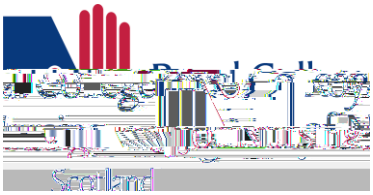

Nursing Leadership in Integration: a narrative report of a discussion on scrutiny and regulation

Introduction

On the 13th November 2014, the RCN hosted the third of four Scottish Government funded integration seminars with 11 DirBT1 0 0 1 212.21 θ5.[DIbs-4(sc)3(u TJ NBT1 0 0 1 212.21 θ5.14 Tm[D)5(i)5

- Participants questioned how the scrutiny of financial governance will link to the scrutiny of clinical and care governance, and how the roles of Audit Scotland, the Care Inspectorate and Healthcare Improvement Scotland will fit together to achieve this under integration.

- There are likely to be challenges at the interface between public and independent/third sector under integration. There was some confusion amongst participants about the responsibilities around accountability and assurance/scrutiny of nursing services delivered in independent and third sector organisations under integration. This needs to be clarified. In addition, it is not clear how revalidation of nurses working in these sectors will work. Certain issues, such as Self-Directed Support, also raise specific issues around accountability and can be open to interpretation.

- There was discussion about how wide or narrow inspections should be. Inspections should be person-centred and follow the patient pathway. Currently Healthcare Improvement Scotland's inspections have a very narrow focus on particular issues, while the Care Inspectorate inspections are much broader. There was some concern that Healthcare Improvement Scotland inspections may not be capturing wider underlying issues, because of their narrow focus. A broader approach would allow greater links to improvement.

- Inspections need to be evidence and intelligence-led, with all judgements made during inspections having a robust evidence-base. Currently there is sometimes an issue with inspectors having varied knowledge and experience. There was discussion around the methodology for inspections, with a suggestion that there should be a single pool of clinical advisers to aid consistency across agencies.

- There should be greater alignment, at a national level, between scrutiny and improvement functions. Improvement and scrutiny cannot be done in silos. Participants raised why there is not a single body to support scrutiny and/or improvement across health and social care.

- There needs to be engagement in scrutiny and improvement activities across the whole clinical community, with all professionals taking responsibility. Medical Directors must be fully engaged. Culture is very important.

- Participants commented positively on improvement support from Healthcare Improvement Scotland. However there needs to be greater ownership of improvement and assurance activity locally. This will require building capacity at a local level. What are the skills and expertise needed for an improvement team? If Healthcare Improvement Scotland developed a model/pool of clinical expertise to support their own scrutiny and improvement activities, this could also be used to help build capacity for improvement at a local level.

- The importance of nursing assurance frameworks was discussed, including for community services. The use of data to drive improvement needs to be owned locally. There was some discussion over what can be measured and what is not easy to measure. Nursing also needs to be able to gather intelligence and articulate what it is doing well.