

Integrated Care and Support Pioneers Programme

Building Collaborative Teams

A workshop guide for service managers and facilitators

Bringing teams together to deliver joined up care for people who use care and support services



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In this guide we use the word service user or patient for consistency. Please feel free to use the most appropriate term for you.

1. Introduction

'There is a lack of common definitions of concepts underlying integrated care. As a consequence, a plethora of terms have been used, including 'integrated care', 'coordinated care', 'collaborative care' and many others. Thus, integration in healthcare is not likely to follow a single path and variations will be inevitable.'

National Evaluation of the Department of Health's Integrated Care Pilots – March 2012

1. Introduction

A collaborative approach can improve communication, save time, reduce duplication of effort, improve working relationships and provide a better experience for people who use health and social care services.

This publication is designed as a 'getting started' guide for managers who are bringing different teams together. It's intended to be used at the beginning, when one or more teams plan to work in a more integrated way. It contains tools and exercises to help team members better understand each other's role, attitude and values. It will help you to create a joint action plan for working together, which will be co-produced during a series of workshops.

This guide is only a first step. As we capture learning from across the country, we hope to work with partners and local sites to produce further guides with more detailed information and best practice, drawn from areas where integrated teams are already working together well.

If you would like to be involved in developing the next guide to collaborative working, please get in touch by sending an email to enquiries@icase.org.uk. ICASE is the shared online learning community for integrated care and support; visit it here: www.icase.org.uk



Improving the integration of care across teams

We are all aware that when someone has a great experience when using health or social care services this is often the result of how different teams work together. By integrating the efforts of diverse teams you can often provide better care and a better experience for patients, carers and staff.

'Integrated care and support... is the means to the end of achieving high quality, compassionate care resulting in better health and wellbeing and a better experience for patients and service users, their carers and families.'

Our Shared Commitment, May 2013

Purpose of this guide

This guide is designed to help bring together **either** two or more teams or an already integrated team composed of various disciplines, to explore opportunities to improve care by joint working on an action plan.

Who this guide is for?

This guide is written for the service managers or facilitators responsible for bringing together teams.

What does the guide do?

This guide:

1. Identifies a number of important factors to be in place before frontline teams work together on an action plan.
2. Provides a method for obtaining patient experience feedback.
3. Describes ways that teams can consider and improve the effectiveness of their working relationships.
4. Ensures teams understand each other's roles more comprehensively.
5. Provides facilitator notes for the planning and running of a series of workshops for frontline teams.

The guide is split into a number of sections represented as building blocks which go from the bottom up.

What is the outcome?

The team(s) will have:

- a greater sense of shared values, vision and purpose
- a plan on how to work together more effectively
- improved relationships between team members
- developed a better understanding of each other's roles and challenges
- an action plan to work on together.

'An interesting, innovative and constructive workshop. Benefits are for all aspects of the service – users, staff and managers and it encourages motivation and empowerment.'

Team member

Challenges to the perfect day and module priorities

Understanding roles

Effective working relationships

Joint values and vision

Patient and user experience

Introduction to workshops

Gathering patient experience

Important factors and pre-workshop planning

2. Important factors and pre-workshop planning

There are three key elements to assist with the integration of different teams without which integration fails to happen effectively.

- Clear explicit **permission** for teams to work together.
- **Time** to be able to meet and discuss ways of moving forward.
- A **structure** in place to be able to do this work.

Clare Price-Dowd, NHS Institute for Innovation and Improvement 2012

2. Important factors and pre-workshop preparation

Experience shows that certain elements need to be in place if you want to increase the chances of supporting teams in their integration efforts. As the **service manager** for the team **or the facilitator** for the workshop, ensure **the following are in place** before bringing teams together.

No.	Question	Notes	Yes	No	If No What action are you taking?
1	Does your organisation have senior executive support for this integration work?	This is essential to ensure continued momentum.			
2	Are the executive team clear on the scale of integration required?	This will help you plan the extent of joint working expected. This is particularly important when working across directorates or different organisations.			
3	Are the executive team publicly committed to actively supporting this work?	Public commitment helps maintain the priority of the work.			
4	Can you describe how this work fits with your organisational plans?	Making the link between local integration work and organisational aims helps maintain impetus.			
5	Is this work a priority for the organisation? This needs to be agreed before going any further.	Think twice about getting teams to work together if you suspect this may not be considered important in the coming months.			
6	Do you have time or a specific person to help facilitate this work?	Preparation and running of the workshop and helping teams work on the relevant modules will require dedicated support.			
7	Have regular briefing sessions been set up with your executive lead?	These will help keep the work on track and executive support will help overcome any challenges.			

No.	Question	Notes	Yes	No	If No What action are you taking?
8	Are there clear governance arrangements in place?	<p>Once commenced, the integration work needs to be maintained. Someone needs to have the time, knowledge and resources to pull the concepts together. Over time responsibility should be passed to the service manager.</p> <p>There needs to be clear responsibilities allocated to service managers/team leaders/team members to ensure the action plan is undertaken with partners.</p> <p>There also needs to be clear agreement with the neighbouring team/organisation on who will lead/contribute to specific actions work and how progress will be reported across teams/organisations.</p>			
9	Ensure teams are willing to engage in integration	Unless teams are prepared to work together in a proactive way this process will fail.			
10	Is there time and resource to undertake the patient experience exercise?	This is a powerful tool which will help bring teams together in the workshop. If doing this work is a struggle it may indicate other problems further down the line.			
11	Will the teams be able to engage in the workshop?	Teams need to have time together to develop joint values and vision, understanding and plan of work for the future.			
12	Will the teams have the time to engage in action plan implementation in the following months?	All the time and energy invested in the workshop will only be of benefit if teams are enabled to work on the agreed action plan in the future.			

Pre-workshop preparation

Complete these actions before holding your first workshop:

No.	Action	Notes	Tick when completed
1	Complete checklist above	Without these elements in place the joint work may prove more challenging.	
2	Complete 'Gathering patient experience' section – ensure members from all teams are involved in this	Teams should commence this work at least four weeks before the workshop is held.	
3	Consider your workshop structure	Decide on one full day, or a number of half days or short sessions run over a period of time.	
4	Promote joint working on an action plan across teams and with senior managers	Take time to internally market the workshop. Be clear on your messaging to develop a sense of anticipation and excitement. Emphasise empowering nature of the workshop activities.	
5	Clarify the high level plan for joint working over next 12 months and expected outcomes	Teams need to be aware of what is happening and what is expected of them.	
6	Book venues and prepare materials	Ensure teams have plenty of notice about dates and as many team members as possible from each team are able to attend.	

3. Gathering patient and user experience

3. Gathering patient and user experience



'The lack of joined-up care is the biggest frustration for patients, service users and carers. Conversely, achieving integrated care would be the biggest contribution the health and care services could make to improving quality and safety. Patients, service users and carers want continuity of care, smooth transitions between care settings, and services that are responsive to all their needs together.'

National Voices

Patients and users tell us that they value their experience of care as much as clinical effectiveness and safety. A key element in improving the people's experiences must be to understand what they currently feel about the service provided. You may already have existing insights (patient feedback/complaints/quality reviews/staff insights), but now is a good time to obtain fresh feedback and experiences about the current service. Local engagement teams will be a key resource.

It is essential to consider service users experiences from all angles. If two teams want to work together then understanding how a person feels at different points in their journey is paramount to ensuring seamless and successful care.

Involving people has a positive impact on how services are designed, planned, delivered and run. Teams need to find ways and time to hear and act on user experience as part of their everyday activities. There are a range of engagement tools available.

No organisation can become complacent about having the experience right for its patients and users every time. To improve understanding you need to gather feedback, make improvements based on that feedback, measure the improvements and share them as widely as possible. Services need to work together and importantly work with patients, users and families to transform their experiences.

Start to gather user experience information **no later than four weeks** before the workshop to ensure you have material available for use at the workshop.

You may need to get their written consent to share their views. Refer to your organisational policies for guidance on this.

Why is getting patients' and users' experience important to integration?

- Proves that the team value insights into patient and user experience.
- Puts patients and users at the heart of the process.
- Reviews current knowledge about patient and user experience.
- Captures information that can be shared and discussed by both teams at the workshop.

Tools to use

You could use a combination of the following (examples of these can be found in the appendices to this document).

- a. Experience questionnaire
- b. Experience diary
- c. Interviews with patients and users and their relative/carers. These could be videoed so they may be shared with the integrating teams.
- d. Relevant information about complaints, compliments, surveys etc. that is available to you from your organisation

Gather your insights into a format that can be shared with integrating teams at the workshop.

Remember to provide feedback to patients and users who contributed to this work. You may also be able to share planned action following the workshop.

1. Experience Questionnaire

Preparation time:

Up to 30 minutes.

What is it?

A questionnaire that will help your team understand how patients and users feel at different stages of their journey.

Resources:

Printer, photocopier, paper, stamps, envelopes.

What to do:

Please edit the template shown below to suit your patients' or users' needs and experience.

1. Decide on the element of the care journey that you want to explore. Who is your target audience and what is your sample size?
2. Go to the appendices section of this document and you can download the amendable tool.
3. Re-write the steps to fit your patient or user group in relation to their pathway of care (the orange row in the chart on the following page).
4. The suggested words (happy, supported etc.) can be re-written if you wish and saved.
5. Print off the number of copies you need.
6. Distribute the questionnaire to your staff to give to patients.
7. Distribute to patients or users with a sealable stamped addressed envelope and include a letter.
8. Make it clear that they can either post the questionnaire back or hand to a member of staff for collection.
9. Collate the feedback from the returned forms and use to discuss at the relevant workshop.

Remember you will need to explain to patients or service users why you are doing this work and that you want to know about how they have felt during the period of time they were receiving treatment, care or support.

All teams who are involved in the Integration work will need to gather some form of patient and user experience so that feedback can be discussed in the workshop. If a team is an integrated team, getting feedback from patients and users who are seen by different team members would be useful.

Bear in mind you will need to provide feedback to those who contributed. You may also be able to share planned action following the workshop.

Experience Questionnaire

Referral	First Contact	Waiting for Visit	First Visit	Planning	Negotiating Expectations	Treatment/ intervention	Subsequent Visits	Discharge
happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad
Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here

2. Experience Diary

Preparation time:

Up to 30 minutes.

What is it?

A diary for the patient or service user to record their thoughts about the care received and their emotional response over a set period of time.

The diary is useful for people who may prefer writing about their experiences with more time to reflect.

Resources:

Printer, photocopier, paper, stamps, envelopes.

What to do:

Please edit the template shown on page 19 to suit your patient or user needs and experience.

1. Decide on the element of the care journey that you want to explore. Who is your target audience and what is your sample size?
2. Go to the appendices section of this document and you can download the amendable tool.
3. Edit the diary to suit the needs of your patients or users and what you want to explore. Save changes.
4. Print off the number of copies you need.
5. Distribute the diaries to your staff to give to patients and users.
6. Distribute with a stamped addressed envelope and include a letter of explanation.
7. Make it clear that they can either post the questionnaire back or hand to a member of staff for collection.
8. Collate your feedback, analyse the themes and use to discuss at the Integration workshop.

Remember you will need to explain to patients and users why you are doing this work and that you want to know how they have felt about the care they have received from your team. They can also capture their experience on the days when others have visited or no one has provided care.

All teams who are involved in the Integration work will need to undertake some form of patient or user engagement activity so that feedback can be discussed in the workshop.

Experience Diary

Dear XXX,

This diary has been designed for you to record your thoughts about the care you have received and how you feel about it.

Your experiences and thoughts will help us to improve health and care services.

Once you have completed the diary please put it into the envelope supplied. This diary will be collected after a set period of time by a member of our team - or if you prefer you can post it back to us at the address on the envelope.

This is voluntary - there is no need to do it if you would rather not.

If you have any concerns please talk to a member of the team or call us using the telephone number supplied.

Experience Diary

Write about your experience of our services in the spaces below.

Your Experience

How did it feel?

Monday

Tuesday

Wednesday

Thursday

Friday

3. Interviews

What is it?

Talking to patients, users and relatives/carers to gather information, facts, opinions and ideas about the care that they, or a loved one, receive. Ensure these interviews are undertaken at least four weeks prior to the workshop so that the content can be analysed and prepared to share at the workshop.

Why do it?

You may think you know what patients and users think and feel but until you ask them, do you really know? Asking for their thoughts and experiences will give you a different perspective.

When to use?

Before you start the integration work so that you understand how patients and users feel about:

- The way you currently work – ask them to consider both good and bad points.
- What needs to change – ask them to discuss their suggestions.

After making changes to improve integration, use this method to understand how patients and users feel about the new way of working:

- Is it an improvement?
- Are there any issues?
- Can further improvements be made?

‘Talking and listening to patients and users will be vital to the success of your integration work.’

If you are able to video your interviews, this will provide a very rich and powerful way of demonstrating to others how your patients and users think and feel.

Video - top tips

1. Practise using the camcorder and how to hold the camera to avoid shaking and jerky movements before you record anything. Use a tripod if possible.
2. Ask staff, patients and users for written consent to video. If they are unable to give informed consent assume you do not have their permission and do not video them. Your governance or communications department can help you with this.
3. Give staff members at least one day's notice of the intention to video. Members of the public are likely to want more notice than this.
4. Make sure the camera is charged and that you have an empty tape/memory stick. Choose a room with good lighting and do a short test run to check all is working well.
6. Try to put staff, patients and users at ease so they feel comfortable sharing their experiences..
7. Before sharing the video with the multidisciplinary team, watch the video to make sure it has recorded properly, to resolve any technical playback problems and to begin to understand the issues presented by the video.

Watching the video back - involve all relevant staff

Follow simple ground rules:

- involve all relevant staff
- observe, do not judge or comment
- note everything you see
- be open minded about ideas or criticism. Resist the temptation to defend yourself, this is an opportunity to see what can be improved and learn together as a team
- if limited time is available, focus on the key points of the interview..

4. Workshops

4. Workshops

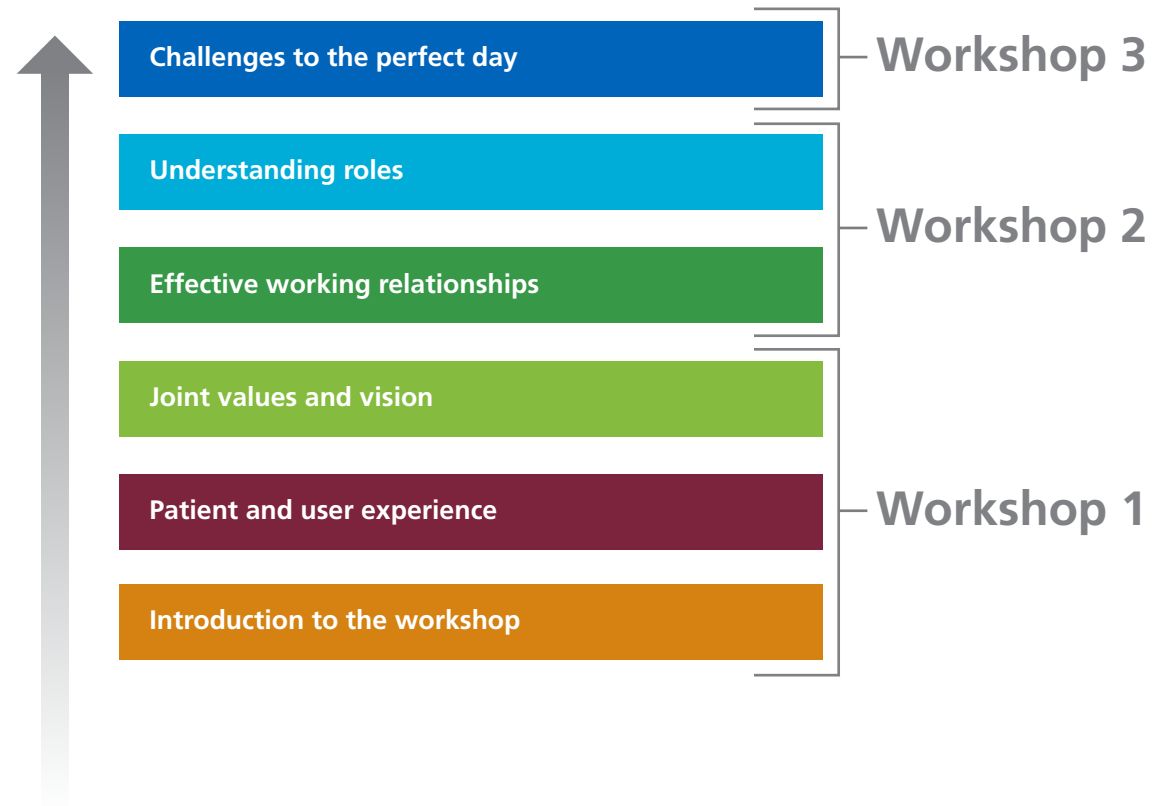
You may want to run a full day workshop and cover all elements in one day or you could have several workshop sessions whereby two or three of the blocks are covered at a time. If the elements are covered using an incremental approach, build in sufficient time at the beginning of each workshop to create cohesion between the team members, as some of the energy from earlier workshops may have been lost.

If your team have covered any of these aspects in detail as part of initial integration work, use more of the available time for the next element. Timings shown in the guide for all the facilitated workshops are estimates. The “how to run the session” guides are to help you facilitate the workshop effectively and provide you with the information required for each section. Do take more time for certain sections if you feel that teams require this.

All the workshop sessions have a slide set available for your use. Click on the link in each section of the facilitator’s guide to access this resource.



Suggestions on how to divide the workshops



5. Introduction to the workshop

5. Introduction to the workshop

What this section aims to achieve

Here you need to set the context and explain to the participants what you are trying to achieve with the integrated workshops. Discuss the organisation's position on integrated working. Explain to staff that the purpose of the workshop is:

- to understand the experience of our patients and service users – and how integration could improve the experience.
- to get a better understanding of each other – each person's role and the constraints experienced by each team e.g. social care colleagues and local political considerations, healthcare teams, financial constraints, commissioner requirements etc.
- to identify where teams can jointly work together to improve integration of care.

Ensure the correct terminology is being used to suit all teams involved. Suggest participants may stop you at any point if they are unclear about the language or any jargon being used.

For each section of the workshop a slide set can be found by following the specific link in the facilitator's notes.

How to run the session

This session is to be used as the introduction to the work your teams are embarking on.

You may wish to set ground rules for the workshop, see example on page 28.

Section	Time	Steps	Facilitator input	Resources	Notes
<p>Welcome and run through the agenda</p> <p>Introduction and context setting</p>	10 minutes	Explain what is going to happen in the session and the need to stick to the times given.	<p>Welcome to the workshop. Be clear about purpose of the workshop. Run through the agenda for the day. Set ground rules to be used through the workshop.</p> <p>Discuss with the participants what terminology everyone is comfortable using. Is it patient, client, service user? Establish this at the beginning to prevent negativity in the room.</p> <p>Ensure terminology used is understood by all participants.</p>	Projector, Laptop, Flipchart paper, Pens, Sticky notes, Sticky tac.	
	15 minutes	Setting the context.	<p>Set the scene of where local organisations are with integration and patient and user involvement.</p> <p>Explain the importance of more integrated care to the organisation(s).</p> <p>Describe how this workshop and joint work links to:</p> <ol style="list-style-type: none"> i. strategic goals, ii. organisational concerns iii. organisational commitment iv. improved patient and user involvement v. local context. <p>Describe the organisational commitment behind this work.</p>		<p>Ensure you have national and local context about integration. Having links to strategic goals and aspirations will also help with context setting.</p> <p>Having a senior member of staff present from one or both organisations who can support the delivery of these messages is very beneficial.</p>
Introductions to each other	15 minutes		Introduction exercise/ice breaker.		Find an ice breaker which suits your teams. This is particularly important if team members do not know each other well.

Example of Ground Rules that may be used for the workshop:

- everyone has a valuable contribution to make, respect their views
- there are no stupid questions!
- do not interrupt/speak over people
- be open and honest
- no blame or criticism
- respect confidentiality
- think creatively/generate ideas.

Discuss with participants if these are acceptable and if anything else should be added.

Additional information

Use this session to ensure everybody is on board with the broad aims of this work and has had the opportunity to discuss the reasons for undertaking it.

6. Patient and user experience

'It is really important to get the patient and users' experience information and use it to focus on patients throughout the workshop.'

Victoria Bagshaw, Deputy Director of Nursing, Doncaster & Bassetlaw Hospitals NHS Foundation Trust

6. Patients' and service users' experience

What this section aims to achieve

It is crucial that the patients', users', relatives' and carers' views are understood when integrating teams. If teams understand the impact of poorly integrated care, they will be more motivated to work together.

How to run the session

Get each team to feed back what they have learnt from the patient and user experience work. Give each team the opportunity to talk about their findings.

Encourage the whole group to discuss the findings and think of ways that experience may be improved.

Ensure that the teams come up with a list of areas for improving experience. This will be helpful later when deciding on an action plan.

Section	Time	Steps	Facilitator input	Resources	Notes
Patient and user experience	60 minutes for whole session.			Flipchart and pens See the slide set Patient and user Experience	Pre-work must be completed and a relevant presentation prepared to make this workshop successful.
	30 minutes (15 minutes per team).	Get each team to feed back the results of their patient and user perspective work.	Each team to describe how it feels for a patient or user to be cared for by the team. Include both good and poor examples. Share any insights they have about the compliments and types of complaints received.	Pre-prepared team presentations. This can be PowerPoint /flipchart /pictures etc.	
	15 minutes.	Discuss ways of improving care using a more integrated approach.	Given these experiences what areas of care need to be improved? Discuss in some detail the examples provided. What is currently missing? Encourage discussion about why a more integrated joined up care approach would be preferable.		
	15 minutes.	What areas can teams improve upon?	Capture a list of areas where improvements can be made.		

Additional information

This session will not work without the preparation as suggested in part three of the document “Gathering patient and user experience.” If more than two teams are involved there may be a need to adjust timings.

Consider whether the teams already have any additional information about their patient or user views which could be used in this exercise. Do the organisations have any existing patient or user experience information that may be of value to the team?

7. Joint values and vision

7. Joint values and vision

What this section aims to achieve

To enable teams to discuss their values and consider from an emotional view, how they connect with patients, users and colleagues. You will need to consider organisational values and remember, if you are engaging with a team from another organisation have their values to hand as well.

What are values?

Values underpin the quality of service we deliver to patients, users and communities. Compassion, dignity and respect are at the heart of a good patient experience. We need to do more to highlight and celebrate these values. Values can also help us to build a culture in which safety is paramount and everyone pulls together to deliver seamless care. Safety, effectiveness, experience: values are the bedrock of quality.

Where to begin?

What motivates your staff to give their all each day at work? What inspired them to train for years? What guides them when they face difficult professional decisions and gives them a sense of satisfaction in a job well done?

What to do once you have established your team values

Use the values to help the team create their team vision. The shared vision should reflect the aspirations of all those involved in the workshop.

What is a vision?

A vision is a compelling statement that tells everyone your ambition for your team. Visions are about feelings, beliefs, emotions, and pictures. It defines the future you want to create.

Why create one?

An exciting team vision can galvanise your team and so improve your integration process. It also enables others to understand your aspirations.

Where to begin?

This session should be about creating a joint, energising vision and not an opportunity for staff to be negative. Although some staff may not see the need to do this, try to convince them of the importance of this session.

Encourage everyone involved to think about what they would like the vision to be.

Use the values which are agreed to help shape the vision. Would the team prefer it to be more pictorial?

Think about creating a short sentence or two from the words agreed by the team. Test to see if everyone feels the statement created reflects what they are trying to do as an integrated team.

If, after the workshop you feel the vision is not truly reflective of your integrated team aspirations, keep working on it until all the team(s) are happy and comfortable with the vision created.

What to do once you have created your vision?

Display the vision in a prominent place in your team base(s).

Use it to help you choose what to improve first when the team are unsure of their priorities.

Vision is the joint focal point and a cornerstone for your integration efforts.

How to run the session

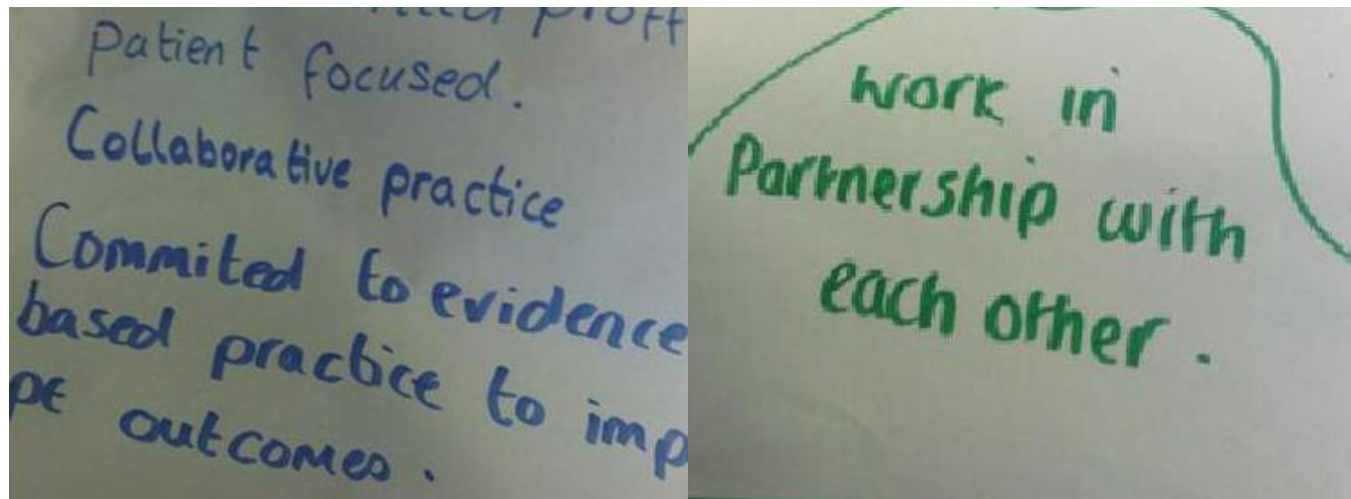
Section	Time	Steps	Facilitator input	Resources	Notes
Joint Values	40 minutes in total.			Flipchart and pens. Sticky notes. See the slide set Joint values and vision .	This is designed to be an enjoyable exercise where teams create a joint picture of how they would like their integrated teams to work.
	5 minutes.	Explain what we mean by values.	Give examples of social care or NHS organisational values and the organisation's values.		Sharing these values will help participants understand the sorts of things values cover.
	15 minutes.	Get small groups to think about their values and what this means to them.	In mixed groups, ask participants to share and discuss their values. Ask them to capture thoughts on flip chart.	Flip chart and pens.	
	20 minutes.	Feedback to whole group.	Pin up flipcharts on the wall. Each group shares their list of values with the whole team. Decide on which values everyone agrees upon. Capture ideas from group on flip chart.		

How to run the session continued

Section	Time	Steps	Facilitator input	Resources	Notes
Joint Vision	40 minutes in total.		Create joint vision		
	5 minutes.	<p>Explain why we need a vision.</p> <p>Discuss as a whole group examples and thoughts about vision statements.</p>	<p>You and your team need to picture and describe your preferred future as vividly as possible.</p> <p>Values are about guiding principles about what you think are important. The vision is a statement of how this integrated service will look and feel to the patient and to others.</p> <p>Ensure all the team have an equal say in the development of their vision.</p> <p>Think of the values you have agreed upon, are these some of the words that you may like to have in your vision? Would you prefer it to be more pictorial?</p>		
	15 minutes.	In small mixed groups create a draft vision.	Capture your vision on a flipchart. This may be a combination of words and pictures.	Flip chart and pens.	
	10 minutes.	Feedback.	Get teams to feedback to whole group.		
	10 minutes.	Whole group.	Agree upon a vision. Facilitator to capture on flipchart.	Flip chart and pens.	The group may decide to base the overall vision on something one of the groups produced, or it may be a combination of words and pictures. This is likely to need working up after the session. Ensure someone is identified to complete this – ideally one of the participants will volunteer.

How to run the session continued

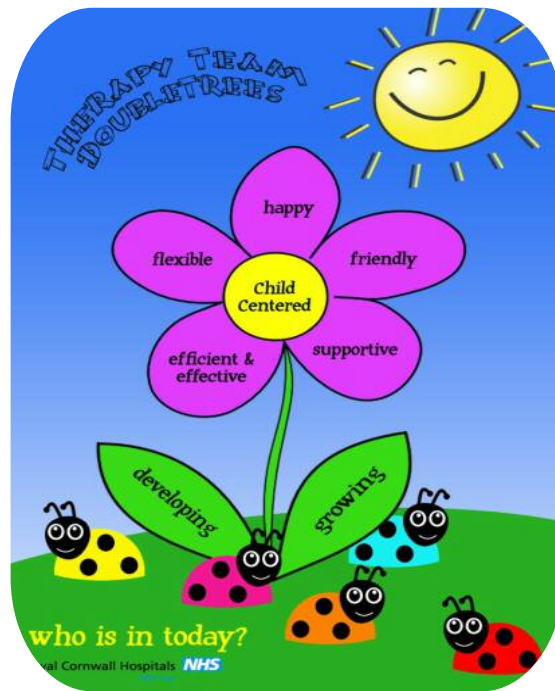
Section	Time	Steps	Facilitator input	Resources	Notes
Joint Vision		After the workshop	<p>If the whole team is not present, you need to ensure the rest of the team has a chance to contribute at a later date.</p> <p>Ensure teams follow up and complete their vision after the workshop. Agree timeframes for completion of vision statement.</p>		



Additional information

The vision could be a written statement or be represented in the form of a picture. A good vision:

- sets a standard of excellence
- clarifies purpose
- inspires enthusiasm
- is easy to understand by others
- is ambitious.



8. Effective working relationships

8. Effective working relationships

'[Patients and service users] want organisations not to argue between themselves or send conflicting messages. They expect professionals to work together as a team around the patient, and they want services to work together likewise: that is, to come together at the point they are needed, and to meet people's needs in the round.'

National Voices

What this section aims to achieve

We know that good working relationships are essential in generating energy and ideas for improvements. This section of the workshop is about getting teams to consider how well they work together. Do they have good working relationships? Are there areas which could be improved upon?

If relationships are poor between the teams, acknowledging this at the start can help to make things better. If the relationship is already good, the teams can decide what will make it even better.

We want to ensure that interactions between team members generate energy and innovative ideas to improve care.

Much has been written about relationships in organisations and what makes them a success. Four key factors are frequently referred to as key to helping change. They are as follows.

Mutual respect
for each other's unique role,
potential for contribution
and expertise

Deep understanding
of each other, this happens
by active conversation



Collaborative action
where team members
work and learn together

Common goals and values
that go beyond our differences

How to run the session

After introducing the topic each person will use the questionnaire supplied (see page 48) to individually rate the working relationship between the teams. These ratings are put on a flip chart to show the range of perceptions. The teams then discuss the findings and identify actions that can improve the relationship.

Section	Time	Steps	Facilitator input	Resources	Notes
Effective Working Relationships	65 minutes for whole session.			See the slide set Effective working relationships .	Be aware of any conflict which may develop during this discussion.
	5 minutes.	Introduction - Discuss general concept of effective working relationships.	Show slides and discuss comment by David Nicholson about integrated working.		This is not about judging one another but trying to understand the gaps so that teams can work on improving the integrating team's relationships.
	10 minutes.	Complete questionnaire.	Photocopy the "Effective Working Relationships" questionnaire and have a copy for each participant. Ask each person to individually rate how they think the relationship is with other team members (or if more than one team, with that second team). Each person should give one rating for each of the four areas.	Copies of "Effective Working Relationships" questionnaire –one per person.	

How to run the session continued

Section	Time	Steps	Facilitator input	Resources	Notes
Effective Working Relationships	5 minutes.	Dot marking (see example on page 49).	<p>Get all participants to come up to the flipchart and mark on the pre-prepared chart how they have voted.</p> <p>Everyone can have same colour pen or you may want to give different colour pens to the different professional groups to gain additional insight.</p> <p>See example (on page 49) of how to write up flipchart so that individuals can mark on their dots.</p>	Flipchart and pens.	If the board is turned away from the group it allows a more confidential method of feedback and should mean staff are honest about how they really feel.
	5 minutes.	Group discussion.	Discuss what the dot marking shows you.		
	20 minutes.	In four groups.	<p>Split into four mixed groups with each group taking one of the following sections:-</p> <ul style="list-style-type: none"> • mutual respect • deep understanding • collaborative action • common goals and values. <p>Each group to identify and capture actions of how to improve the current state of the team dynamics. To be captured on the action planning sheet.</p>	Flipchart paper for each group.	<p>It is helpful if groups can move into break out areas.</p> <p>See heading example on page 50.</p>
	20 minutes.	Feedback and action planning.	<p>Come back together and each small group feed back where they are now (current state) and where they want to get to (desired state) and proposed actions – see example on page 50.</p> <p>As a whole group discuss the points made and add to actions if required.</p> <p>By the end of this session actions should be identified on how to improve the situation in the future.</p> <p>Ensure specific names and dates have been assigned to each action.</p>		

Effective Working Relationship questionnaire

A copy is available in Appendix 3 to photocopy

You want to work more effectively and closely with colleagues – this could be within your team or across the integrating teams. Think about these statements and decide which one applies to how you currently work. Please complete this form individually.

<p>Mutual respect</p> <p>1 One or both teams put down the role, contribution or expertise of the other.</p>	<p>2 One or both teams feels that actively demonstrating respect for the other is not really important.</p>	<p>3 One team feels it has respect for the role and contribution or expertise of the other but does not believe the feeling is mutual (“junior partner”).</p>	<p>4 Both teams have a respect for the role and contribution or expertise of the other but this is not actively communicated in words or behaviour</p>	<p>5 Both teams have a high degree of respect for the role and contribution or expertise of the other and this is communicated in words or behaviours.</p>
<p>Deep Understanding</p> <p>1 One or both teams feels that taking time to develop understanding of the other is a waste of time.</p>	<p>2 Neither team feels that having an understanding of each other’s points of view and situation is essential for getting the work done.</p>	<p>3 One or both teams feels that developing a better understanding of the others point of view and situation would be helpful but there is little time to do this.</p>	<p>4 Both teams have some understanding of the other’s point of view and situation that is the result of good dialogue, but more is needed.</p>	<p>5 Both teams have a deep understanding of each other’s point of view and situation that is the result of ongoing dialogue where both parties actively listen.</p>
<p>Collaborative action</p> <p>1 One or both teams actively avoid working together with the other party and seems to disrupt any such efforts.</p>	<p>2 Neither team feels that working together is really all that important (“you do your bit and we’ll do ours”).</p>	<p>3 One or both teams feels that working together would be helpful; but there is little time for this or when joint efforts are set up the work ends up being done separately.</p>	<p>4 Both teams feel that working together is important and they do it sometimes, but more is needed.</p>	<p>5 Both teams feel that working together is very important and they take every opportunity to do so.</p>
<p>Goals and values</p> <p>1 One or both teams actively have goals or values that are not acceptable to the other party, or they belittle the goals and values of others.</p>	<p>2 Neither team feels that agreeing some common goals and values is really necessary in getting the work done.</p>	<p>3 One or both teams feels that agreeing some common goals and values would be helpful, but there is little time for this or the teams know they have differences of opinions and they don’t want to deal with them.</p>	<p>4 Both teams have agreed some common goals and values but these are not always actively used in helping change or decision making. (“often just words on paper”).</p>	<p>5 Both teams feel that agreeing some common goals and values is very important, and they actively use these in shaping change, making decisions, resolving conflict etc.</p>

From ‘Pattern Mapping’ – Plesk, Bibby and Garrett

Example of dot marking on the flipchart

Section	1	2	3	4	5
Mutual respect		●	● ●		
Deep understanding		●	● ● ●		
Collaborative action		● ●		●	
Common goals and values		●	● ●	●	



Example of discussion of current and desired state and actions going forward

Planning Sheet

Current state	Desired state	Actions	By whom	By when
We don't allocate enough time for really understanding each other and truly working together on things.	True collaborative action and mutual respect between teams.	Introduce shadowing of staff to understand each other's role.	SH to organise for team	July 2014
Many of our joint projects are co-ordinating our largely separate actions.	Common goals and values are openly discussed and regularly updated and changed and actively used in day to day decision making.	Identify and promote common goals. Share patient and user perspective at the beginning of team meetings.	SM	Sept 2014

Additional information

Further information can be found about this topic from: - Plesk, P. and Garrett, S. (2003) Mapping Behavioural Patterns, Exploring the underlying factors that accelerate or impede system transformation.

9. Understanding roles



9. Understanding roles

How much do we understand about each other's role?

What this section aims to achieve

In order to effectively develop your integrated team it is important that all team members have a clear understanding of the differing roles within the integrated team and any myths are dispelled. If this work is being done in a uni-disciplinary team consideration of the roles of the differing grades of staff may be of value.

Failure to understand each other's roles and responsibilities can create tension, miscommunication and inefficiency within the team.

How to run the session

In this session participants talk about their roles and their understanding of the role of others. This helps everyone dispel any myths they may have.

Depending on how many people are attending the workshop, group into specific disciplines. In order to do this effectively you will need to have more than one person of each discipline. Where this is not possible, mix similar roles together. Ideally groups of three or more will work best. Organise the groupings before you explain the task to the participants.

Get each discipline to talk about the role of one other discipline in the team. (E.g. Group A talk about Group B. Group B talk about Group C. Group C talk about Group A). Once Group A have shared their understanding of Group B, then Group B can clarify any misunderstandings and share deeper insights into their role and constraints.

What myths can be dispelled? Were there any surprises? Discuss these points in the whole group. This exercise has proved to be fun and enlightening.

Section	Time	Steps	Facilitator input	Resources	Notes
Understanding Roles	60 minutes - depending on number of different disciplines in team(s).		Plan the way this is going to work across disciplines beforehand, so it is organised when you tell the participants what they are going to do.	Flipchart paper and pens.	Be aware of controversy and keep team members on track.
	5 minutes.	Introduction.	<p>Introduce the exercise to the group.</p> <p>Organise so specific disciplines sit together for this exercise.</p> <p>If there are less than two representatives of a specific discipline, group with others who do similar roles if possible.</p>		
	25 minutes.	Split into single professional groups.	<p>On flipchart paper each group writes what they think each different service group does.</p> <p>For example if you have a group of community nurses/physiotherapists/social workers, instruct the community nurse to describe the role of a social worker, the physiotherapists to describe the role of the community nurses and the social workers to describe the role of the physiotherapists.</p> <p>Ask each group to answer these questions:-</p> <ul style="list-style-type: none"> • What patient/client groups are cared for by this discipline? • What are the key activities undertaken by them? • Where do their referrals come from? • What are their biggest constraints/challenges? <p>The aim is to find out what understanding there is of the roles of the different professional groups.</p>		Try to make this fun. Reinforce this is an opportunity to dispel unhelpful myths.

How to run the session continued

Section	Time	Steps	Facilitator input	Resources	Notes
Understanding Roles	25 minutes.	<p>Feedback to the whole group.</p> <p>Clarification of actual roles.</p>	<p>In turn, each group feeds back the answers to the above questions focusing on the group allocated to them. Get them to refer to their flip chart.</p> <p>The service group described then has an opportunity to confirm, challenge or clarify the views expressed. They can dispel any myths and give actual examples of what they do.</p>	Add the additional points identified to the flipchart paper in a different colour to highlight points not considered.	<p>Depending on amount of groups, think about the time you have for feedback.</p> <p>Time allowing, encourage the nominated teams to provide deeper insights into their roles and work.</p> <p>Everyone is involved in the feedback to the group so all can hear what is being discussed.</p> <p>Move on to second group and repeat.</p>
	5 minutes.	Group discussion.	Discuss if anyone is surprised by what has been revealed. What has everyone learnt from that exercise?		
			After the workshop.	Some teams have found it of value to write a short description of each service role to share with the whole team for future reference.	

Additional information

Greater understanding of each other's roles and constraints is an important platform in building a more integrated team. This exercise encourages a discussion about roles and constraints. It can help dispel myths and develop deeper insights as well as reinforce good levels of mutual understanding. (Some teams may use this as an opportunity to organising shadowing visits).

10. Challenges to the perfect day

*'A very exciting day.
A room full of positivity at the end of the day.'*

Staff nurse attending the workshop

10. Challenges to the perfect day and module priorities

What this section aims to achieve

Here the teams identify key areas where they can work together to improve integration. They create an action plan which they will implement jointly.

How to run the session

Section	Time	Steps	Facilitator input	Resources	Notes
Challenges to the perfect day.	90 minutes for whole session. 5 minutes.	Introduce the session.		See the slide set Challenges to the perfect day.	

How to run the session continued

Section	Time	Steps	Facilitator input	Resources	Notes
Challenges to the perfect day	10 minutes	Individually	Individually consider what day to day challenges are experienced while you are at work. Write one challenge per sticky note.	Sticky notes	If there are several different disciplines/ services consider using specific colours for each one.
	20 minutes	Feedback to whole group	<p>Each person reads out one of their challenges in turn. They are added to the flipchart by the facilitator. This way the facilitator can ensure issues are appropriately matched to specific modules.</p> <p>For example, the facilitator can try to group similar challenges together:</p> <ul style="list-style-type: none"> • "I can never find the information I need to do my job easily." Patient user status. • "Referrals are terrible." • Communication between teams. • "Cupboards are always a mess" - Workplace organisation. <p>Keep going around until people have nothing new to add.</p>	Flipchart paper	The facilitator may want to identify some categories in advance to help with groupings.
	10 minutes	In small groups	<p>Each group completes this statement....</p> <p>"To improve the integration of care for our patients, we should work jointly on....."</p> <p>Ask them to list the top five modules (or all modules) and the reasons why they are important to address the day to day challenges.</p>	Flipchart and pens	

How to run the session continued

Section	Time	Steps	Facilitator input	Resources	Notes
Challenges to the perfect day and module priorities	15 minutes	Feedback	Each group feed back their choice of 5 key areas and rationale. The facilitator notes the key areas and a brief note made of the reasons why this will help with integration and the day to day challenges.	Flip chart prepared with headings: Key areas and rationale	You may want to tease out which challenges can be addressed within one team and which require joint working across teams. (e.g. organising your work teams module can be implemented by individual teams to improve their own working environment. However, if it is a shared area it should be implemented jointly).
	30 minutes	Agree high level actions	<p>Discuss which of the key areas to work on and decide upon the priority order based on discussion with the whole group.</p> <p>Now create a high level action plan for joint working – which areas do we want to work on together first? Who is going to be responsible for what?</p> <p>How is this going to be achieved and what are the time scales involved?</p> <p>This will require more detailed planning after the workshop, but ensure that teams leave the workshop with a clearly defined high level action plan to take this work forward.</p>		Ask for a volunteer to lead and a buddy for each of the key areas. Get people from different teams to link up for specific areas.

Additional information

Once teams have decided upon the key areas for action they wish to work on it is important to ensure that momentum from the workshop is kept up. The best way of doing this is for teams to create an action plan of implementation with staff volunteering to take the lead.

There may be particular organisational priorities or resources that will help them make more progress on particular areas.

Example of priority order of modules based on team discussion

The sheet below is an example of a high level action plan.

Module	Rationale	Votes	Priority for joint working	Who will lead and buddy each module
Workforce organisation	Lots of time lost looking for items. However we can address this in our own team spaces.	✓✓✓✓	Low	
Knowing how we are doing	It would be helpful if we had shared indicators so we were aware of how our joint efforts were supporting our shared patients.	✓✓✓✓✓ ✓✓✓	Medium	AB and YB
Patient user status	We are often unclear about the status of patients and what the other team has or hasn't done.	✓✓✓✓✓ ✓✓✓✓✓	High	SM and SH

11. What happens next?

'An inspiring and enjoyable workshop giving hope for the future.'

Team Leader attending workshop

11. What happens next?

After holding this workshop it is important that the actions discussed and agreed upon are implemented.

The workshop facilitator and service manager(s) together with the team leader(s) need to meet to discuss the actions and time frames in which the work is to be done.

A detailed action plan should be devised which also includes information about the impact of the work so that success can be measured. Measuring the impact of what teams achieve is key to the success of this Integration work.

Teams may need extra support to take action when working across two teams. They should always be mindful of the need to integrate the care they provide wherever possible.

Regular meetings to ensure the operational success of the action plan will ensure that any difficulties are overcome and the plan stays within the time frame set.

It is also important to remember the important factors that will make this a success, including leadership engagement, governance, measurement and resources.

'This has broader applications, not just for integrating teams; it is an enabler for all productive teams.'

Steve Williamson, Senior Nurse, Nottinghamshire Healthcare NHS Trust

12. Appendices

Appendix 1 - Experience Questionnaire

Referral	First Contact	Waiting for Visit	First Visit	Planning	Negotiating Expectations	Treatment	Subsequent Visits	Discharge
happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad
Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here

Appendix 2

Experience Diary

Dear XXX,

This diary has been designed for you to record your thoughts about the care you have received and how you feel about it.

Your experiences and thoughts will help us to improve health and care services.

Once you have completed the diary please put it into the envelope supplied. This diary will be collected after a set period of time by a member of our team - or if you prefer you can post it back to us at the address on the envelope.

This is voluntary - there is no need to do it if you would rather not.

If you have any concerns please talk to a member of the team or call us using the telephone number supplied.

Experience Diary

Write about your experience of our services in the spaces below.

Your Experience

How did it feel?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Appendix 3

Effective Working Relationships – Questionnaire

You want to work more effectively and closely with colleagues – this could be within your team or across the integrating teams. Think about these statements and decide which one applies to how you currently work. Please complete this form individually.

<p>Mutual respect</p> <p>1 One or both teams put down the role, contribution or expertise of the other.</p>	<p>2 One or both teams feels that actively demonstrating respect for the other is not really important.</p>	<p>3 One team feels it has respect for the role and contribution or expertise of the other but does not believe the feeling is mutual (“junior partner”).</p>	<p>4 Both teams have a respect for the role and contribution or expertise of the other but this is not actively communicated in words or behaviour.</p>	<p>5 Both teams have a high degree of respect for the role and contribution or expertise of the other and this is communicated in words or behaviours.</p>
<p>Deep Understanding</p> <p>1 One or both teams feels that taking time to develop understanding of the other is a waste of time.</p>	<p>2 Neither team feels that having an understanding of each other’s points of view and situation is essential for getting the work done.</p>	<p>3 One or both teams feels that developing a better understanding of the others point of view and situation would be helpful but there is little time to do this.</p>	<p>4 Both teams have some understanding of the other’s point of view and situation that is the result of good dialogue, but more is needed.</p>	<p>5 Both teams have a deep understanding of each other’s point of view and situation that is the result of ongoing dialogue where both parties actively listen.</p>
<p>Collaborative action</p> <p>1 One or both teams actively avoid working together with the other party and seems to disrupt any such efforts.</p>	<p>2 Neither team feels that working together is really all that important (“you do your bit and we’ll do ours”).</p>	<p>3 One or both teams feels that working together would be helpful; but there is little time for this or when joint efforts are set up the work ends up being done separately.</p>	<p>4 Both teams feel that working together is important and they do it sometimes, but more is needed.</p>	<p>5 Both teams feel that working together is very important and they take every opportunity to do so.</p>
<p>Goals and values</p> <p>1 One or both teams actively have goals or values that are not acceptable to the other party, or they belittle the goals and values of others.</p>	<p>2 Neither team feels that agreeing some common goals and values is really necessary in getting the work done.</p>	<p>3 One or both teams feels that agreeing some common goals and values would be helpful, but there is little time for this or the teams know they have differences of opinions and they don’t want to deal with them.</p>	<p>4 Both teams have agreed some common goals and values but these are not always actively used in helping change or decision making. (“often just words on paper”).</p>	<p>5 Both teams feel that agreeing some common goals and values is very important, and they actively use these in shaping change, making decisions, resolving conflict etc.</p>

From ‘Pattern Mapping’ – Plesk, Bibby and Garrett

13. Literature and links

13. Literature and links

Useful literature

Care Quality Commission (2011). The State of Health Care and Adult Social Care in England: An overview of key themes in care 2010/11. London: The Stationery Office.

Chris Ham, Judith Smith and Elizabeth Eastmure, (2011) Commissioning integrated care in a liberated NHS
Nuffield Trust.

Department of Health (2011). The Operating Framework for the NHS in England 2012/13. London: The Stationery Office.

Ham C, Smith J (2010). Removing Policy Barriers to Integrated Care in England. London: Nuffield Trust.

Humphries, R. and Curry, N. (March 2011) Integrating health and social care Where next? London: The Kings Fund
Integration (2011) Health Service Journal.

Isles Valerie (2006) cites Batten, J. (1991) Tough Minded Leadership (New York: Amacom).

Lewis R, Rosen R, Goodwin N, Dixon J (2010). Where Next for Integrated Care Organisations in the English NHS. London: Nuffield Trust and The King's Fund.

Living our Local Values - The value of values (2009) NHS Institute for Innovation and Improvement.

National Voices (2011). Principles for Integrated Care. October 2011.

Plesk, P. And Garrett, S. (2003) Mapping Behavioural Patterns, Exploring the underlying factors that accelerate or impede system transformation.

Useful links

The following are links to other helpful materials and resources.

Principles for workforce integration

www.skillsforcare.org.uk/POWI

Workforce capacity planning

www.skillsforcare.org.uk/Standards/Care-Act/Workforce-capacity-planning/Workforce-capacity-planning.aspx

Workforce transformation

www.skillsforhealth.org.uk/workforce-transformation

Collaborative working in social care

www.scie.org.uk/publications/guides/guide34

www.scie.org.uk/publications/integratedworking/tool/index.aspx

A Question of Behaviours

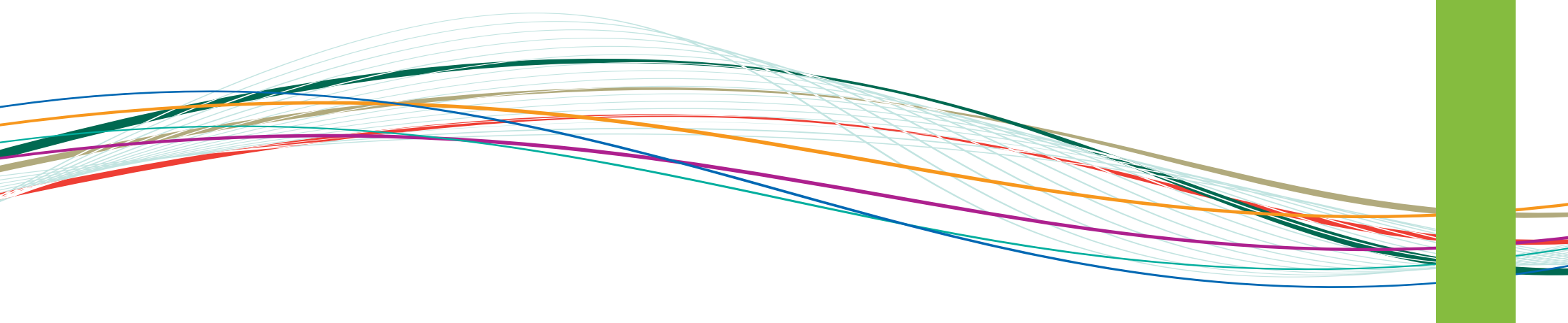
Why delivering care integration and managing acute demand depends as much on changing behaviour as new systems and structures. Khaldi, A.

www.impower.co.uk/insights/a-question-of-behaviours

Integrated care: making it happen

www.kingsfund.org.uk/projects/integrated-care-making-it-happen

14. Acknowledgements



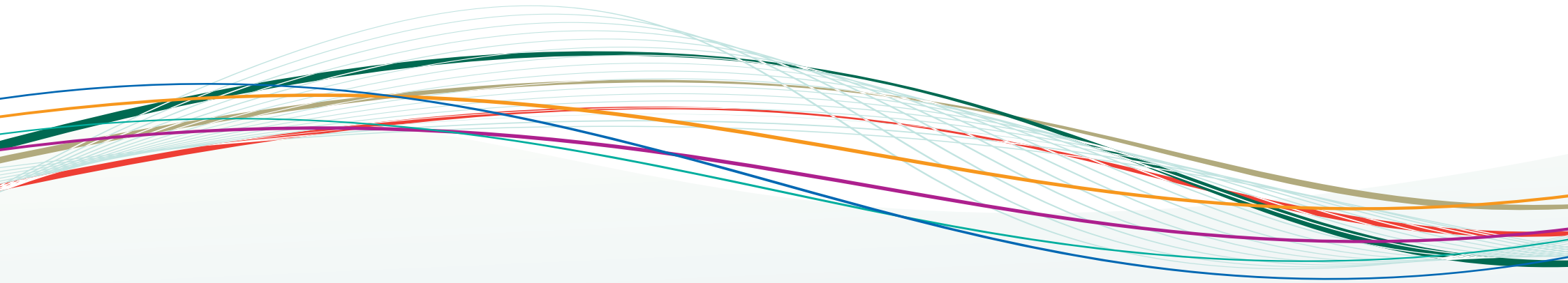
14. Acknowledgements


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Pennine Care NHS Foundation Trust
St. George's Healthcare NHS Trust
Trafford Provider Services

*This guide was originally developed under the title 'Productive Integration Workshop Guide'.



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