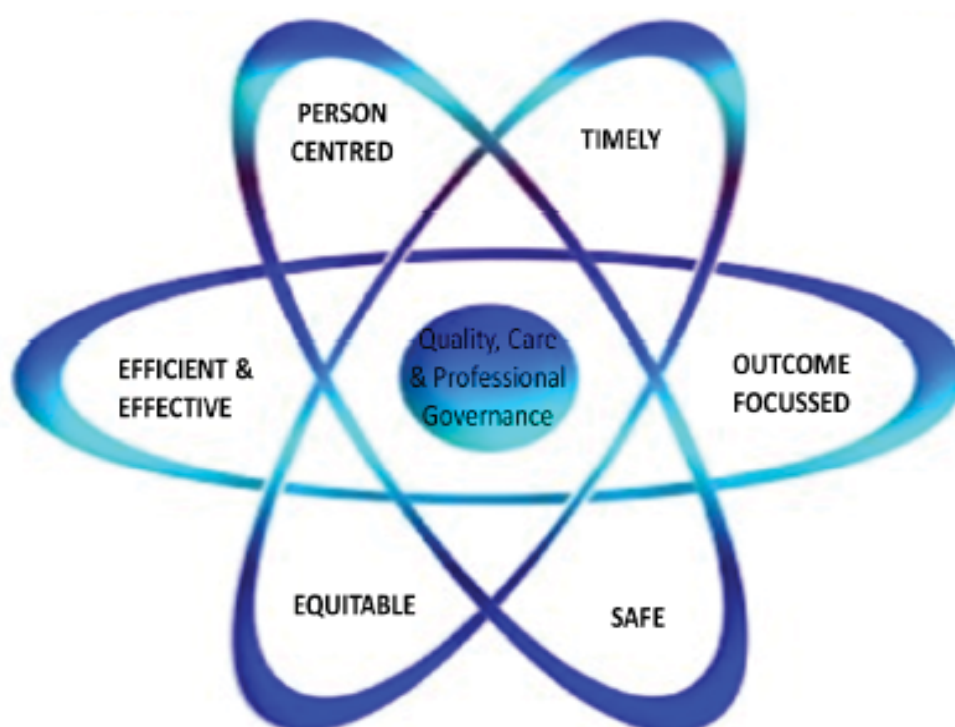
**List of Background Papers – None.**

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**Author:** Katrina Phillips, Head of Mental Health, Addictions and Learning Disability Services



## **Renfrewshire Health & Social Care Partnership Quality, Care & Professional Governance**



Document Number/title:	<b>Renfrewshire Health &amp; Social Care Partnership Quality Care, &amp; Professional Governance</b>
Lead Manager(s):	<b>K Phillips, S Strachan</b>
Responsible Director:	<b>David Leese</b>
Approved by:	<b>RHSCP IJB</b>
Date approved:	<b>June 2015</b>
Date for Review:	<b>June 2018</b>
Replaces previous version: (if applicable)	



## APPROVALS COVER SHEET

Name of Policy, Strategy or Procedure	<b>Renfrewshire Health &amp; Social Care Partnership Quality, Care &amp; Professional Governance</b>	
Approving Body	<b>Renfrewshire Health &amp; Social Care Partnership</b>	
Lead Manager/Director	<b>Mr David Leese</b>	
	<b>Requirement</b>	<b>Comment</b>
<b>Scope</b>	The scope is clearly defined. Where the scope is limited to one area, department or operational entity, there is clear evidence that it does not apply more widely.	<i>All HSCP services</i>
<b>Consultation</b>	There has been wide consultation with those affected by the policy, including those with responsibility for implementation.	<i>Consulted with relevant health &amp; social services groups, IJB, CSWO</i>
<b>Communications Plan</b>	There is a comprehensive communication and implementation plan in place.	<i>Yes</i>
<b>Finance</b>	Cost implications are fully understood and agreed by budget holders, or additional resource secured.	<i>No significant financial impact is expected from the introduction of this process.</i>
<b>Equalities</b>	The policy has been screened to see if EQIA is required and EQIA carried out if necessary.	<i>EQIA not required for this document</i>
<b>Human Resources</b>	Implications for staff are fully understood and agreed.	<i>Not applicable</i>
<b>Sustainability</b>	Impact on the environment (e.g. carbon emissions; travel) is understood and agreed.	<i>No impact anticipated</i>
<b>Risk</b>	Any risks to the organisation are fully understood and agreed	<i>No risks anticipated</i>
<b>Service Delivery</b>	Implications for service delivery including achievement of integrated governance arrangements	<i>The HSCP will meet the expectations of the Scottish Government in the Development of Integrated Governance Framework</i>





## PREFACE

Renfrewshire HSCP commissioned a workstream group to review and propose the arrangements for governance within the organisation. Co chaired by Katrina Phillips & Shiona Strachan, Margaret Aitken, Janet Menzies, Bob Leslie and Margaret Irvine provided professional representation and input from both health and social work.

The remit of the Workstream group was to:

1. Ensure that proposed arrangements are consistent with the guidance and principles for Clinical and Care Governance as specified by the Scottish Government.
2. Ensure that Health and Social Care systems are working to a shared understanding and definitions for Quality, Care and Professional Governance.
3. Examine current Health & Social Care Governance arrangements and determine their compatibility in an integrated structure (the governance structures for RHSCP parent organisations are included as Appendix 1).
4. Propose options that would lead to effective future integration of these arrangements.
5. Outline the work that would need to be undertaken to complete that integration.

The workstream group met through April and May 2015 and developed proposals which describe the principles, functions and proposed structures for the integrated governance arrangements in RHSCP.

The group agreed core components for RHSCP Quality, Care & Governance Framework proposed in this paper based on service delivery, care and interventions that is:

***Person centred; Timely; Outcome focussed; Equitable; Safe; Efficient & Effective.***

The Workstream recommends:

1. Formation of a Renfrewshire HSCP Executive Governance Group (REGG), working through the proposed model for governance arrangements, drawing on membership from the existing workstream and extending membership to relevant others.
2. The REGG would report to the Integrated Joint Board (IJB).
3. Develop an implementation plan.



# 1. Introduction

The purpose of this paper is to outline existing governance arrangements and to propose how these could be developed to meet the needs of the Renfrewshire Health and Social Care Partnership (RHSCP) in future.

## 2. Clinical and Care Governance: Background & Function

The Scottish Government's Policy Statement on Integration states that:

*"Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care."*

Principles for good governance for NHS Boards<sup>ii</sup> highlight three main roles for a Board:

- formulating strategy
- ensuring accountability
- shaping culture

There should be a 'clear chain of delegation that cascades accountability for delivering quality performance from the board to the point of care, ensuring robust quality intelligence then flows back to the board'.

Governance for quality social care in Scotland<sup>iii</sup> identifies the following "Key Principles of Care Governance":

- Involving service users/ carers and the wider public in the development of quality care services.
- Ensuring safe and effective services and appropriate staff support and training.
- Striving for continuous improvement with effective policies and processes in place.
- Ensuring accountability and management of risk.

In terms of Social Work Governance, there is an emphasis on the statutory role of the Chief Social Work Officer, who is responsible for ensuring the culture, systems and practices that are component parts of good governance, and who reports to the Council on a range of statutory Social Work matters.

The Scottish Government's draft Framework for Integrated Health and Social Care Governance states that:

*"The Act does not change the current regulatory framework within which health and social care professionals work, or the established professional accountabilities that are currently in place within the NHS and local government. These arrangements may need adaptation to the circumstances of each Integration Authority to reflect the services and local circumstances of each partnership. What the Act does is draw together the planning and delivery of services to better support the delivery of improved outcomes for the individuals who receive care and support across health and social care."*

Appendix 3 outlines existing guidance on governance and accountability.

## **Professional Leadership**

The Executive Governance group will have professional leads representing social work, nursing, allied health professionals and medicine. These professional leads will have the following responsibilities:

- Advise the Executive Governance group on professional issues within the scope of the HSCP area.
- Provide professional expertise on the full range of clinical and care issues.
- Provide assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis.
- Provide assurance that the National Nursing & Midwifery and other Professional Assurance frameworks are implemented.
- Advise on professional workforce and workload planning in relation to capacity and capability.
- Provide information on the pre and post registration educational standards required for professions.
- Provide a link to professional structures within Renfrewshire Council and NHS GG&C.
- Ensure a shared collective responsibility for governance across the Health & Social Care Partnership (HSCP).
- Ensure the effectiveness of the local clinical governance arrangements in meeting local and cross system needs whilst supporting the Executive Governance group with reports and assurance.

## **Chief Social Work Officer**

The role of the Chief Social Work Officer (CSWO) is to provide professional advice on the provision of social work services which assists authorities in understanding many of the complexities which are inherent across social work services.

The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.

The CSWO has responsibility to advise on the specification, quality and standards of services commissioned.

## **3. Clinical & Care Governance Activity: Principles and Values**

Consistent with the integration planning principles set out in the Scottish Government's Clinical and Care Governance Framework document (November 2014) the principles and values underpinning governance activity within RHSCP are:

### A learning organisation

The learning organisation is strongly associated with cultures of openness, fairness and a strong awareness of operational conditions embodying a 'Just Culture'<sup>iv</sup>. We will require good quality data and information that can be shared in a transparent way, connecting purpose and informing our accountable relationships.

### A person centred organisation

In a person centred organisation, an orientation to patients, service users and carers is a consistent driver of quality improvement. In this, we must also ensure that a person centred approach is fundamental to the leadership, management and support of staff.

#### An outcome focused organisation

Practice and performance in the organisation will be outcome focused. We will for example, ensure that action plans and services make a meaningful difference to patients, service users, carers, families and communities.

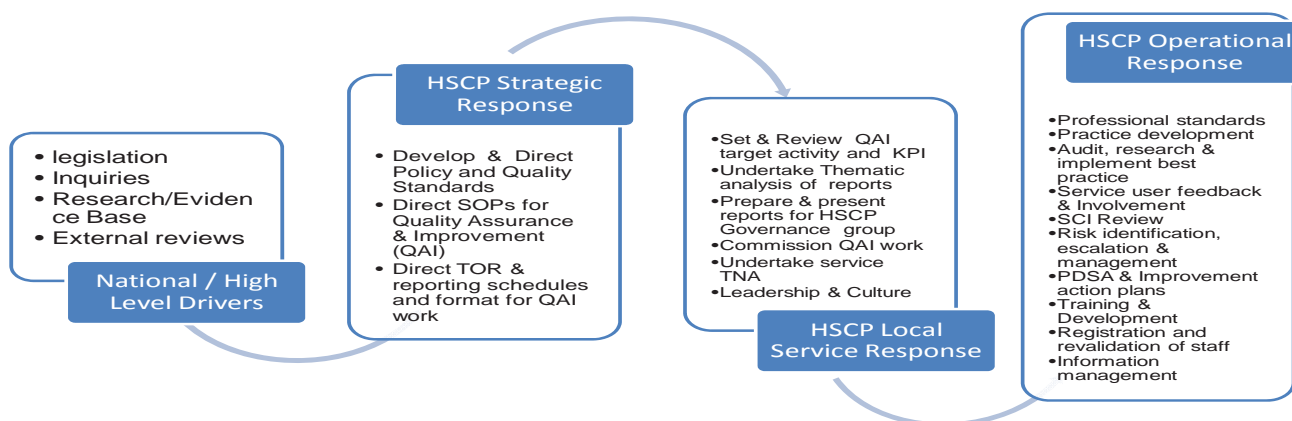
#### A connected organisation

The collaborative principle is vital to successful integration. To support this, clinical and professional governance should be inclusive, facilitative of top-down and bottom-up engagement and it should actively contribute to cross-system learning. The process will maintain continued interface with governance arrangements across other Renfrewshire Council services e.g. Criminal Justice.

## 4. Governance Process

Framed in the context of the Scottish Government's draft Framework for Integrated Health and Social Care Governance the group proposed Quality, Care & Professional Governance arrangements within Renfrewshire HSCP as a dynamic process as illustrated in figure 1.

Figure 1



The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach.

## 5. Levels of Governance to be Covered by the Integrated Arrangements

The governance arrangements/function within integrated services of the Renfrewshire HSCP will include:

- Service user & carer engagement.
- Outcomes focussed, person centred care.
- Professional Registration & Fitness to Practice.
- Significant Clinical Incidents, Significant Case Reviews and Complaints.
- Thematic analysis of incident management data
- Responses to external scrutiny and internal investigation.
- Impact assessment and learning arising from external publications (including policies, guidelines, inquiries, monitoring and standards).
- The Scottish Patient Safety Programmes in Mental Health and Primary Care.
- Clinical and Care Pathways.
- Research & Audit.
- Quality improvement.
- Service Review.
- Risk Register and risk management.
- Health Acquired Infection (HAI) / Healthcare Environment Inspectorate(HEI)

The Integrated Joint Board (IJB) has representation from nominated professional leads.

The proposed governance system would have a hierarchical structure, with levels in the structure fulfilling certain functions. The levels are summarised in table 1.

*Table 1 Governance Responsibilities /Functions*

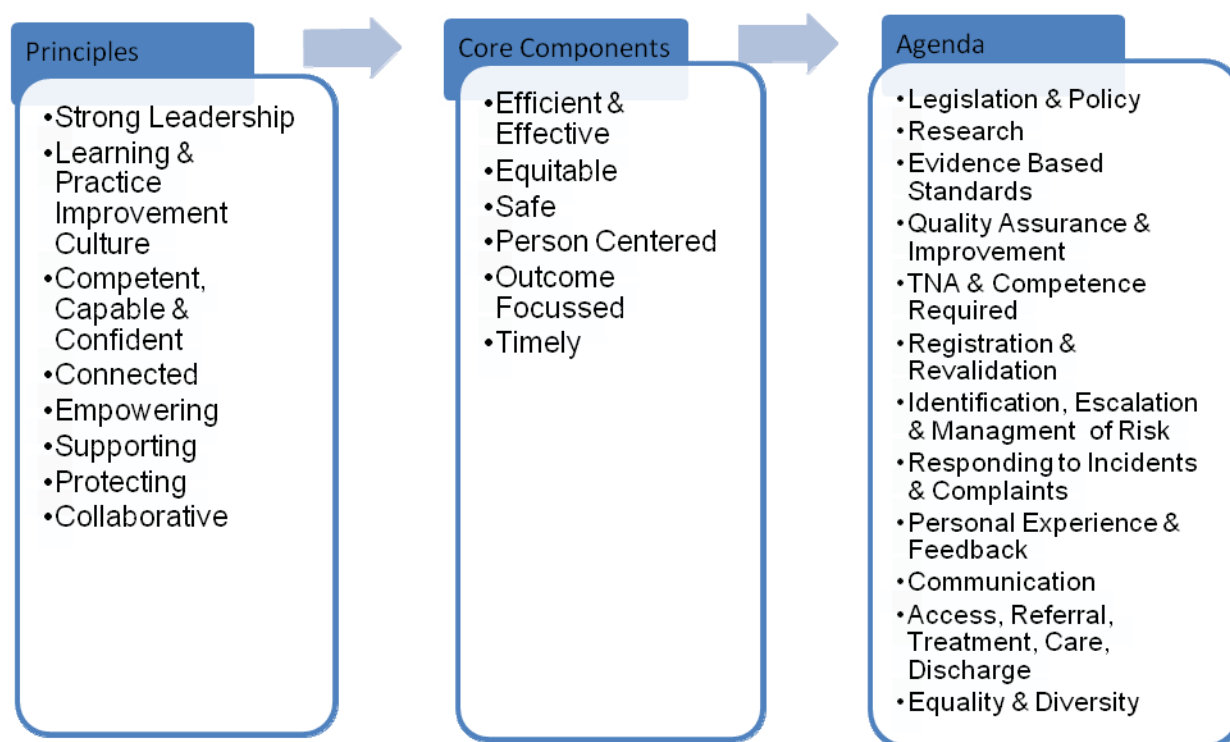
Level	Responsibilities
<b>NHS Board Clinical Governance Forum and subgroups</b>	<ul style="list-style-type: none"> <li>• Overview of learning, governance and quality</li> <li>• Professional regulation (fitness to practice)</li> <li>• Interface between community and acute services</li> <li>• Ensure that cross-system learning is effective in maintaining consistency and continuity of quality</li> <li>• Impact assessment and coordination of policies, guidelines, inspections etc</li> <li>• Analysis, learning from incidents &amp; complaints</li> <li>• Generalising system response to incidents</li> </ul>
<b>Renfrewshire HSCP Executive Governance Group (REGG)</b>	<ul style="list-style-type: none"> <li>• Cross-system learning for localities, care groups and professional groups within and beyond the HSCP</li> <li>• Professional regulation, Fitness to Practice issues.</li> <li>• Impact assessment and guidance to localities about policies, guidelines, inspections etc</li> <li>• Analysis, learning from incidents &amp; complaints</li> <li>• Generalising system response to incidents</li> <li>• Quality Assurance for locality level</li> <li>• Mental Health Officer (MHO) service</li> <li>• Promoting Person Centered Care through ongoing service development and review</li> </ul>

<b>Service Pods / Locality Services</b>	<ul style="list-style-type: none"> <li>• Incident management, reporting and investigation (e.g. SCI, SCR)</li> <li>• Complaints</li> <li>• Patient/Service User/Client Feedback</li> <li>• Identify action plans for service improvement</li> <li>• Shared Learning</li> <li>• Escalation</li> <li>• Implementation of guidance, policies etc</li> <li>• Professional registration</li> <li>• Public protection</li> <li>• Quality improvement, monitoring and development</li> <li>• Review external reports (e.g. MWC, HIS)</li> <li>• Review external inspection reports (e.g. MWC, Care Inspectorate)</li> </ul>
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## 6. Proposed Framework for Governance Groups, Membership & Agendas

Figure 2 below provides a summary of the principles, core components and derived from these the proposed agenda for governance activity within RHSCP.

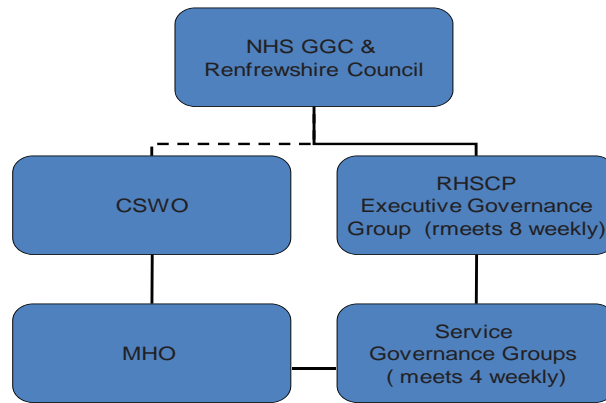
Figure 2



The proposed framework for the operation of the functions of the structure is on three levels illustrated as follows:

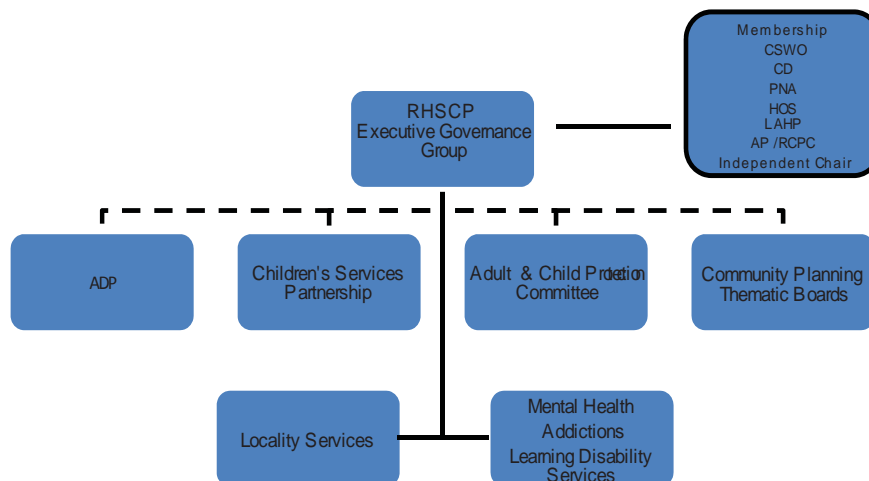
**Level 1** depicts proposals for the overarching governance structure and reporting arrangements to parent organisations linked via Renfrewshire HSCP Executive Governance Group (REGG).

*RHSCP Governance Organisational Framework – Level 1 Overarching Structure*



**Level 2** depicts the governance structure and reporting arrangements for “service pods” to the Renfrewshire HSCP Executive Governance Group (and the membership of the group). The composition of service pods can be seen in Appendix 2.

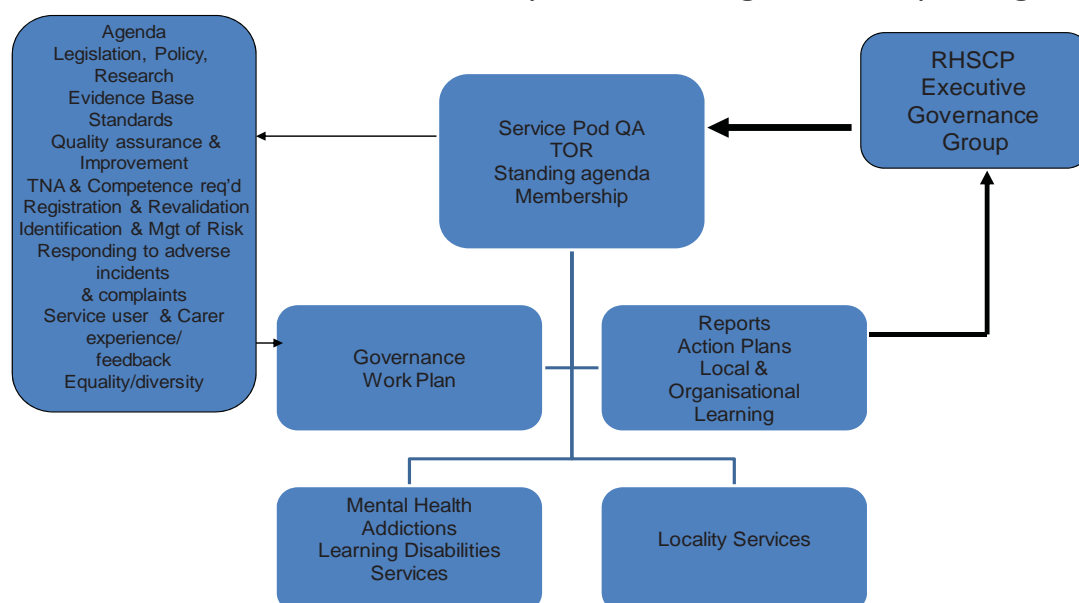
### Governance Organisational Framework Level 2 HSCP Structure- Service Pods



**Level 3** depicts the directed agenda for governance activity and work plans within the service pods.



## Governance Organisational Framework Level 2 Service Pods Quality Assurance Agenda & Reporting



**NB** individual clinical and care service groups will operationalise governance activity and report to service pods

## 7. Responses to and Management of Significant Incidents

Core to the function and responsibilities of the HSCP governance framework is the management of Significant Clinical Incidents (SCI) and Significant Case Reviews (SCR). This process is outlined in table 2 below.

Table 2

ESCALATION	TEMPLATES / GUIDANCE
Local manager initiate rapid alert to Head of Service (within 24 hr). Head of Service will notify Chief Officer & Relevant professional leads. Chief Officer will alert Chief Social Work Officer where relevant to SW services. Chief Officer will alert RAPC, & RCPC independent chair as relevant. Ensure incident reported via GGC and Renfrewshire Council incident management processes. Ensure all notified who need to be aware including all significant persons. Ensure local debrief taken place and staff support offered.	Rapid Alert Briefing Note  Datix  Care Inspectorate  Health & Safety grid (staff)  Reports (service users)
COMMISSIONING	
SCI: Decisions re level of investigation will sit with Head of Service, & relevant Clinical Director as per SCI policy.  SCR: Decisions re level of investigation will be made in consultation with Head	SCI/SCR Checklist  SCI Patient/

<p>of Service, Chief Social Work Officer &amp; APC/CP Independent Chair.</p> <p>If confirmed SCI/SCR then investigation team and remit to be agreed by commissioner.</p> <p>Commissioner to formally request investigation team to undertake and ensure local leads from where incident occurred aware to support staff communication.</p> <p>Ensure service user/family/carers involvement agreed between commissioner and lead investigator at this time.</p>	<p>Family Involvement Info/ Guidance</p> <p>Renfrewshire APC Draft Procedure for SCR</p>
<b>INVESTIGATION</b>	
<p>Lead investigator and team meet within 2 weeks of commissioning and confirm plan for review and level of support required.</p> <p>Plan reviewed and updated every 2 weeks to ensure progress maintained.</p> <p>Any issues in progressing reported back to commissioner as soon as possible.</p> <p>Investigation timeline agreed within TOR, in general to be completed within 3 months of start date.</p> <p>All appropriate report templates must be used.</p>	<p>SCI Toolkit investigation tools:</p> <p>SCI Report Templates</p>
<b>REPORT SIGN OFF</b>	
<p>Investigation team to agree draft report including outcome code.</p> <p>Staff involved that have contributed to report must have opportunity to review for factual accuracy check.</p> <p>Final draft submitted to commissioner for review – review to consider that remit met and quality of report.</p> <p>Aim for commissioner sign off within 2 weeks.</p> <p>Report submitted to service governance group for sign off.</p> <p>Service governance group will forward approved reports and action plans to HSCP Governance Executive group.</p> <p>Final SCI report attached to Datix and communicated to clinical risk.</p>	<p>SCI Report Templates</p> <p>Executive Summary Template</p>
<b>REVIEW OF RECOMMENDATIONS &amp; ACTIONS</b>	
<p>All reports and actions to be reviewed within clinical and care service groups.</p> <p>Recommendations progressing action plan to be agreed and arrangements for monitoring.</p> <p>6 month check on progress of action plan will be undertaken.</p> <p>Final report and action plan can be shared with service user/carers/ family as appropriate.</p>	<p>Action Plan Template</p> <p>Staff Support Guidance</p>
<b>Supporting documents</b>	



6 Rapid Alert  
Template FINAL.doc



Complete draft  
SCR.doc



SCI%20Policy%20FI  
NAL%20May%2014.

## 8. Information Governance & Sharing

Existing information management and sharing protocols will continue to be applied though are subject to current review and change as outlined in the document below.



NHSGGC LAs  
Information Sharing F



## APPENDIX 1 PARENT ORGANISATION GOVERNANCE ARRANGEMENTS

### 1. NHS Greater Glasgow and Clyde

Current arrangements for NHS Clinical Governance are summarised in Figure 3.

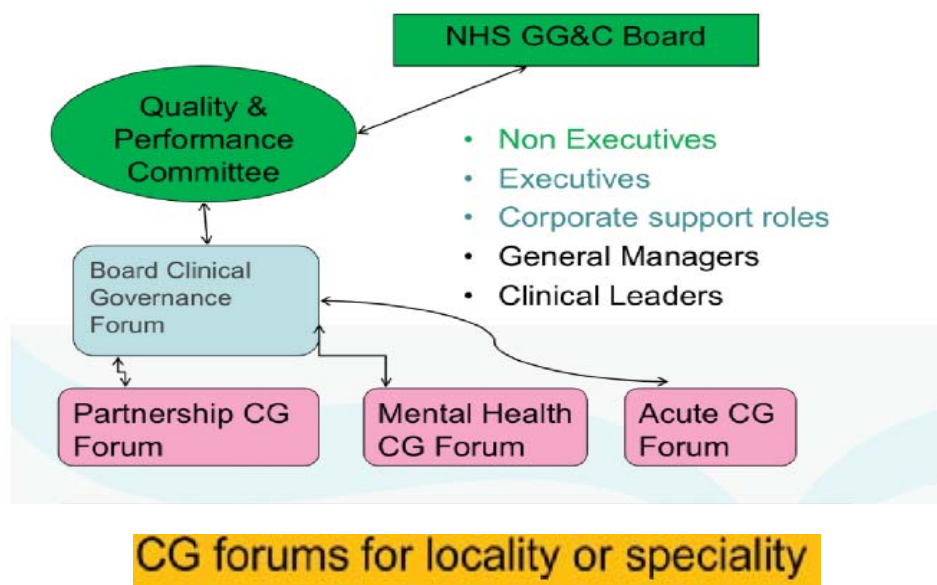
The NHS Chief Executive has overall responsibility for the delivery of clinical governance. There is a core structure of accountability for the quality of care that sits in the primary line of general management for healthcare services but supported by extended structures. These responsibilities will be discharged through general management and clinical leadership arrangements.

The Medical Director is the executive lead for clinical governance, working with the Nurse Director (executive lead for national Healthcare Quality Strategy), and has overall executive responsibility for the clinical governance framework within NHS GG&C. The responsibility for the local development and assurance of effective arrangements is routinely delegated to lead staff, who will work in support of general management.

There is an extended formal structural arrangement through which there is an auditable organisational process of quality management. This process should provide for the transparent connection of purpose which focuses on improving care at practitioner/public level to a focus of oversight at the corporate level. The formal arrangements are augmented by more complex informal exchanges of intelligence and intention.

NHS GG&C Board is responsible for maintaining an overview of the healthcare quality and provision of assurance to the public that quality is effectively monitored and improved. The Board will seek assurance that an appropriate system for development, implementation, monitoring and review is in place, which ensures that clinical governance arrangements are working effectively in safeguarding patients and improving the quality of clinical care. The Board Clinical Governance Forum provides a more operational perspective to assist in framing priorities and guidance for services.

Figure 3: NHS Clinical Governance (CG) arrangements for NHS GG&C



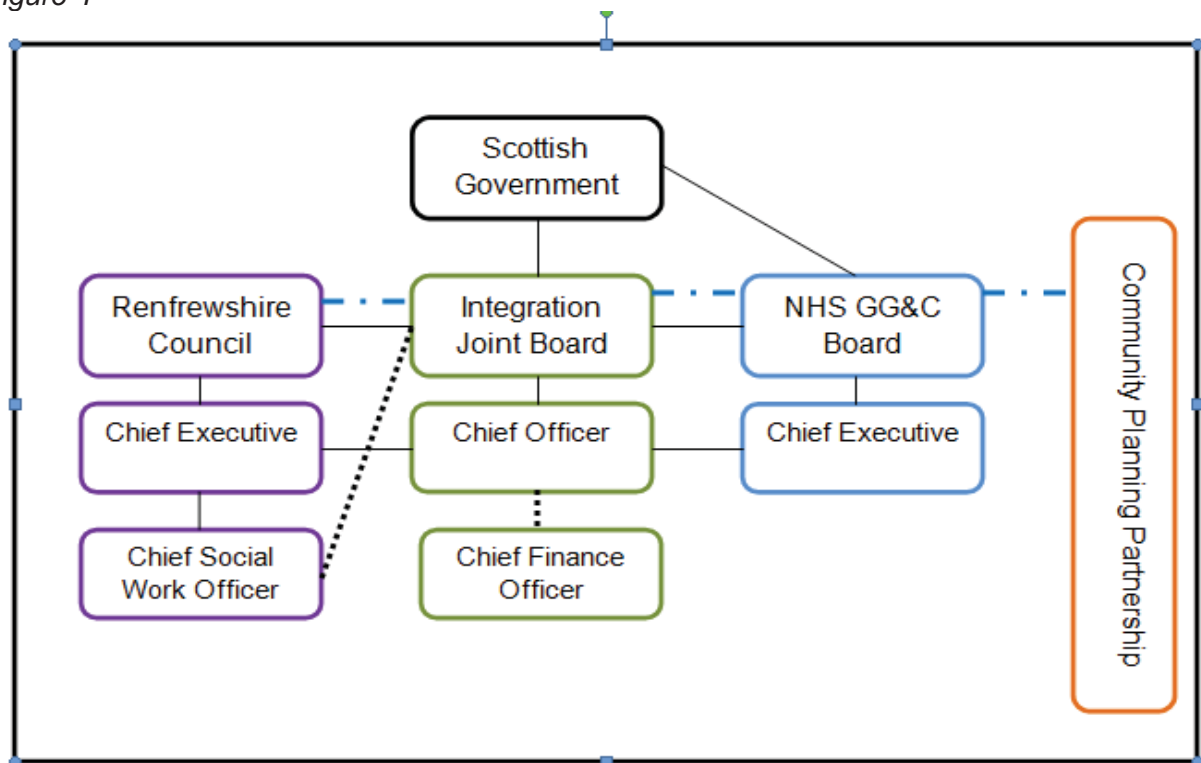
## 2. Renfrewshire Council

Figure 4 below shows where the new Health and Social Care Partnership, managed by the Integration Joint Board (IJB), will sit alongside the existing statutory agencies.

The Integration Joint Board has reporting lines to Council and Health Board and a direct line to the Scottish Government. At the same time, the IJB requires strong links to Community Planning Partnership to ensure contribution to the overall improvement of the Renfrewshire area.

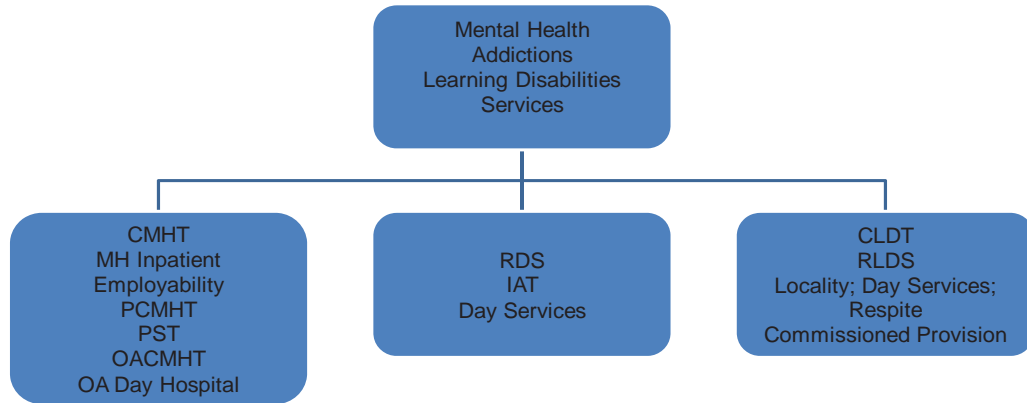
The Chief Social Work Officer will continue to have a key role: it is a local authority responsibility to have this Officer in place to provide professional advice to Elected Members and Chief Officers on social work statutory duties. The design of an integrated structure enables the CSWO to have appropriate oversight and also non voting membership of the Integration Joint Board Heads of profession (for example, Nursing), will be part of the clinical and care governance arrangements to ensure continuing oversight and involvement.

Figure 4

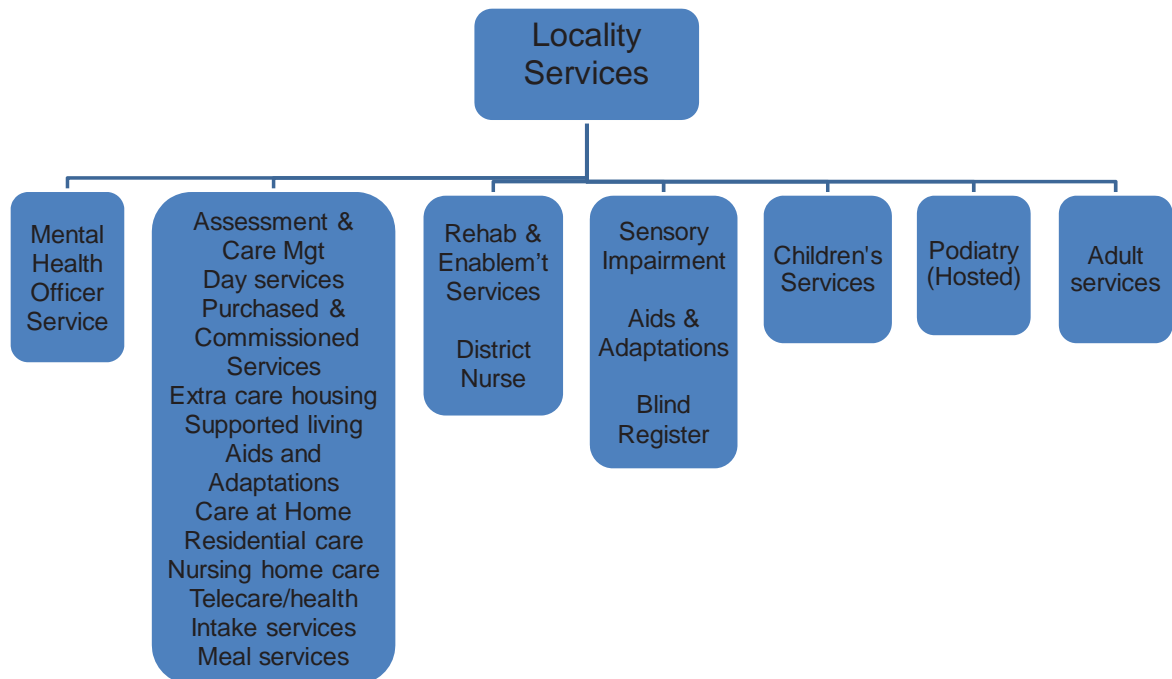


## APPENDIX 2 COMPONENTS OF SERVICE PODS

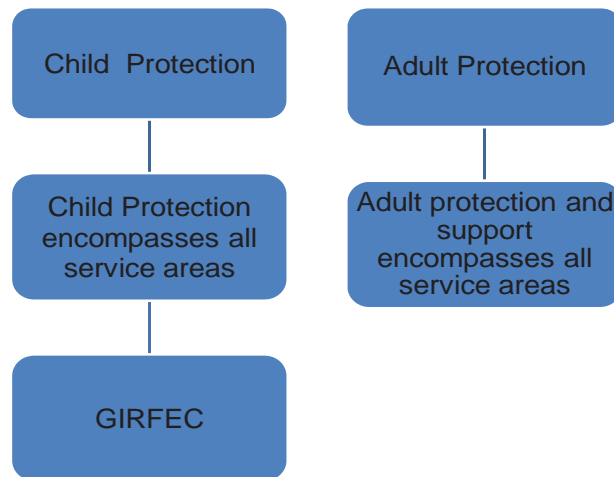
### Governance Organisational Framework Level 3 Service Pods Components



### Governance Organisational Framework Level 3 Service Pods Components



Governance Organisational Framework  
Level 3 Service Pods Components- Public Protection & Safety





## APPENDIX 3: EXISTING GUIDANCE ON GOVERNANCE AND ACCOUNTABILITY

Nursing and Midwifery Professional Assurance Framework for Scotland (2014).  
Scottish Executive Nurse Directors & Chief Nursing Officer for Scotland.

Codes of Practice for Social Service Workers and Employers (2014)  
Scottish Social Services Council.

<http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/60-protecting-the-public/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers>

Governance for Healthcare Quality in Scotland – An Agreement. (2013)  
Scottish Government Health Directorates <http://www.tinyurl.com/qualitygovernance>.

Governance for Quality Social Care in Scotland – An Agreement. (2013). Social Work Scotland – available via the Social Work Scotland website <http://www.socialworkscotland.org/>

Practice Governance Framework: Responsibility and Accountability in Social Work Practice (2011)  
<http://www.scotland.gov.uk/Resource/Doc/347682/0115812.pdf> .

The Role of the Chief Social Work Officer (2010) Scottish Government  
<http://www.scotland.gov.uk/Publications/2010/01/27154047/0> .

The Role of Registered Social Worker in Statutory Interventions:  
Guidance for local authorities (2010) Scottish Government  
<http://www.scotland.gov.uk/Resource/Doc/304823/0095648.pdf> .

Governance for Joint Services. Principles and Advice. (2007)  
COSLA, Audit Scotland and Scottish Government.  
<http://www.chp.scot.nhs.uk/wp-content/uploads/Governance-for-joint-Services.pdf>.

NHS HDL (2001) 74 Clinical Governance Arrangements. Scottish Executive  
[http://www.sehd.scot.nhs.uk/mels/HDL2001\\_74.htm](http://www.sehd.scot.nhs.uk/mels/HDL2001_74.htm).

NHS MEL (2000) 29 Clinical Governance. Scottish Executive  
[http://www.sehd.scot.nhs.uk/mels/2000\\_29final.htm](http://www.sehd.scot.nhs.uk/mels/2000_29final.htm).

NHS MEL (1998) 75 Clinical Governance Scottish Executive  
[http://www.sehd.scot.nhs.uk/mels/1998\\_75.htm](http://www.sehd.scot.nhs.uk/mels/1998_75.htm).

### Professional Standards

Professional regulatory bodies aim to ensure that proper standards are maintained by health and social care professionals and act when they are not. In order to practice in the UK, professionals are required to register with the appropriate body.


These bodies fulfil similar functions for different professions across the UK. Their main duties are to:


- maintain an up-to-date register of professionals;
- set and maintain standards for education, training and conduct; and,
- investigate when these standards are not met or when a professional's fitness to practise is in doubt.

A summary of the professions covered by each body follows. For further information on their role, please check their websites.


### Healthcare Professional bodies

- [General Medical Council \(GMC\)](#)  - The GMC regulates doctors.

- [Nursing and Midwifery Council \(NMC\)](#)  - The NMC regulates nurses and midwives.
- [General Dental Council \(GDC\)](#)  - The GDC regulates dental professionals in the UK. This includes dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists.
- [General Optical Council \(GOC\)](#)  - The GOC regulates optometrists, dispensing opticians, student opticians and optical businesses.
- [General Chiropractic Council \(GCC\)](#)  -The GCC regulates chiropractors.
- [General Osteopathic Council \(GOsC\)](#)  -The GOsC regulates osteopaths.
- [General Pharmaceutical Council \(GPC\)](#)  - The GPC is the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.
- [Health and Care Professions Council \(HCPC\)](#)  The HCPC regulates 15 healthcare professionals: arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists / orthotists, radiographers, and speech and language therapists. (From 1st August 2012, the HCPC also assumed responsibility for regulating social workers in England).

The work of these professional bodies is regulated by the [Professional Standards Authority for Health and Social Care](#)  (previously known as the Council for Healthcare Regulatory Excellence). This authority aims to protect the health and well-being of patients and the public by scrutinising and overseeing the work of regulatory bodies that set standards for training and conduct of health and care professionals.

### **Social Care Professional bodies**

[Scottish Social Services Council \(SSSC\)](#)  - The SSSC is the regulator of the social work profession and social work education in Scotland.

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<sup>i</sup> Policy Statement – Integration Plan. Scottish Government, January 2014.

<sup>ii</sup> The Healthy NHS Board 2013, NHS Leadership Academy.  
<http://www.leadershipacademy.nhs.uk/wp-content/uploads/2013/06/NHSLeadership-HealthyNHSBoard-2013.pdf>.

<sup>iii</sup> Governance for quality social care in Scotland, ADSW, Dec 2013.

<sup>iv</sup> [http://www.skybrary.aero/index.php/Just\\_Culture](http://www.skybrary.aero/index.php/Just_Culture)