



## **THE INTEGRATION AGENDA**

**How are we responding and engaging as Nurse Leaders?**

**Final Report from six workshops held across Scotland with  
senior nurses.**

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## Introduction

Over the last few years the Royal College of Nursing (RCN) in Scotland has been building its understanding of what will help make Scottish plans to integrate health and social care a success. To support nursing and nurses engage with this radical reform, the RCN has been highly proactive and, thus far, has provided a suite of helpful fora and resources which have included:

- Holding two Chatham House dinners with Directors of Nursing to influence the development of the RCN's *Principles for Delivering the Integration of Care*.
- Publishing the *RCN Principles for Delivering the Integration of Care* to support local developments in integrated care.
- Hosting a one-day and a separate evening seminar, again under the Chatham House rule, for Directors and Associate Directors of Nursing to understand the detail of the Public Bodies Bill, share information on shadow board evolution and debate the implications for nursing.
- Running a two day RCN member conference on integration, attended by partners including the CNO and the Cabinet Secretary.
- Providing detailed consultancy-style support to two Directors of Nursing developing professional nursing structures and clinical assurance systems for their integrated boards.
- Providing regular briefings to the Scottish Executive Nurse Directors group on national developments.
- Providing a dedicated webpage of RCN resources and activity updates.

Although the notion of working integratively across health and social care has long been discussed, it will finally become a policy reality in April 2015, which will be here before we know it (Scottish Government 2013). Guidance from the government around the potential infrastructures, systems and processes for integration has so far been purposely light in order for the integrated authorities to meet local needs in their own way. This contains both strengths and challenges for the emerging authorities and requires strong leadership as they identify their way forward. This reform cannot succeed unless individuals, communities and public organisations work together in designing and coproducing the services they use (Scottish Government 2010), and partnerships will require to find a new balance in their relationship if health and wellbeing is to be enhanced in our society (Scottish Government 2010). This is new territory for many and as April 2015 draws nearer, there is a need for nursing to be clearer about what the impact will be for the profession. The RCN's desire is that nurses, who are accountable for the advice they give, can support those charged with deciding on major service changes with important professional insights. As guidance continues to emerge from the government, there is an opportunity for the nursing voice to be heard and influence the way forward at this crucial planning time.

Earlier this year, the RCN sought and secured funding from the Scottish Government to hold further workshops for senior nurses across Scotland to discuss the implications of integration for the profession and to share their experiences and ideas in preparation for the Public Bodies Act being enacted in April 2015.

This report details the discussions between 73 senior nurses held at six workshops across Scotland in October 2014.

## Workshops

A total of six workshops were held across Scotland during October 2014 as follows:-

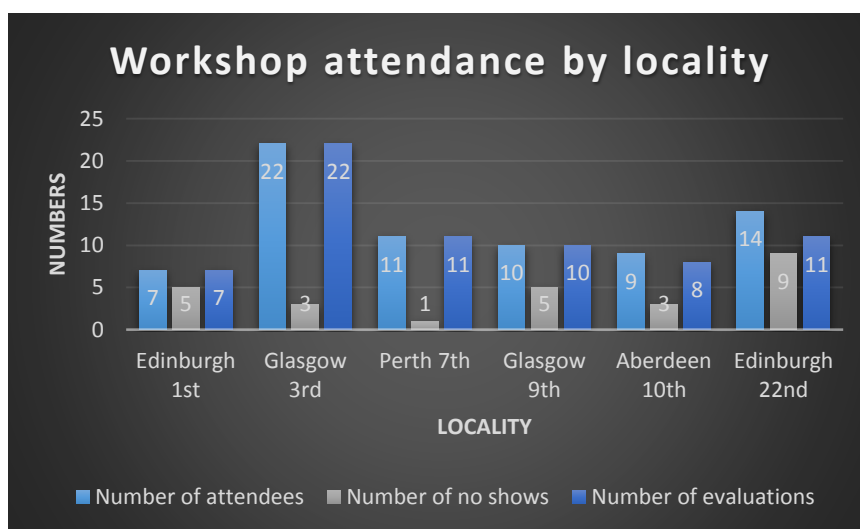
- ❖ Edinburgh Wednesday 1 October
- ❖ Glasgow Friday 3 October
- ❖ Perth Tuesday 7 October
- ❖ Glasgow Thursday 9 October
- ❖ Aberdeen Friday 10 October
- ❖ Edinburgh Wednesday 22 October

## Attendance

A total of 99 senior nurses from across Scotland booked onto the workshops. The rich complement of the group consisted of a range Associate Directors of Nursing, Nurse Consultants, Practice Development Nurses, Practice Educators, Clinical Nurse Managers from both community and acute teams, Community Team Leaders and Senior Charge Nurses. Specialities they represented were Mental Health, Learning Disabilities, Midwifery, Health Visiting and acute and community nursing teams.

Of those who booked, a total of 73 actually attended. Some were unable to attend at the last minute and provided apologies, and a number did not show and did not provide apologies.

The graph below details a breakdown of attendance figures at each workshop.



Of those who attended, 54 signed up for the RCN Scotland Policy Newsletter to stay updated on the integration agenda and other policy imperatives which is an encouragement.

## Workshop programme

The intention of the workshops was to provide a safe place to promote discussion around the integration agenda, so not necessarily to provide definitive detail of the Public Bodies Act, although many reported that their knowledge of the proposals increased as a consequence of their attendance. The programme, included in Appendix 1, was therefore designed around asking curious questions of the participants to prompt and spark the discussion. The up to date details of the Integration agenda, as understood by the RCN, were provided for each participant in the form of the

following documents and the web link to the RCN's informative webpages [www.rcn.org.uk/scotlandintegration](http://www.rcn.org.uk/scotlandintegration) in advance of the workshops.

- ❖ RCN in Scotland Integration Principles (2012)
- ❖ RCN Integration legislation briefing paper (2014). This was a paper describing the RCN's informal understanding of the complex, and as yet incomplete, legislation to enable participants to have a consistent level of understanding at the workshop.

## Findings from each section of the workshops

### How are we feeling about integration?

At the outset of each of the workshops, participants were invited to choose an image from a selection laid out on tables which helped them to share how they were feeling about the integration agenda. This was revealing and identified a range of emotions from excitement to despair, and sometimes both. It has not been possible to display all the images and quotes, but a few, which reflect many of the comments shared, are featured below.

Examples included:-



'It's a bit of a maze....there are bits we are stuck in and the path is not straightforward...but lots of challenges especially how nursing remains important.'

'It's like juggling balls, I'm still managing old services...but lots of new things being flung at me...I'm now in one locality with a dotted line to chief nurse who has a huge remit..'



'I feel a bit behind...I think we are two different bodies with different colours...and different cultures.'

'The pace is going very fast...we may miss the junction for nursing in this journey...it's going so fast ...not sure of the destination.'



'It feels like breaking new water...in our CHP we are vague...and think we are vulnerable from the professional perspective.'

'this is about blue sky thinking....I have managed SW services before.....there are a few clouds about but lots of blue sky as well, so I'm up for the challenge!'





'Most of the fruit is in the bowl...but some outside...maybe reflective of what might happen....fruit is healthy...so might integration be, but we need to be clear about nursing.'

me.....help....want to know more!'



'Are we sleepwalking? I don't really know what's happening...things are happening around



'This is how I feel. We have very little influence..it's hard to have a voice heard.

Not clear what the governing structure will look like...lots of discussion but no decisions...so I worry about what will happen. I feel disempowered.'

'In the acute sector, we're not as switched on as other areas.'



'This has the potential to be exciting, but it will be disastrous if folk don't have the right gear. We find it difficult to provide our service without collaborating although there is some anxiety about the contribution of nursing ...and we need to define and come to the table.'

Working with the images helped the participants express interesting, diverse, sometimes positive and sometimes anxious views about the future. Their feelings were consistent with their level of knowledge about the legislation and also acknowledged the currently very different stages of development that partnerships are in across Scotland. Many acknowledged the increasing pace of the work and the fact that time is running out for them to become more involved, if not already doing so. The perceived lack of engagement from the acute sector thus far was a source of anxiety and highlighted the fact that in some areas, the interface between primary and secondary care in health, never mind the collaboration with Social Care, was not working as well as it could.

## Ways of working

In order to create an environment where the participants felt safe to speak out, each group was invited to consider ways of working that would help them feel comfortable to do so. General themes that emerged from this exercise included:-

- ❖ Confidentiality – we contracted not to share names or localities, but could share our personal experience of integration so far and also of participation in the workshop; we could

also share the experience of others with their permission. In terms of this report, it was agreed to anonymise quotes and themes.

- ❖ Respect for others – particularly in terms of where they were on their integration journey. It was acknowledged that some participants would have more or less experience and knowledge than others. It was also acknowledged that there may be different views in the room and that we would benefit from hearing about that diversity and not be judgmental.
- ❖ Listening to others – both in the large and small group discussions. Listening with a view to understand and not just respond was important to the groups. Being curious and asking questions of each other was also invited.
- ❖ Honesty – the groups were invited to contribute as honestly as they could and agreed that there was no such thing as the ‘silly question’.

## Issues and Opportunities

Working in small groups, the participants were invited to consider the issues and opportunities the integration agenda raises for nursing. This was an interesting session as many of the issues identified were also viewed as opportunities. There were many examples where integration is currently working really well at an operational level. Relationships have been forged and developed and differing roles identified and respected. It appears that it is perhaps more at the strategic level where some of the issues lie.

The issues and opportunities identified at each workshop have been themed and are displayed below:-

### **Delivery of Care**

All agreed that when working well, the potential for integrating services, would achieve a much improved level of care for patients and reduce the many duplications and inequalities that currently exist. Where services are already integrated, there was some evidence of good practice. Examples included a single point of access for patients where calls are triaged and directed to the most appropriate person in the team. Co-location of teams, although becoming more common practice, was not seen as necessarily providing the answer, although was seen to be a healthy start. Many participants described their challenging experience of being co-located, but people still adhering to their discrete professional roles, systems and processes.

Change can be challenging for many, and concerns were expressed about the potential for some resistance to the reform being experienced within teams which would need careful management. In terms of demography, it was also acknowledged that there are many nurses, currently eligible to retire, who may decide to do so rather than face the radical reform ahead. This could be disastrous in terms of workforce planning as nursing could potentially lose a valuable layer of expertise and experience.

Generally it was felt that teams, at all levels, required protected time, help and support to work together in an integrated way to develop their relationships and respect and understand each other's roles. Although this was highlighted as an issue back in 2012 by the RCN, thus far it seems there has been little investment in this type of work. In the few localities where integration support

has been offered in the form of action learning sets for health and social care staff, it has been viewed as an extremely positive experience to provide a platform for relationship building and negotiating.

### **Role and voice of nursing**

The groups expressed their pride in the nursing profession and acknowledged that it has evolved and developed over the years to meet national and local needs e.g. nurse advisors, nurse practitioners, nurse specialists etc. However, there were also strong concerns around how to articulate the discrete qualities that nursing provides. For example, a nurse can easily do some of others' roles, but others cannot perform discrete nursing tasks or interventions. It was acknowledged, paradoxically, that sometimes it is easier to articulate what nursing is all about when dissecting and debating with others the complexity of an individual's care. Nevertheless, within teams, there was an imperative to be able to articulate consistently the role that nursing provides.

Accountability and governance issues dominated many of the discussions. Earlier in 2014, the RCN raised concerns about the fact that registered nurses are obliged to work within their regulatory framework at all times and that if there were occasions when a nurse was asked to act in a way that might compromise safe delivery of care, they would be obliged to refuse to do so. This means that the integration authorities, and Chief Officers, need to provide assurance that nursing services are commissioned and delivered to appropriate standards (RCN 2014). From the workshop discussions there were specific concerns raised about strategic governance and accountability issues, particularly around the commissioning of services and how others, principally the elected members of the integration authorities, might direct the future of nursing without appropriate knowledge.

Despite nursing providing approximately 60% of the workforce, it was acknowledged that currently it is not proportionately represented at various fora locally and there were therefore concerns about the voice of nursing and the need to agree on the unique contribution that nursing brings to the table before April 2015.

Many opportunities were identified by participants to discover who actually sat on their local integrated authority team and build relationships with them, particularly the elected members to inform them of the unique contribution nursing makes, such as inviting them to visit teams and wards.

Based on their current experience, participants identified that there was real potential for nurses at operational level to take on tasks when others within the integrated team had perhaps let the client down. If, for example, a support worker from a Care Agency has not attended to help the patient with hygiene and nutritional needs, the nurse attending to treat a leg ulcer will feel obliged to stay to provide this care. Reasons for this are because they 'can' and they are also accountable for their practice and so will not leave a patient vulnerable. However, in so doing, their time and professional expertise may be diluted. Many discussions revolved around the right person at the right time for patients and how decisions such as these would be made in the future without a strong voice for



nursing and robust workforce planning tools being in place. Although the groups acknowledged the current inefficiencies and duplication of work between health and social care, concerns were also raised around the potential erosion and dilution of nursing with the potential generation of the generic worker, a concern previously expressed by the RCN in 2012 (2012b).

Further anxiety around the very real potential for nurses not being line managed by nurses in the future was raised as an issue. It once again highlighted the need for nursing to be able to clearly articulate their unique contribution to care, to further develop and refine their negotiation and persuasion skills and the need for professional advisors to be in place for support. There was some evidence of this model of line management already working extremely well in a few shadow boards, providing nurses with regular access to professional nurse advisors which was encouraging for participants who raised this anxiety.

### **Information Technology Issues**

The RCN had already highlighted the incompatibility of the two different IT systems between health and social care (2012b) and the frustrations it was causing for teams attempting to provide integrated services at that time. Despite the challenge from the Scottish Government (2013) that the lack of a single IT system should not stall progress, the participants described their ongoing concerns experienced by not having a single system in place. They also expressed worries about the differing systems within the health service alone that do not speak to each other as yet. Although they hoped that there was a plan in place to address all these concerns, they were unclear about who had responsibility for taking this forward and potential time lines for implementation.

They recognised that the opportunity to have a single record system in place would minimise many duplications and could perhaps support IT literacy for employees, but also raised complex issues of access and how much information would/could/should be shared. This requires much further discussion and consultation with service users and partners which the participants would welcome.

### **Differing cultures**

The differing cultures of health and social care were articulated by participants as both an issue and an opportunity. Back in 2013, it was acknowledged that culture and relationships were key to the success of integration and that there was still a huge mountain to climb (Scottish Government 2013). At the workshops, the participants talked in some instances of 'us and them' demonstrating the on-going culture differential experienced currently, despite them beginning to work in a more integrative way. Particularly obvious, both strategically and operationally, are the differing systems and processes and the differing terms and conditions of service currently in place within each organisation

Similarly in 2012, work conducted by the RCN highlighted some of the complex and difficult issues that still needed to be resolved which were also described by the participants at the workshops. Examples include negotiating the already mentioned cultural and policy differences between health and social care, procuring services from outside the public sector, the use of self-directed funding packages, differences in terms and conditions of staff and conflicts between national and local political processes.

The RCN remain convinced that the differences in language or expectation can be brought into the light and resolved by creating a shared space of open and respectful debate (RCN 2012b). However, concerns continue that if these are not tackled strategically, decisions might be left to frontline practitioners, where there is such a willingness to work integratively, to negotiate at a time when they are already trying to grapple with the raft of new systems of working. More guidance is required here. This might include specific examples of where a nurse's professional judgment would be supported and accepted and also where further nursing advice might be advisable.

### **Joint training**

The participants identified many opportunities for joint education, training and development across health and social care within the partnerships, now and in the future, which could include induction, mandatory training, and a comprehensive range of specialist knowledge and skills based training relevant to the context of the partnerships.

Fundamentally, participants felt that there was an immediate requirement for the kind of support and education staff require to make the service and cultural transition integration necessitates. This could take a blended approach of formal and informal opportunities such as work shadowing, role definition workshops, mapping and aligning of approaches to service delivery to team development sessions.

The role of Higher Education Institutes and Colleges were also briefly discussed with the potential of new educational and vocational modules being designed to meet the needs of the service for the future. The possibility of a generic worker qualification, more opportunities for joint academic learning, and creative placements for students were amongst the topics debated.

### **Question board**

Given the issues and opportunities previously identified by the participants, in small groups they responded to the following questions around the integration agenda.

- ❖ Who do we need to be making/strengthening relationships with right now?
- ❖ Who needs to know what nursing is all about?
- ❖ What messages do we need to be getting across for nursing?
- ❖ What are good questions to be asking?
- ❖ How can we best influence decision makers?

Their responses to each question were themed and are detailed below:-

#### **Who do we need to be making/strengthening relationships with right now?**

Generally it was felt that there was a lack of awareness about the approaching reform within teams and, even where there was some awareness, an air of false complacency that it would not adversely affect the current delivery of their service. In response to the question about making and strengthening relationships therefore, the participants felt that there was a need to be working and communicating proactively with a range of staff at all levels of the organisation and beyond to raise awareness and strengthen the voice of nursing. It was also acknowledged that relationships are two-

way, take time and commitment for them to work well. Within the groups there was a genuine feeling of taking on this responsibility on behalf of the profession.

- ❖ **Shadow Boards** - A key group to be strengthening relationships with was the shadow integration authority boards as they are seen to be the decision makers of the future, but many were not sure who actually sat on their boards, nor who was representing or advising on nursing issues and therefore pledged to find out. The elected members of the board were also seen as key personnel to be making contact with as they could potentially be making decisions about nursing or which would affect nursing without appropriate advice or information. There were already nice examples from some of the participants who had invited local councillors to come on 'walkrounds' and visits to clinical areas to meet with staff and patients as an introductory step of relating to each other.
- ❖ **Nurses in our own area** – the need to raise awareness with nurses who will be affected by the reform was identified and the necessity to provide them with opportunities to raise their concerns and be involved in decision making where possible.
- ❖ **Nurses from other areas** – Networking with other nurses at all levels of the profession across Scotland was also seen as very important, particularly to find a consistent voice for nursing, share experiences and to learn from areas who are further ahead on the integration journey. Meetings with others in fora, such as the RCN integration workshops, were seen as helpful networking arenas, providing useful opportunities for ongoing relationships with each other.
- ❖ **Senior operational managers and budget holders** – Recognising that some managers might not be so informed about the implications of the Act, particularly in relation to budget sharing and how to best resource nursing need.
- ❖ **Executive Nurse Director** – It was acknowledged that the Executive Nurse Director, within their vast role of progressing the integration agenda strategically, might need support on specific operational issues from managers.
- ❖ **Managers outside of health** – Managers within social work and the third sector were also seen as key colleagues to be strengthening relationships now for current and future mutual benefit.
- ❖ **Other colleagues within the multi-professional team** – GPs appear to be well informed about the integration agenda and it therefore felt important to maintain and develop relationships in community teams with them to support and develop the voice of nursing. As guidance emerges from the government, there is anxiety in acute services, that some doctors are unaware of the reform and the implications for the service, particularly in areas providing unscheduled care.

It was acknowledged by the groups that also working collaboratively with allied health professional colleagues, both in health and social care, would be helpful moving forward.

### **Who needs to know what nursing is all about?**

This appeared to be a relatively simple question for the participants to respond to. They all felt that the same people that they had identified to forge and strengthen relationships with would be exactly the same people that needed to know what nursing is all about. A group not previously mentioned, however, was the public for two potential reasons. The first was a feeling that the public would perhaps not be able to differentiate between a care worker and a registered nurse as long as their needs were being met; and the second was the potential for the public to 'lobby' their elected members for specific nursing services. It was felt to be important therefore to somehow help the public understand the unique contribution nursing makes within the health and social care structure.

### **What messages do we need to be getting across for nursing?**

This was a helpful session in terms of understanding and appreciating the fact that the nursing profession is skilled, compassionate and will do all that it can to help make integration a success, because fundamentally, on many levels, the participants believe that it is the best way forward. Integration cannot happen without nursing as the profession constitutes a large part of the workforce. It has a positive track record, over the years, of 'evolving' to meet need without losing its professional identity thus far, so generally the feeling amongst the participants was one of positivity. The participants' view was to see integration as a way of collaborating with others to provide a seamless service for patients and that we are not in a competition; rather caring for people is the common primary concern for professionals in all health, social care and third sector teams and that the integration of services is an opportunity to work together, whilst respecting the contribution each brings.

That notwithstanding, a clear message to deliver is the priority for nursing to provide a high quality service and the necessity for systems and processes in place to support the governance of clinical care, particularly for delegated and commissioned services. It is readily acknowledged that care in community settings is becoming far more complex and that the integrated team approach is required to provide that care, prevent admissions to hospital and support earlier discharges. This therefore prompted some discussion around clinical competencies and, in terms of governance and accountability, which professional or even level of the nursing/care team was the most suitable to deliver the care. This was seen as a potential 'grey' area and the general view was that this discussion needed more air time to agree the most appropriate way forward. Further consultation with, and advice from, the RCN would be well received around this important professional arena for nursing.

### **What are good questions to be asking?**

When posing any questions, it is useful to know who might be the best person/group to respond to them. Some of them might remain unanswered at the moment as it will be up to the newly formed integration authorities and integrated teams to identify the most appropriate solutions in time.

The healthy debate and discussion within the groups sparked and provoked more questions which have been themed and presented below.

### ***Professional identity***

The most obvious questions are personal ones and may need to involve human resources teams in time to resolve. Questions such as ‘how will integration change what I do?’ and, ‘will my terms and conditions of service change over time?’ were key themes identified at the workshops. Concerns expressed related to the understanding and respect for each of the differing roles within an integrated team and the worry that if social care workers’ posts were unfilled, would nursing be required to pick them up, compromising its unique role and adding to the presently experienced workforce issues? Existing conditions of service contributed to this debate as they differ in each organisation currently and may add to some of the challenges ahead. Practical questions included ‘do we retain policies/guidelines currently in use or will new ones be created?’ If so, how could they influence the development of those?

Many were very unsure and anxious about the future for nursing and were therefore interested in discovering who is representing nursing and providing advice at government level and also at a local level. Many resolved to find this out in order to try to influence. All appreciated their dawning realisation that the current status quo will not last, that things will change and that there is an urgency to influence where they can right now.

### ***Integration Authorities***

There were many questions around who currently sits on the shadow boards. Some knew of certain personnel, but not all of them and many could not articulate the local vision for the partnership and were unaware of how they are functioning at present. There did not appear to be many channels for cascading communication from the shadow boards resulting in some confusion, suspicion and subsequent lack of knowledge. Some participants were interested in attending a shadow board meeting as an observer if possible, and others were asking questions about how the integration authority would determine the impact their decisions would have operationally.

### ***Accountability/Governance/Professional advice***

As mentioned previously, serious concerns about accountability and governance were expressed. The participants were therefore keen to understand who was representing them at government level with this regard and who they could address their concerns with. Similarly there were concerns at local level and questions included what the professional structures might look like in the future. How would those new structures influence the challenging questions around lines of professional accountability? How can specialist services be retained across a range of partnerships? How ‘flexible’ might nurses be expected to be and who can help them decide what the professional boundary looks like? Who will decide what services are ‘in’ or ‘out’ of the scope of integration? Who will decide and how can nursing influence workforce issues, in terms of numbers, to enable the ‘right person’ at the ‘right time’ to deliver the ‘right care?’ These are some of the questions generated at the workshops through discussions and as yet remain unanswered.

### ***Progressing integration***

The participants expressed concerns about the impending change and how it would be managed well. Integral to the success of integration is relationships and so they were interested in discovering how their leaders were going to support the development of the integrated teams at all levels. Given that, to date, no protected time has been allocated to support this important aspect, participants were concerned about how they could continue to function in their existing role whilst simultaneously being expected to work towards integration with colleagues.

### **How can we best influence decision makers?**

Participants explored how they might best influence the decision makers, given that nursing representatives in the Partnerships may only be there in an advisory capacity and not have the right to vote.

Many agreed that the voice of nursing hitherto has been quiet and were concerned for the future. This helped them resolve to return to their organisations more resolute to identify who could support nursing and ask good questions of them to stimulate helpful debate. The role of the professional advisor was seen as key, particularly in teams being line managed by a non-nurse.

Acknowledging that nurses make up a large part of the workforce, it was agreed that our voice should be loud, but not confrontational and that perhaps putting views, expectations and concerns in writing to the decision makers would be a professional option.

Various local fora were identified as being potentially helpful such as the local Area Nursing and Midwifery Committee, and where integration meeting structures already existed, participants expressed an interest in attending to forge relationships and promote the voice of nursing.

### **I.T. Systems**

Not surprisingly, participants were keen to find out the plan for the integration of the IT systems as this is a present source of irritation. All could see the benefit of tackling this, but acknowledged the many difficult discussions it would take to bring it to fruition.

### **Nurse Education**

Questions around what nurse education will look like in the future were raised. Would there be the creation of a generic worker? Once again possibilities of developing shared academic modules with professional and academic partners was both exciting and daunting, but until the future of nursing unfolds on the integration landscape, participants acknowledged that these were questions to hold for the moment.

## What would success look like?

The participants were invited to consider what successful integration would look like in the future, when all their questions were answered and the new system was working well. Their responses were themed and are presented below:

### **Seamless patient care**

All firmly believed that integration is the answer to improved seamless, safe, effective and person-centred patient care. Patients would feel confident to receive the care they needed at the right time from the right person and would be able to positively articulate their experience of being involved. Appropriate pathways of care would be created, unnecessary hospital admissions would be reduced and care would be provided at home. There would be a simple way of accessing services for all, reducing inequalities. All of this would, in turn, positively affect the health of the nation in time.

### **Nursing role**

There would be a much happier workforce generally and nursing would be a valued profession within the integrated team. Nurses would feel understood and confident in their clearly articulated role working within a robust governance system, have job satisfaction and would have a voice to influence others.

Interestingly, although the difference in culture and terms and conditions of staff was raised as an issue earlier, participants did not necessarily raise the resolution of these as a success indicator. Perhaps it is implicitly resolved within the happier workforce statement?

### **I.T. systems**

There would be a single system for IT in place with the facility for a single electronic patient record. Sharing information protocols would have been successfully developed in partnership with patients and would be working well.

### **Other success factors**

Other factors that participants mentioned to indicate success would be team members learning with and from each other and shared opportunities for education and training formally and informally.

Teams would also have fora for planning and thinking ahead proactively together, rather than responding reactively to situations.

## What can the RCN do to support?

There was overwhelming gratitude for what the RCN has offered in the past and what it continues to do to in terms of lobbying, debating and the representation of nursing at government committees and other arenas. Their support of nursing has helped to raise awareness of this radical reform and

highlighted the imperative for nurses to speak up about their unique contribution now. In particular for the participants were the helpful pre-course papers and the RCN integration website which were viewed as extremely informative sources of knowledge.

Participants were invited to consider what the RCN could do to support them further with this important agenda. These have been themed and are presented below:

### **Sustaining what the RCN does well**

Participants were keen that the RCN continue to support nursing in ways already firmly established and appreciated. Practically, this would involve continued representation at various fora and using different methods of influencing and informing such as face to face meetings, writing reports and keeping the integration website up to date with emerging information.

### **Local raising awareness provision**

Generally it was felt that there was a lack of awareness about the implications of the reform on nursing and service delivery locally and support from the RCN would be appreciated to get the urgent messages across. This could take the form of working collaboratively with staff side representatives locally to provide workshops and /or information stalls strategically placed to attract attention which could spell out the implications for nursing and generally raise awareness. Helping to empower nurses with knowledge around the political landscape by keeping members up to date with regular e-mails and specific recommendations for nursing would also be appreciated.

The participants were also inviting the RCN to partner with other trade unions visibly at a local level and use their collaborative voice to raise awareness.

### **Accountability and governance issues**

The participants were aware that changes in line management structures would be emerging in due course. This, together with the increasing complexity of care issues already experienced and anticipated, raised concerns about professional accountability and governance of clinical care. In particular they would appreciate national guidance from the RCN about access to professional advisors and also support to address complex accountability issues around flexibility and boundaries of the profession which require a consistent message.

### **Integrated Team Development**

There was recognition that teams around Scotland, at all levels in the hierarchy, are at different stages of their integration journey. Some integrated teams are working well and have been for some time. It would be good to learn from their positive experiences. Others are currently co-located, but continue to work as before and others are still separate in terms of location and working practice. The participants would appreciate assistance from the RCN to support change management and the development of the integrated team in a positive way. This may take the form of encouraging



leaders to ensure there is time and organisational support to help teams work together, or it may be that the RCN offer to provide facilitation for teams.

## What will I be doing differently after today?

There was no doubt that, by the end of the workshop, the participants were very aware of the potential implications of the reform on nursing and the imperative for the nursing voice to be heard at all levels of the structure to influence by April 2015 and beyond.

They were therefore invited to consider what they would be doing differently as a result of attending. Many of their actions involved communicating what they had learned through discussion to others and raising awareness of the Public Bodies Act. They have been themed and are presented below:

### **Raising awareness**

Many, if not all present at the workshops, realised their responsibility to raise awareness within their teams and pledged to use various strategies to do so, such as:-

- ❖ Include integration agenda as a standing item on team meeting agendas
- ❖ Feedback from the day to nurses and encourage everyone to read the info on the RCN website
- ❖ Communicate RCN documents and website to all staff
- ❖ Engaging with staff at a more local level
- ❖ Raise integration at regular Community Nurse meetings
- ❖ Better communication to the team to ensure good understanding
- ❖ Email briefing note to my ward staff
- ❖ Get it on all the agendas and ask Nurse Director to put on the workplan
- ❖ Raise the professional agenda of mental health nursing through formal and informal discussions
- ❖ Discuss today at our senior nurse group next week
- ❖ Will ensure wider engagement with colleagues not just direct reports around integration
- ❖ Share briefing papers and links – take to lead nurses meetings
- ❖ Speak to RCN rep about a local event
- ❖ Meet with team to raise awareness and discussion about what integration agenda will mean for our service
- ❖ Spread the word of the implication of the bill
- ❖ Encourage everyone to think of their role and unique function

### **Increasing personal knowledge**

It was clear from the workshop evaluations that the participants' level of knowledge of how the reform will affect nursing had mostly increased as a result of their attendance and participation in the discussions. For many their appetite to continue increasing their knowledge and understanding around integration was whetted and they resolved to do so in the following ways:-

- ❖ Read all the papers and look at the RCN Integration website
- ❖ Familiarise myself with RCN integration page and remain up to date

- ❖ Keep myself informed via RCN integration webpages

Many of the participants also owned a lack of knowledge and intelligence about the stage of the integration journey locally and therefore made decisions around how they would build their knowledge in the following ways:-

- ❖ Establish who sits on integration board locally and who the decision makers are
- ❖ Find out who councillors are and engage appropriately with them to influence
- ❖ Develop knowledge of local integration structures/stage
- ❖ Service development meeting with local GPs, now planning to include local councillors
- ❖ Establish “conversation” groups with staff to explore new ways of working
- ❖ Find out what local events are planned
- ❖ Trawl government website on integration
- ❖ Read minutes from local authority meetings

### **Playing an active role in the progression of the integration agenda**

All accepted responsibility and a real willingness to play a much more active, less passive, role in shaping the future for nursing in their areas in the following ways:-

- ❖ Shadow shifts with colleagues in the team
- ❖ Engage with colleagues in acute sector
- ❖ Play a more active role in the integration reference group.
- ❖ Find out who the representative is on local Area Nurse and Midwifery Committee to influence them
- ❖ Explore how we can support the nurse director more
- ❖ Have a conversation with ADN around locally how can we ensure we are influencing and creating opportunity for frontline staff to influence
- ❖ I am going to arrange to shadow some of shadow board members and invite shadow board member to visit our service
- ❖ Think more deeply into how we can use the integrated care fund most effectively and to create capacity
- ❖ Be more proactive in engaging with “others” in relation to integration
- ❖ Engage with staff ‘up and down’ and keep up discussions around integration
- ❖ Find out nursing fora link member and make contact
- ❖ Check out who attends local council meeting to feedback on nursing; in particular updates to share with nursing teams
- ❖ Identify my opportunities to become involved in all shadow board and integration board meetings
- ❖ I am going to run workshops with my SNG (senior nurse group) to canvas their opinion
- ❖ Consider locally how to positively impact on this agenda from mental health nursing. E.g. local event
- ❖ Discuss with chief nurse ways to influencing nursing voice from meeting with team
- ❖ Look at where we are now as a team and service and establish where we want to be and how we can get there. Negotiate time for manager to do the above

- ❖ Raise the professional voice across senior management
- ❖ Become more actively involved myself
- ❖ Take opportunity to go to council meeting – get known and to know elected members in nursing role
- ❖ Ask questions and promote nursing representation on integration groups
- ❖ Understand impact upon acute care
- ❖ Better capture experience of service users – ensure they also have voice

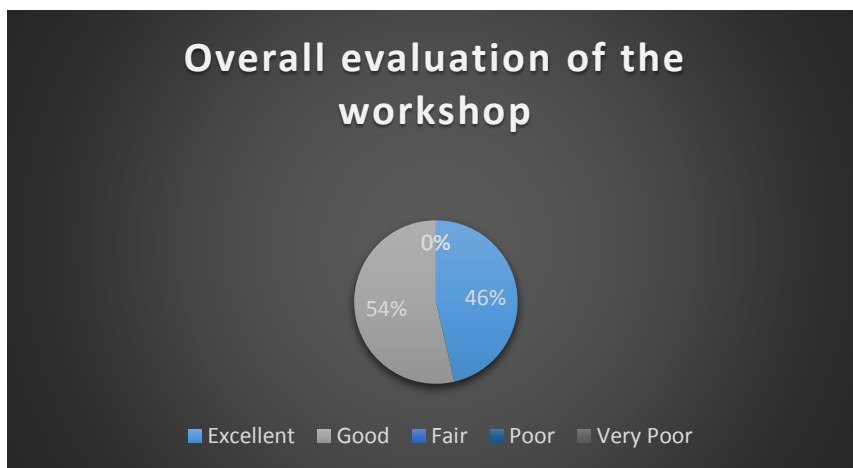
As April 1<sup>st</sup> 2015 draws ever nearer, if everybody who attended delivered on the above actions, the potential for the nursing voice to be heard clearly at both strategic and operational levels is very encouraging. At the very least, awareness of the issues and opportunities that integration brings for nursing will be clearer and will hopefully help teams manage the changes in a more proactive, positive and prepared way.

## Evaluation

Participants were asked to evaluate their experience of attending the workshop using a tool designed by the RCN which is included as Appendix 2. The fully collated evaluations are included in this report as Appendix 3 and some of the themes from the evaluation are presented below:-

### Overall rating of the programme?

All the participants rated the workshop either as excellent or good.



### The most useful element of the programme?

Participants found the event relaxed, informative and stimulating and enjoyed the interactive discussions. The mere opportunity to come together to discuss, share and learn together with peers was seen as a positive experience. Networking together and hearing about the experience of others about how integration is working in other areas was helpful in answering some questions and raised others. The size of the groups seemed to help the quality of the discussion and debate, and in some instances improved personal knowledge of the reform.

The question board sessions particularly helped to promote discussion, ideas and the generation of potential solutions. These sessions also endorsed the feeling within individuals that it was possible to make a difference now if the opportunities were taken.

**What would you have liked to have been different?**

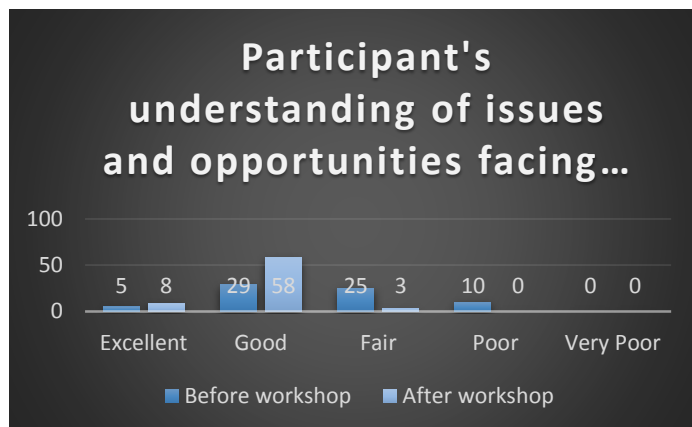
Although many of the attendees said that there was nothing they would have changed, others responded that they would have liked more participants to have been present and perhaps more time to debate the issues. Although it was not the purpose of the workshops to inform participants of the detail of the Public Bodies Act, some would also have appreciated more factual information around the reform.

Practically, some would have preferred the information to have been emailed earlier, and some would have preferred a reconfiguration of the tables at each session to improve the mix of discussion – something the facilitator did after the first two workshops.

Some would also like a follow up session further down their integration journey and also workshops for operational staff to attend if possible.

**How would you have rated your understanding of the opportunities and issues facing nursing as we work towards integration before and after you came to today’s event?**

It was interesting to note that for most of the participants, there was a positive shift in their level of understanding about the issues and opportunities facing nursing following the workshops.



**What is the one most important action that you will take back to your board or partnership from today’s event?**

The responses to this question replicated the actions detailed in an earlier section of this report and can be accessed in full within Appendix 3.

**Discussion**

The aim of the events was to provide an arena for senior nurses to explore, share and learn from their varied experiences of integration so far. It helped to raise many professional issues such as how can nursing be heard, how nursing will articulate their unique contribution to the integrated team and explored accountability/governance concerns. It also was an opportunity to realise the shared

concern health and social care teams have for the patient and how working integratively will positively affect patient care and ultimately the health of the nation.

Also highlighted was how important relationships are to the success of integration, and therefore the need for time, space and appropriate facilitation for teams to manage this radical reform well given the many differences in culture, systems and processes of the organisations.

Participants became more aware of the short timescales involved and the urgency to be more proactive and less passive in increasing local awareness and using their negotiating and influencing skills with members of the integrated authorities and shadow boards for the good of nursing in the longer term.

## Conclusion

The participants seemed to benefit from the networking opportunity the workshops provided. They appreciated the chance to discuss with other senior nurses, in a safe space, some of the issues and opportunities that the integration agenda presents nursing with. With the growing realisation of the very short timescale within which to influence and as a consequence of working together, individuals left the workshops more resolute to be additionally proactive in many ways. It will be interesting to notice what differences nursing can make in the final months leading to April 2015.

The RCN would like to take this opportunity of thanking the Scottish Government who provided the funding to make the workshops possible.

## References

Christie C (2011) Commission on the Future Delivery of Public Services. APS Group Scotland;

RCN (2012a) RCN in Scotland Integration Principles Edinburgh

RCN (2012b) RCN Integration Conference Report Edinburgh

RCN (2014a) Draft outline proposal for CNO

RCN (2014b) RCN Response to Public Bodies Act Draft regulations Edinburgh

Scottish Government (2010) Annual Report of the Chief Medical Officer Scotland

Scottish Government (2013) All Hands on Deck Edinburgh

## Appendices

**THE INTEGRATION AGENDA**

**How are we responding and engaging as Nurse Leaders?**

**Programme**

10.00 - 10.30	Welcome and refreshments
10.30	Introductions and overview of today's programme
10.50	Ways of Working together today
11.00	Group work – what are some of the opportunities and issues facing nursing as we work towards integration?  Feedback and discussion
11.45	Question Board Who do we need to be making/strengthening relationships with right now? Who needs to know what nursing is all about? What messages do we need to be getting across for nursing? What are good questions to be asking? How can we best influence decision makers?
12.30	Working Lunch
13.00	Feedback and discussion from Question Board  What would success look like for you and your partnerships?
14.30	How can the RCN support you to be successful?  Who else can help you?
14.45	Next steps - what will you be doing more of or differently after today?
15.00	Evaluation of the day and close

**Facilitator -Fiona Cook, Associate Consultant RCN**



**Event evaluation:****Integration - getting to grips with the implications for nursing, October 2014**

Thank you for attending this day for lead nurses from across the Scottish Health Boards. This series of events is funded by the Scottish Government and is intended to support local and clinical nurse leaders in the transition to health and social care integration in April 2015.

It is important that we use your feedback to continually improve these events and provide an evaluation to the Scottish Government. Please take a few minutes to complete the questionnaire before you leave.

**Name (optional):**

Question	Response
Overall, how did you rate today's programme? (please circle)	Excellent / Good / Fair / Poor / Very poor
What did you find most useful about the day?	
What would you like to have been different?	
How would you have rated your understanding of the opportunities and issues facing nursing as we work towards integration before you came to today's event?	Excellent / Good / Fair / Poor / Very poor
How would you rate your understanding after today's event?	Excellent / Good / Fair / Poor / Very poor
What is the one most important action that you will take back to your board or partnership from today's event?	
How did you rate the venue in terms of:	
Location	Excellent / Good / Fair / Poor / Very poor
Facilities	Excellent / Good / Fair / Poor / Very poor
Catering	Excellent / Good / Fair / Poor / Very poor

Event evaluation:

Integration - getting to grips with the implications for nursing, October 2014

54 People have signed up for the RCN Scotland Policy Newsletter to stay updated on the integration agenda.

<b>Number of attendees</b>	73	74% of bookings attended	
<b>Number of evaluations</b>	69	95% of attendees completed an evaluation	
<b>Question</b>	<b>Response</b>		
Overall, how did you rate today's programme?	Excellent 32	Excellent	46%
	Good 37	Good	54%
	Fair 0	Fair	0%
	Poor 0	Poor	0%
	Very Poor 0	Very Poor	0%
What did you find most useful about the day?	<ul style="list-style-type: none"> <li>• Opportunity to learn from others sharing ideas</li> <li>• Other people's views about integration</li> <li>• Discussion forum with colleagues and shared learned</li> <li>• Question board – prompted discussion, ideas and solution</li> <li>• Networking. Hearing views from other areas of Scotland Question Board valuable.</li> <li>• Talking with senior nurses from other areas. Feeling I can make a difference to nurses</li> <li>• Very informative. Good networking opportunity, excellent interactive discussions.</li> <li>• Ability to discuss with others. Raises a lot of questions</li> <li>• Discovering how integration is developing in other areas</li> <li>• Being able to share information and recognise people are at very different places.</li> <li>• Being involved in wider discussion with colleagues from other board areas.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Discussions with peers</li> <li>• Smaller group made it easier to discuss and debate the issue.</li> <li>• A great opportunity to hear what is going on in other areas.</li> <li>• Time to focus on the subject with clear questions.</li> <li>• Listening to new and experiences of others.</li> <li>• Discussion about Question Board</li> <li>• Networking – listening to others experiences getting ideas how to improve influencing.</li> <li>• Discussion with colleagues</li> <li>• Networking with other NHS board areas.</li> <li>• Interactive discussion sharing of experiences where we are.</li> <li>• Hearing colleagues’ opinions/challenges etc. Useful networks</li> <li>• Interaction with other delegates. Others view points</li> <li>• Hearing how all the boards are approaching the integration agenda</li> <li>• Hearing views and experiences of other boards</li> <li>• Listening to experiences from those who have experience of integration already</li> <li>• Group interaction</li> <li>• Other board’s areas experiences and what is working well for them.</li> <li>• Opportunity to explore what is happening.</li> <li>• Shared discussions increased understanding</li> <li>• Networking with all others hearing what is happening nationally and locally</li> <li>• Networking and sharing experiences</li> <li>• Listening to everybody’s input and general debate around integration</li> <li>• Input from other nurses around integration agenda</li> <li>• The opportunity to engage with nursing professionals from various clinical settings, other health boards to discuss and consider the integrated agenda, the opportunities and challenges</li> <li>• Opportunity to discuss with colleagues in Inverness – broadened the discussion</li> <li>• All useful, specifically considerations to thinking what integration will mean for my sector</li> <li>• Sharing of experiences</li> <li>• Networking and sharing information</li> <li>• The discussion across (and round) the table(s)</li> <li>• Excellent discussion, relaxed atmosphere and facilitated participation</li> <li>• Stimulates thinking about the whole integration agenda and challenged my case load of involvement so far</li> </ul>
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	<ul style="list-style-type: none"> <li>• Feedback from question board</li> <li>• Valuable discussion from a great variety of backgrounds and localities</li> <li>• Discussion with other staff</li> <li>• Sharing my and indeed everyone’s understanding of the integration agenda – so many questions but not enough answers at this stage but excellent participation within the group</li> <li>• Increasing my knowledge</li> <li>• Networking and sharing experiences</li> <li>• I now know the gaps in my knowledge and have an idea how to address this</li> <li>• Opportunity to consider and discuss the possible impact of integration on professional practice</li> <li>• Info sharing</li> <li>• Discussion and hearing about other areas</li> <li>• Listening to what is happening in other areas with a focus on nursing</li> <li>• Having the time to hear what others are doing and then discussing the opportunities and issues</li> <li>• All information shared, interaction and networking within the day</li> <li>• Better understanding of integration within all sectors</li> <li>• Information and interaction around integration</li> <li>• Meeting with others and shared discussions</li> <li>• Exchange of information – good to hear what is happening in other areas</li> <li>• Raising own knowledge and networking</li> <li>• General discussion and peer knowledge</li> <li>• Question board</li> <li>• Increasing knowledge and the need to make more nursing staff aware of integration</li> <li>• Listening and meeting others</li> <li>• Information re the implications of the act</li> <li>• Setup very helpful</li> <li>• Hearing others thoughts and ideas</li> <li>• Opportunity to give me experience of working in an established integrated service</li> <li>• The discussion from a broad spectrum of staff from different boards</li> <li>• Thought I had a fair idea of the implications of integration but now have much more to think about</li> </ul>
<p>What would you like to have been different?</p>	<ul style="list-style-type: none"> <li>• Would have liked to get down to some detail around regulation including things not yet known</li> <li>• Responding to more aspirational questions</li> <li>• Needed more time to complete tasks as generated a lot of discussion</li> </ul>

	<ul style="list-style-type: none"> <li>• Mix up of table to improve mix of discussion</li> <li>• Follow up session</li> <li>• Found some resolutions</li> <li>• Being emailed the day before, could have been sent out earlier</li> <li>• More people although very rich discussions with the professionals there</li> <li>• More time. Felt there was so much more would have liked to debate</li> <li>• Clear vision?</li> <li>• Communication links with other boards</li> <li>• Nothing x 17</li> <li>• Not sure</li> <li>• More hard facts about integration and implications for nursing</li> <li>• Perhaps more of an initial overview though briefing paper was helpful and I appreciate that a number of people had a lot more knowledge initially</li> <li>• More attendees x 7</li> <li>• More time</li> <li>• More scope for ground work staff to attend</li> </ul>																					
How would you have rated your understanding of the opportunities and issues facing nursing as we work towards integration before you came to today's event?	<table> <tr><td>Excellent</td><td>5</td></tr> <tr><td>Good</td><td>29</td></tr> <tr><td>Fair</td><td>25</td></tr> <tr><td>Poor</td><td>10</td></tr> <tr><td>Very Poor</td><td>0</td></tr> </table>	Excellent	5	Good	29	Fair	25	Poor	10	Very Poor	0	<table> <tr><td>Excellent</td><td>7%</td></tr> <tr><td>Good</td><td>42%</td></tr> <tr><td>Fair</td><td>36%</td></tr> <tr><td>Poor</td><td>15%</td></tr> <tr><td>Very Poor</td><td>0%</td></tr> </table>	Excellent	7%	Good	42%	Fair	36%	Poor	15%	Very Poor	0%
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How would you rate your understanding after today's event?	<table> <tr><td>Excellent</td><td>8</td></tr> <tr><td>Good</td><td>58</td></tr> <tr><td>Fair</td><td>3</td></tr> <tr><td>Poor</td><td>0</td></tr> <tr><td>Very Poor</td><td>0</td></tr> </table>	Excellent	8	Good	58	Fair	3	Poor	0	Very Poor	0	<table> <tr><td>Excellent</td><td>12%</td></tr> <tr><td>Good</td><td>84%</td></tr> <tr><td>Fair</td><td>4%</td></tr> <tr><td>Poor</td><td>0</td></tr> <tr><td>Very Poor</td><td>0</td></tr> </table>	Excellent	12%	Good	84%	Fair	4%	Poor	0	Very Poor	0
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What is the one most important action that you will take back to your board or partnership from today's event?	<ul style="list-style-type: none"> <li>• Raising profile of nursing within the agenda.</li> <li>• Empowering nurses to speak up</li> <li>• Making improved connections across the health board and local authorities</li> <li>• Identifying correct table to be at.</li> <li>• Identify opportunities to network with L.A. and health colleagues re integration.</li> </ul>																					

	<ul style="list-style-type: none"> <li>• Nursing links between CHP and acute - nurse to nurse could be improved. Make links with nurse colleagues.</li> <li>• Emphasising the importance of nursing. Making sure nurses have a voice.</li> <li>• Discuss with children and young person group their views on issues facing nursing.</li> <li>• Share RCN information with teams</li> <li>• Establish who will sit on integration boards</li> <li>• Continued enthusiasm for what can be different</li> <li>• Continue to be involved in conversations about influencing the agenda and supporting staff through the change process.</li> <li>• Ensuring that staff on the ground are engaged in the integration agenda.</li> <li>• It's as easy or as difficult as you make it. Nurses need to find their voices.</li> <li>• To share all the information with colleagues now.</li> <li>• Put on PNAG Agenda and circulate in own area.</li> <li>• Up to date information</li> <li>• Ideas and lobbying how to influence.</li> <li>• More invited, more dialogue with colleagues</li> <li>• Link in with professional forum and decision making to effect influence</li> <li>• Explore who are the decision makers with local area. Engage with councillors.</li> <li>• Need to get involved – start creating own network locally and gather information</li> <li>• Communicate with counsellors. Local events</li> <li>• Work with the nursing workforce in a more focused way to promote/support uniqueness of role</li> <li>• Explore inviting colleagues to nurse meeting.</li> <li>• Simply championing the worth nursing provides to delivering care to all patients</li> <li>• Raise nurse profile in L.A.</li> <li>• Continue to progress work around changes to IPCC roles – continue to have joint reference groups and this also (care village)</li> <li>• Share discussions to agree action</li> <li>• Focus on cultural change and has to support staff. Where to start, learn from those who are already involved</li> <li>• I will share this with senior nurses in CHP and aim to do similar questions at professional forum. Also share with SMT/joint leadership team</li> <li>• Identify person in key position who can influence integration</li> </ul>
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	<ul style="list-style-type: none"> <li>• Discussion with other nurse leaders</li> <li>• To continue with a positive engagement recognising the challenges but finding solutions in partnership to resolve</li> <li>• Need to consider what local actions we need to take forward as a mental health professional</li> <li>• Raise awareness with team and take news to Chief Nurse</li> <li>• Look at where we are now as a service and establish where we want to be in integration and how we can get there</li> <li>• Clearer vision</li> <li>• The need for nurse representation on the integration boards</li> <li>• To become more involved and start asking questions locally</li> <li>• Discuss with staff locally</li> <li>• Research the topic, trawl the government website to seek information for myself</li> <li>• Share with our Exec Director of nursing the priority this has for her and the agenda and to cascade improved communication to the workforce as everyone needs to know.</li> <li>• Increase awareness within acute sector</li> <li>• Ensure I keep informed and share information with colleagues and team members</li> <li>• Improve knowledge for acute divisional colleagues</li> <li>• Actively seek out an update from nursing directorate</li> <li>• Determined to make time to influence, speak to chief officer and shadow board</li> <li>• Raise integration profile among staff and partner agencies</li> <li>• Be more focussed on what integration is going to mean for nurses and be more vocal about the impact on nursing</li> <li>• Influencing how the health and social care integration develops</li> <li>• Ascertain within acute as to what and where the organisation is at this point and highlight the importance of the integration process</li> <li>• Engaging with elected people</li> <li>• Engage up and down more</li> <li>• Ask the right questions to continue to try to influence the changes</li> <li>• Spreading info across team</li> <li>• Tell more nursing staff about integration and raise its profile</li> <li>• Inform staff</li> <li>• Communication of information to colleagues</li> </ul>
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	<ul style="list-style-type: none"><li>• Try to engage wider with other colleagues not just my direct reports</li><li>• Share information and learning with the team to ensure all understand the implications of integration</li><li>• Importance of engaging and informing staff</li><li>• Encourage staff to read about the integration agenda</li></ul>
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