National Leadership and Innovation Centre for Nursing and Midwifery, ONMSD, HSE

**Report on a Bespoke Clinical Leadership Programme
for Managers with Person in Charge Responsibility from Intellectual
Disability Services**

Nov 2016 to May 2017

Report on a Bespoke Clinical Leadership Programme

for Managers with Person in Charge Responsibility, from Intellectual Disability Services

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About this Report:

This report includes details of a bespoke clinical leadership programme for Managers with Person in Charge Responsibility from Intellectual Disability Services, from Nov 2016 to May 2017. This report was prepared by the National Leadership and Innovation Centre for Nursing and Midwifery, Office of the Nursing and Midwifery Service Director, HSE.

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This report was prepared by Marie Kilduff, Programme Lead, National Leadership and Innovation Centre for Nursing and Midwifery (NLIC) on behalf of the NLIC

(January 2018)

Foreword

Intellectual Disability Services are currently experiencing a significant programme of change which will require a different skill mix to that presently deployed within these services. In light of this, the National Disability Authority have recommended that the core competencies of those working with people with disabilities, including the competencies of intellectual disability nurses, be geared to the new policy context.

In addition, the legislation that underpins the HIQA standards (2013) also require that the service provider appoint a Person-in Charge (PIC) for each designated Centre. The PIC should have the clinical and leadership skills, and experience to enable them to effectively manage the service and ensure the delivery of safe, effective care and support to clients and their families. In recognition of the latter, Directors of Nursing from Intellectual Services commissioned the National Leadership and Innovation Centre for Nursing and Midwifery (NLIC) to provide a bespoke leadership development programme for their Managers with PIC responsibility as a matter of urgency. Using Co Design Methodology, the NLIC developed an 7.5 day bespoke programme was developed and subsequently delivered to Clinical Nurse Managers and Social Care Leaders with PIC responsibility (N=26) from Daughters of Charity and St Michael's House Intellectual Disability Services from November 2016 to May 2017.

The learning from testing this programme with staff from Intellectual Disability Services has been extremely beneficial. By bringing staff from 2 different organisations together, participants were afforded the opportunity to share ideas, learning and develop a peer network. As the programme was underpinned by the Clinical Leadership Competencies ePortfolio (CLCeP), participants experienced significant personal and professional leadership competency development as demonstrated by feedback from themselves and their managers. From an Intellectual Disability leadership perspective, participants experienced enhanced knowledge from the experts delivering needs led sessions.

This programme has instilled confidence in participants enabling them to build local leadership capacity focusing on person-centeredness. The application of learning to practice was clearly evident from the Work Based Group Activities which were presented on the forum day and some of which have been presented by participants at educational events since completing the programme. Participants have developed in their current roles and in some cases progressed to more senior positions. The following report is the summation of the process and learning. I am delighted to see this work evolving as a national programme for staff from Intellectual Disability Services; it will be commissioned for further roll out in 2018.

I would like to acknowledge Sr Marian Harte, Director of Client Services/Director of Nursing, Daughters of Charity (DoC) Intellectual Disability Services and Ms Grainne Bourke, Director of Nursing, St Michael's House Intellectual Disability Services for all their support to the NLIC and participants with the programme. Thank you to the participants who attended the co design day with NLIC staff, your feedback was invaluable in designing this programme. A special thank you to Ms Judy Ryan, NMPDU Project officer and Ms Mary B Rice, NMPD Project Officer for their expert guidance in developing the programme.

I would like to thank Ms Pauline Coughlan, CNME Director, Tullamore and her staff for their support with providing a venue for this programme. I am most grateful to all those who supported and facilitated the programme with members of the NLIC team. I want to especially thank Marie Kilduff (Project Lead NLIC) for her dedication and commitment to developing this programme and ensuring it met the needs of participants for the ultimate benefit of Intellectual Disability service users, staff and services. I would like to acknowledge Teresa Moore for her ongoing support with the programme and significant contribution to its development and delivery. My sincere gratitude to Professor Mary Mc Carron, Professor of Ageing & Intellectual Disability School of Nursing & Midwifery and Dean of Health Sciences, Trinity College Dublin for her inspiring key note address at the Forum Day. Thank you to all who took the time to attend the forum day and support the participants.

Finally, I would like to acknowledge the participants for your dedication, enthusiasm and persistent willingness to fully engage with the programme. It was a pleasure for the facilitators and external presenters to work with you all. I would encourage you to continue to share your learning from the programme for the benefit of yourselves, your colleagues, your service users and Intellectual Disability Services.

Cora Lunn
Director, National Leadership and Innovation Centre
Office for the Nursing and Midwifery Service Director HSE

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Introduction

Since November 2013, all designated centres for people with disabilities, both children and adults, must be registered with the Health Information and Quality Authority (HIQA). Following registration, HIQA inspectors regularly monitor and review services to ensure they are compliant with the National Standards for Residential Services for Children and Adults With Disabilities (HIQA 2013). The legislation that underpins the standards also requires that the service provider must appoint a Person-in Charge (PIC) for each designated Centre. The PIC should have clinical and leadership skills, and experience to ensure the effective management of their service and delivery of safe, effective care and support to clients and their families.

The importance of leadership has been highlighted in the scholarly research and in National reports such as the People Strategy (2015) and the National Clinical Leadership Needs Analysis (2017). Research in the area of leadership in disability services specifically, across a number of countries, demonstrates that the quality of front-line management is an important determinant of staff practice but that the role is multi-faceted and complex (Larson et al. 2007, Clement & Bigby 2012). From an Irish perspective, managers in intellectual disabilities are experiencing further challenges as they meet the requirements of the 'Person in Charge' aspect of their role.

Context

In 2016, the Director of Client Services/Director of Nursing, Daughters of Charity (DoC) Intellectual Disability Services commissioned the National Leadership and Innovation Centre for Nursing and Midwifery (NLIC) to design and deliver a bespoke leadership programme for Clinical Nurse Managers and Social Care Leaders with Person in Charge (PIC) responsibilities. Following a scoping exercise, it was evident that the DoC senior managers had recognised the many challenges associated with the PIC responsibility and were committed to providing leadership development for their staff to support them to meet these challenges.

Following discussions with managers from the DoC, the NLIC facilitated a co design workshop to develop the bespoke clinical leadership programme. The programme was underpinned by information gained from scoping exercises and co-designed workshops together with the 7 leadership competencies from the Clinical Leadership Competency ePortfolio (CLCeP)[1]. The CLCeP provides a solid foundation whereby participants are supported to critically think about their leadership capacity and challenge themselves to become more effective, competent clinical leaders in practice.

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[1] The CLCeP is an elearning resource that supports staff nurses, staff midwives, Clinical Nurse and Midwife Managers 1 & 2 (and equivalent grades) to identify and develop their clinical leadership competencies and to maintain a portfolio of evidence to demonstrate Continuing Professional Development (CPD). .

Co Design Methodology

Experience-based co-design (EBCD) involves gathering experiences from staff through in-depth interviewing, observations and group discussions, identifying key points and assigning positive or negative feelings (Kings Fund 2013). Co-design involves working with people to create interventions which will work in the context of their lives and will reflect their own values and goals. This involves letting go of professional assumptions about participants' perspectives and experiences and actively learning from what people say and do. Expertise, professional knowledge and research are then considered in relation to group input (Clarkson, 2015). Co-design activities are outcome-based as they have a practical focus, with clarity of vision and direction. The co-design methodology and implementation seek to ensure a shared creative intent between all participants (Bradwell 2008).

Co Design Workshop

Using a co-design methodology, the NLIC facilitated a 0.5 day workshop with Clinical Nurse Managers and Social Care Leaders with PIC responsibility (n=12) from the DoC Service (Limerick, Tipperary and Dublin). After the initial introductions, ground rules were established to ensure participants could openly voice their opinions in a safe, non-judgmental environment and confidentiality was respected.

An interactive, experiential style of facilitation was used to explore participants' experience of being a manager/leader with PIC responsibility. Several tools were used to support participants to identify their concerns, issues and challenges, for example, in small groups, participants were asked to analyse the Strengths, Weaknesses, Opportunities and Threats (SWOT analysis) associated with their organisation and their role.

An evaluation of the co design workshop demonstrated that this methodology really supported participants to contribute their ideas while fostering mutual understanding and engagement. This feedback influenced the design of the bespoke programme. It was evident from working with the participants that they felt somewhat disconnected from other Intellectual Disability (ID) services. To address this issue, it was proposed and accepted that managers and leaders from other ID services be invited to participate in the programme. This provided an opportunity for participants from organisations to network, share ideas and gain insight into the structure and operational functioning of other services. The Director of Nursing of St Michaels House Intellectual Disability Services took up the offer of places.

Oversight Committee

Prior to delivering the programme, an oversight committee was established with the Directors from both the DoC and St Michael's House Services and the NLIC. The aim of this

committee was to provide a forum for two-way communication between the facilitators and both organisations. Committee meetings provided an opportunity for facilitators to communicate how participants were experiencing the programme and to identity organisational support that participants may require to optimise their leadership development. The meetings also enabled the Directors of Nursing from both services to consistently provide feedback on the impact of the programme on services and to identify any changes that may be required to the programme to meet the needs of participants and both organisations.

Overview of the Programme Design

The literature on leadership in the area of Intellectual disability services was reviewed and the model of practice leadership influenced the design of the programme. Mansell and Beadle-Brown (2012) described the model of practice leadership needed to deliver high quality support in intellectual services as involving skilled professional guidance, and as having educational and development aspects to the role rather than simply providing direction. A practice leader can be defined as an individual, usually a front line manager, who develops, encourages and supports their staff to put into practice the vision of the organisation (Beadle – Brown et al. 2015). In addition to being informed by the practice leadership model, the Programme Lead developed the programme using the 7 Clinical Leadership Competencies and feedback from the Co Design Workshop. In order to meet the specific needs of participants, guidance was obtained from experts in the area of Intellectual Disability to inform the needs led content of the programme.

Programme Aim

To support managers with HIQA Person-in Charge responsibility to develop their leadership knowledge, skills and competencies thereby enhancing care and service delivery.

Programme Learning Outcomes

Participants will

- Develop their clinical leadership competencies by actively engaging with the 7 clinical leadership competencies that comprise the CLCeP, Self Awareness, Communication, Decision Making, Empowerment, Advocacy, Team Work and Quality & Safety
- Identify and demonstrate the responsibility, authority and accountability associated with their role as managers (with Person in Charge responsibility), for leading quality and patient safety improvements in services
- Develop and demonstrate team building skills and networking ability to work more successfully as a leader

- Develop knowledge and skills in quality improvement by planning and implementing a work based group activity, using a quality improvement model
- Understand the importance of resilience for personal and professional well being and further develop their knowledge and skills in this area, to support themselves and others
- Undertake a work - based initiative using quality improvement methodologies and techniques.

Programme Prerequisites

Prior to commencing the programme, participants were required to:
- Register on HSELanD and familiar themselves with the Clinical Leadership Competency ePortfolio (CLCeP). Participants could do this by observing the CLCeP Video Clip and reviewing the navigation video and user guide on the CLCeP site (on HSELanD)
- Each participant was required to have completed the 'assess' and 'plan' stage of the self awareness competency. This competency was chosen because self-awareness" is deemed a critical trait for successful leaders (HSE 2012).

Programme Structure

The programme was delivered over 7.5 days. A Clinical Leadership Competency workshop was held each morning while issues and topics identified by participants during the co-design workshop and throughout the programme, were addressed by experts during needs led sessions each afternoon.

Over the course of the programme, participants were facilitated to plan and deliver a Work Based Activity (WBA). The aim of the WBA was twofold, 1) to provide participants with an understanding of quality improvement and change management methodologies and 2) to encourage participants to develop skills of partnership and collaboration. The NLIC programme facilitators supported each group by scheduling time during the programme days to review the WBAs and provide support between programmes days via teleconference. A half day forum event was held at the end of the programme for participants to share their learning while also demonstrating how they applied it to practice and to share the outputs from their WBA's. The Nursing Board of Ireland (NMBI) awarded the programme Category 1 Approval (24 Continuing Education Units).

Programme Content

Clinical Leadership Bespoke Leadership Programme	
Day One	**Welcome and introduction to the programme** **Clinical Leadership Workshop:** *Marie Kilduff & Teresa Moore*

Day Two	**Self Awareness Workshop:** **Exploring Values, Beliefs & Behaviours**
	           M Kilduff & T Moore
	Needs Led Session 1: **Resilience: Accessing your Personal Strengths**
	Ms Sheila Mulcahy
	       Frontiers Company, Trainer, Facilitator and Coach

Day Three	**Communication Workshop:** **Effective Engagement with Service Users and**
	       Colleagues. *M Kilduff & T Moore*
	
	Needs Led Session 2: **Developing Cultures of Person Centeredness**
	Lorna Peelo-Kilroe,
	National Lead for Programme to Develop
	Cultures of Person Centeredness,
	Quality Improvement Division, HSE &
	Margaret Codd, **Quality Improvement**
	Facilitator,
	Quality Improvement Division, HSE
	
	Needs Led Session 3 : **Work Based Activity Guidance**
	  M Kilduff & T Moore

Day Four	**Quality & Safety Workshop:** **Delivering Optimal Care.** *M Kilduff & T Moore* **Needs Led Session 4:** **Leading Quality Care in Intellectual Disability** **Services: The role of the** *Person in Charge* *Patricia Gibbons and Marie Gilligan,* **Quality Improvement Advisors,** *Quality Improvement Division,* *HSE*

Day Five	**Team Work Workshop:** *M Kilduff & T Moore* **Needs Led Session 6:** HIQA – How can I prepare myself and my team for a HIQA Inspection? *Florence Farrelly,* Inspector Manager HIQA **Decision Making Workshop:** *T Moore, Judy Ryan* NMPD Project officer & *Mary B Rice,* NMPD Project Officer **Needs Led Session 6:** Assisted Decision Making (Capacity) Act 2015 as it relates to Intellectual Disability *Judy Ryan,* NMPD Project officer
Day Six	**Empowerment Workshop:** *M Kilduff & T Moore* **Needs Led Session 7:** Human Rights *Mary B Rice,* NMPD Project Officer **Needs Led Session 8:** Shaping the Future of Intellectual Nursing in Ireland *Ms Liz Roche,* Area Director, NMPD Dublin Mid Leinster

Day Seven	**Advocacy Workshop:** Advocating for Self, Service Users and Colleagues *M Kilduff & T Moore* **Needs Led Session 9:** The role of Advocacy in Intellectual Disability Services *Kavita Sharma*, Disability Advocate *Westmeath Change Our World Self Advocacy Group,* *Service User Group* **Needs Led Session 10:** Preparation for group presentations at forum day May 2017 *M Kilduff & T Moore*

Evaluation

Evaluation was ongoing throughout the programme. The content, design and delivery of the programme were evaluated by participants at the end of each day. Throughout the programme, feedback from both participant and the Directors of Nursing was considered and the programme was amended to address participants and service needs. At the end of the programme, participants completed a confidential on-line questionnaire to evaluate their overall experience of participating on the programme. The questionnaire included questions on their learning, participating in a WBA Group, their application of leadership knowledge and skill development in practice, in addition to their experience of the programme design and facilitation. The findings from the evaluation are presented in this report.

Introduction to Clinical Leadership Workshop

Primarily the influence of clinical leaders stems from characteristics such as clinical credibility and capacity for collaboration (McKee et al. 2013). The literature clearly demonstrates the importance of clinical leadership in ensuring a high quality health care system that provides safe and efficient care (Daly et al. 2014). In the area of disability, Schalock and Alonso (2012) refer to the role of a good leader as performing critical leadership functions that communicate a shared vision to clearly identify the required outcomes. They highlight the need for the leader to encourage and support staff to grow and develop insights and skills, to enhance the quality of life of those in their care.

Learning Outcomes of Clinical Leadership Workshop

- To understand that Clinical Nurse Managers and Social Care Leaders are clinical leaders
- To recognise the qualities and skills of an effective clinical leader in Intellectual Disability Services
- To acknowledge their own clinical leadership qualities and skills and identify areas that require development
- To develop knowledge of the Clinical Leadership Competency e Portfolio (CLCeP) so that is can support them to actively participate in leadership development

Overview of the Clinical Leadership Workshop

The concept of practice leadership, its meaning and relevance was explored. Participants were given time to reflect on their own leadership skills and qualities and to document their strengths and areas that required development. In order to develop their clinical leadership competencies further, participants were provided with an overview of the CLCeP. In the discussion that followed it was evident that the majority of participants had come to view themselves as the 'Person in Charge' (PIC) as opposed to the Manager/Leader with PIC responsibilities. These perceptions and the challenges associated with PIC role were discussed, and elements of the programme adapted to address these key issues.

Clinical Leadership Workshop - Quantitative Feedback
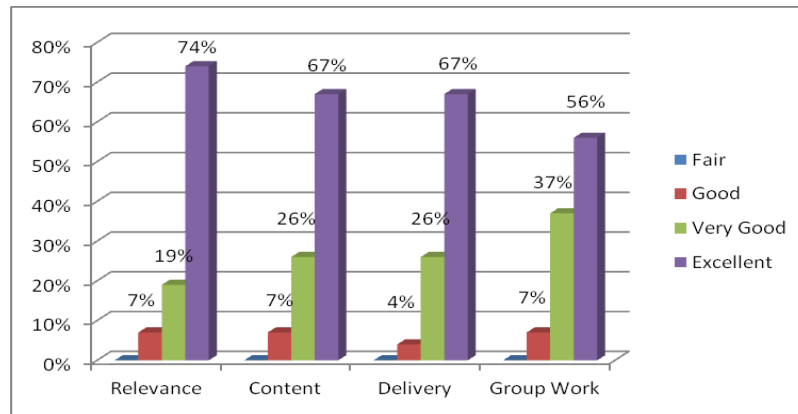

Figure 1. Introduction to Clinical Leadership Workshop

Participants Comments

'I am now aware that working on my e Portfolio will benefit me as a leader and in my career'

'Made me feel that I am doing a good job considering the pressures of my role'

'I need to reflect on my behaviour as a leader and develop my skills'

Self Awareness Workshop

Self-awareness is a process that enables one to learn more about their personal beliefs and values. It enables objective examination of oneself and is considered an important tool during the development of a therapeutic relationship with service users (Kroston & Jack 2016). There is much evidence from the literature that self awareness is fundamental for the delivery of compassionate care and to clinical leadership competency development (Palmiere 2012, Rasheed 2015).

Learning outcomes for Self Awareness Workshop
- Understand values, beliefs and attitudes
- Explore personal, professional and organisational values
- Reflect on how these values are demonstrated by the participant and their team members
- Understand the impact of organisational culture on their team

Overview of Self Awareness Workshop

While participants were provided with theory on self awareness, much of the workshop was experiential and was aimed at enabling participants to explore their own personal values, beliefs and behaviours. The concept of culture within services was explored and participants reflected on the opportunities and challenges associated with specific cultures and how culture shapes behaviour and influences care and service delivery. At the end of the workshop, participants were provided with CLCeP templates to support them to further explore their own self-awareness.
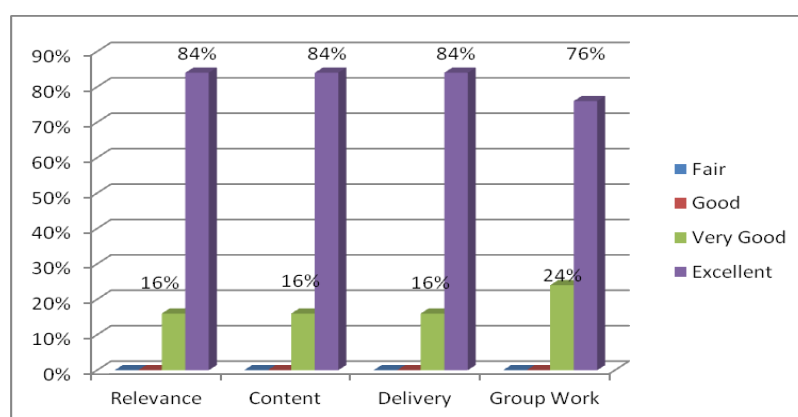
Self Awareness Workshop - Quantitative Feedback

Figure 2. Self Awareness Workshop

Participants Comments

'Be confident and stand by your values'

'Helped me look at some issues I have and to see them from another person's point of view'

'Enabled me to try and understand myself, my personal values and beliefs'

'Excellent, group work offered us the chance to out our new learning into practice'

Needs Led Session 1: Resilience - Accessing your Personal Strengths

Ms Sheila Mulcahy, Frontiers Company, Trainer, Facilitator and Coach.

Sheila facilitated an interactive masterclass on the importance of resilience for everyone. The masterclass enhanced the learning from the self-awareness workshop by enabling participants to deepen their understanding of their own values and beliefs. Using an experiential approach, participants were supported to value themselves, and appreciate their skills, wisdom and strengths, so they can be the best at what they do, and consequently have the resilience to take care of themselves and others.

Participants Comments

'Sheila was excellent with both her content and delivery'

'Great strategies and useful tips look forward to putting them into practice, thank you'

Communication Workshop

Effective communication is a vital tool for clinical leadership leading to high quality, safe care. Ineffective communication remains the most frequently stated cause of preventable adverse events (Irish Society for Quality and Safety in Healthcare 2011).

Learning Outcomes for Communication Workshop
- Understand the communication process
- Understand the importance of Active Listening
- Identify potential factors that could cause a breakdown in communication

Overview of the Communication Workshop

Participants were provided with an opportunity to provide examples of good and poor communication processes in their teams and within their organisations. This enabled discussion regarding the importance of communication and potential and actual negative outcomes that can occur when communication is suboptimal. Role play was used to demonstrate the impact of tone of voice and body language on the communication process and how non-verbal communications is interpreted by others, especially people with language, hearing or sight difficulties. Throughout the workshop participants also reflected on the communication within their specific areas of work, and with their clients and families. The communication needs of their teams and the wider organisation and agencies, such as HIQA were also discussed and key issues identified.
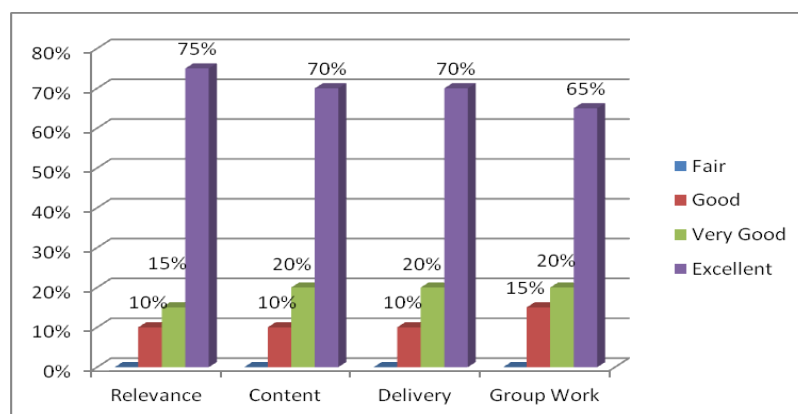
Communication Workshop – Quantitative Feedback

Figure 3: Communication Workshop

Participants Comments

'Communication is such a valuable and important aspect. All information given has been so important to my work'

 'Benefit to all staff in every discipline'

'Made me think about how I actually communicate in different situations, good to tie it into self awareness. Thought provoking and I will be more aware with my team'

Needs Led Session 2: Developing Cultures of Person Centeredness

Lorna Peelo-Kilroe, National Lead for Programme to Develop Cultures of Person Centeredness, Quality Improvement Division, HSE
 Margaret Codd, Quality Improvement Facilitator, HSE.

Lorna and Margaret informed about the National Programme to Develop Cultures of Person Centeredness. A workplace learning approach was used to support participants to reflect on the meaning of person centeredness in relation to their clients, the service they provide, and the teams they work with and lead. The focus of culture was put in context and related to Edgar Schein's model with the emphasis on assumptions made in practice that influence decisions and taken for granted rituals and practices.

A Person-Centred Practice Framework enabled the group to explore their own views on person centeredness and to highlight areas that they and their teams may need to focus on to enhance person-centeredness within their practice. A language exercise enabled the group to explore the concept of person-centred language, and to raise awareness of every-day language used by staff when interacting with clients and each other.

Participants Comments
'Excellent, really makes us think about the language we use in work'

'Very interactive, facilitated reflection and created new thinking around person centeredness'

Needs Led Session 3: Guidance on Work Based Activity Group Work

In this session participants were provided with information on quality improvement and change management frameworks, and other resources necessary to support implementation and sustainability of any initiative (Appendix 1). A number of working

groups, and a lead for each Group was identified and each WBA Group was allocated an NLIC Facilitator. The WBA Group's then explored and agreed some changes or quality initiatives they would like to implement in their own areas. Prior to the next programme day participants were encouraged to explore these options with their colleagues and where relevant with their service users. They were required to agree one on a WBA with their group members and develop an outline of an action plan (Appendix 2).

Participants Comments

'Very informative workshops that will help me make changes with my own team as well as for the project'

'Guidance and narrowing our ideas down by giving us key questions to ask is so beneficial. This was very empowering and meaningful'

'Having the facilitators to work through our questions was really helpful, keeping it simple is a good idea, looking at measurements was really beneficial'

Quality and Safety Workshop

Service users and their families have a right to receive consistent care that is safe and of high quality. Clinical leaders are responsible for enabling and supporting staff to do their job safely, effectively and to a high standard. To do this, staff must be supported to know what they are responsible for and to whom and for what they are accountable and answerable for.

Learning Outcomes for Quality and Safety Workshop

- Explore the importance of Quality & Safety
- Identify and explore how HIQA standards apply to and impact on practice
- Quality Improvement Information - what's in it and where can it be found?

Overview of Quality and Safety Workshop

Following a presentation on the key aspects of Quality and Safety, the concepts of role, responsibility and authority were explored with participants. There was much discussion on the role of the Manager with PIC responsibilities and the role of the Service Provider. A presentation was delivered on governance in relation to the structures, processes, standards and oversight required to ensure that safe, person centered and effective services are delivered.The National Standards for Residential Services for Children and Adults with Disabilities were explored in small groups, with each group taking a theme and exploring their role using Covey's Circle of Concern/Circle of Influence. The feedback demonstrated that participants found this activity to be quite powerful as they became clear on the importance of focusing on areas that they can influence.

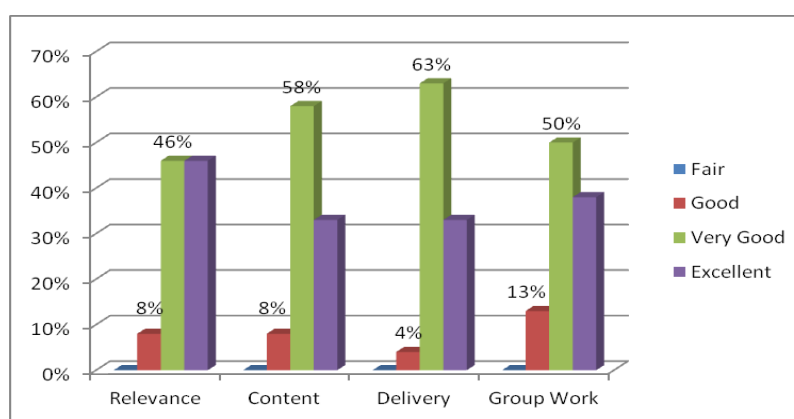**Quality and Safety Workshop – Quantitative Feedback**

Figure 6. Quality and Safety Workshop

Participants Comments

'I realised Q & S is not just my responsibility, it is everyone's'

'Very good presentation on clinical governance and how this relates to our work'

'I now have a good understanding of my role as the Person in Charge and how I can delegate'

'I now see myself as a manager with PIC responsibility and not just a PIC!!'

Needs Led Session 4: Leading Quality Care in Intellectual Disability Services

Marie Gilligan and Patricia Gibbons, Quality Improvement Advisors, Quality Improvement Division (QID), HSE

Marie provided an overview of the role of the 'Person in Charge' using the Health Act 2007 (Care and Support of Residents in designated centres for persons with disabilities) Regulations 2013. The information supported participants to understand the legislative aspect of their role and the importance of using the regulations to clarify their responsibility, authority and responsibility as the manager with 'Person in Charge' responsibilities.

Patricia informed participants about the work of the Quality Improvement Division and how it supports services in the area of Quality Improvement. HSE Quality Improvement Frameworks were presented and participants were guided through the steps of using a PDSA Model of Improvement to implement a quality improvement initiative. The SCD/QID project toolbox for residential services for adults with intellectual disabilities was presented as it provides a range of resources which supports services in implementing good practice and improving the delivery of quality safe services.

Participants Comments

'It was good to hear the legislative information again as it is vital to our role'

'The information on the toolbox was really beneficial as this will be a valuable resource to us going forward'

Team Work Workshop

A team is a group of people with complementary skills who know their goals, purpose, roles and responsibilities and are answerable for their actions (Carter et al 2008). All clinical leaders work as members of a team and therefore it is essential that they have the skills and knowledge of team work to be effective team members. As a team member, clinical leaders are required to be clear about the team's objectives, understand the value of team diversity and the importance of meeting regularly to review their team's performance.

Learning Outcomes for Team Work Workshop
- Identify the skills and behaviours that support teamwork
- Develop knowledge on the different stages of team development
- Understand the value of team diversity
- Explore how the PIC responsibility of the Manager impacts on the team

Overview of the Team Work Workshop

A presentation was delivered on teamwork with a particular emphasis on team development, team diversity and challenges that teams face. Participants reflected on the skills and behaviours they require as leaders and PIC's. The group discussed the benefits and challenges of leading diverse teams, and how they manage diversity and conflict within their teams. To gain greater understanding of how their own teams function, participants completed a questionnaire (Appendix 3) and discussed their findings in small groups. Each group then provided feedback to the wider group which supported informative discussion on team engagement, development and empowerment. Participants regarded peer support as a highly effective mechanism to support them in their roles as Clinical Leaders with PIC responsibilities.
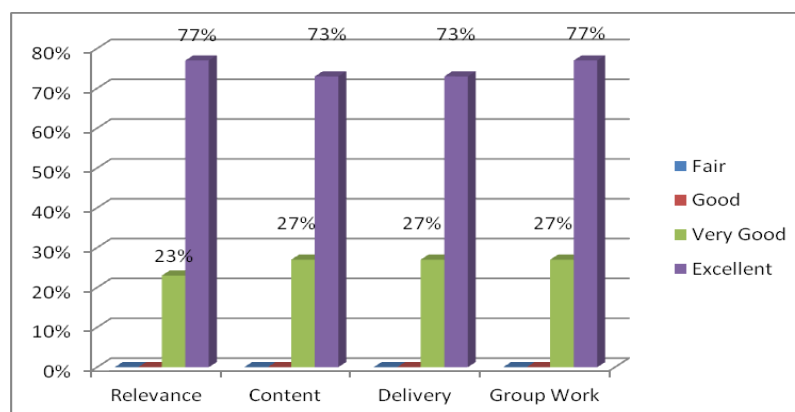
Team Work Workshop – Quantitative Feedback

Figure 4. Team Work Workshop

Participants Comments

'*I realised the importance of being clear on my vision, it may not be always clear to my team*'

'*Conflict management piece was very clear and interesting*'

'*Great to learn the essentials of team building, everyone has something to offer, excellent workshop about team work which I can apply to my practice*'

Needs Led Session 5: HIQA - How can I prepare myself and my team for a HIQA Inspection?

Ms Florence Farrelly, Inspector Manager, Regulatory Directorate, HIQA

From early on in the programme, it was evident that there was a sense of apprehension from participants regarding their PIC responsibility in addition to lack of clarity at times as to what exactly is required of them. In order to support participants, HIQA was contacted and they kindly agreed to send a representative, Ms Florence Farrelly, to present to participants. Florence provided an overview of the regulatory context, the role of the PIC and an overview of what inspectors are looking for. This workshop was very interactive and participants availed of the opportunity to ask questions and express any concerns that they had. Participants really valued this opportunity and it was evident from their feedback that they felt more confident that they are meeting their PIC responsibility after this workshop.

Participants Comments

'*Such a great workshop, really brought confidence in my role as a manager with PIC responsibilities - Thank you*'

'*Very informative and practical. Clarified a lot of issues and very relevant*'.

Decision Making Workshop

Clinical Leaders have a duty of care and are therefore are responsible for their decisions, actions, inactions and outcomes. Clinical decision making is a complex process involving observations, information gathering, and critical thinking, evaluating the evidence, problem solving, reflection and clinical judgment (Standing 2005). The aim of decision making is to select the best course of action/s to ensure safe care and minimises any potential harm.

Learning Outcomes for Decision Making Workshop
- Identify the factors that influence decision making
- Identify the core skills required for effective decision making
- Understand levels of decisions and the use of a systematic process
- Explore decision making in the context of intellectual disability services

Overview of the Decision Making Workshop

Participants reflected on the types of decisions they are required to make in their current roles. This was followed by an exploration of what participants considered core skills necessary for effective decision-making, and the factors that influence their decision-making capability. Participants explored the types of decision they find most challenging, and processes they use when making decisions. Participants were introduced to a range of decision-making frameworks and decision support tools and their use in practice.
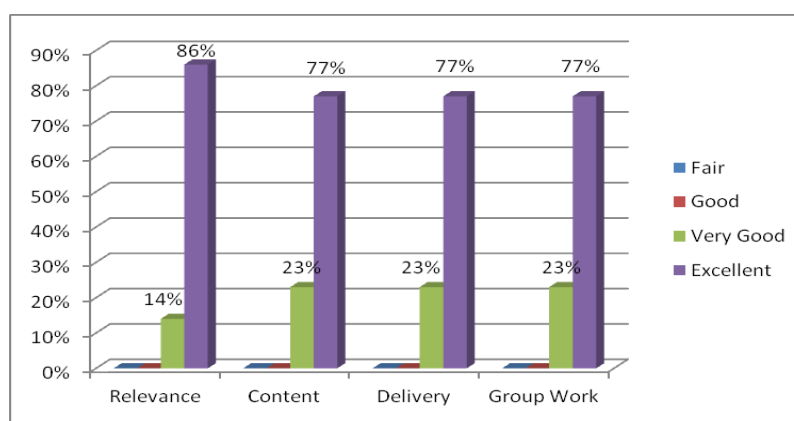
Decision Making Workshop – Quantitative Feedback

Figure 5. Decision Making Workshop

Participants Comments

'Really informative, an area that I really needed some concrete information on'

'The tree analogy is one that I will take through my career'

'Good to reflect on what influences our decisions but also the importance of owning the impact'

Needs Led Session 6: Assisted Decision Making (Capacity) Act 2015 as it relates to Intellectual Disability

Judy Ryan, Project Officer, Nursing and Midwifery Planning Development, Dublin Midlands Leinster

Judy provided a comprehensive overview of the Assisted Decision Making (Capacity) Act 2015 in relation to intellectual disability. Prior to presenting on the act itself, Judy clarified the meaning and relevance of ethics, consent and capacity. Participants were then guided through the principles and implications of the Act for all involved. Much discussion ensued in relation to the changes that would occur due to the act and the feedback demonstrated that participants benefited immensely from this workshop

Participants Comments

'I really understand the act now and can visualise how it will impact on the service users'

'Great to have discussed how this act will impact on services, thank you!!'

Empowerment Workshop

The WHO (2010) defines empowerment as *Taking Control and Responsibility for Actions that have the intent and potential to lead to fulfilment and capacity. For people in residential services empowerment is about inclusion.* Clinical Leaders play a vital role in empowering themselves, their colleagues, service users and families.

Learning Outcomes for Empowerment Workshop
- Understand the meaning and importance of empowerment
- Develop knowledge of how to empower oneself and others
- Identifying ways to promote and support a culture of empowerment

Overview of Empowerment Workshop
Participants were facilitated to explore the meaning of empowerment and to share experiences of feeling empowered in their lives. The factors that support empowerment were explored in addition to potential and actual barriers. Participants were asked to reflect, in small groups, on how they empower their clients and the staff in their teams and to consider how they could use their learning from this workshop to create a culture of empowerment in their workplace.

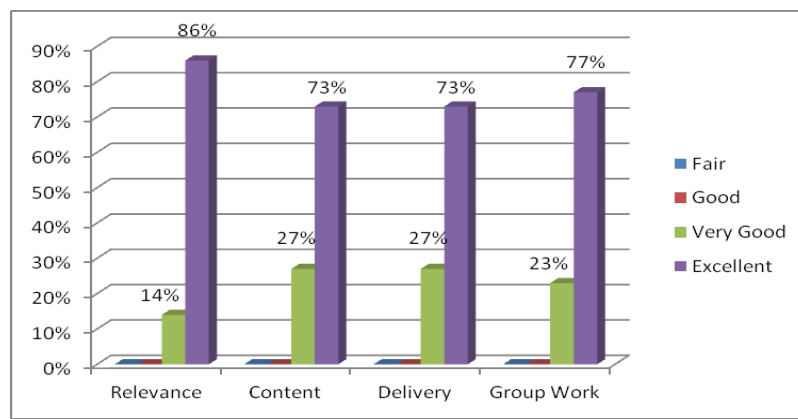**Empowerment Workshop: Quantitative Feedback**

Figure 7: Empowerment Workshop

Participants Comments

'Reflected on what good empowerment is and how it can be implemented into practice'

'Made me reflect on how I empower staff and support them to flourish in their work'

'Importance of empowerment as a manager and leader and importance of empowering your team'

Needs Led Session 7: Human Rights

Ms Mary B Rice: Project Officer, Nursing and Midwifery Planning and Development Unit, HSE West

Mary B delivered a thought provoking presentation on the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Participants were supported to explore the positive impact that the convention will have in relation to people with intellectual disability in Ireland. Participants found this workshop extremely valuable and of significant relevance to themselves, their colleagues and their service users.

Participants Comments

'Excellent presentation on Human Rights'

'Great to get information on the UN Convention'

Needs Led Session 8: Shaping the Future of Intellectual Nursing in Ireland

Ms Liz Roche, Area Director, Nursing and Midwifery Planning Development Units, Dublin Mid Leinster

Liz presented on a national project which aimed to shape the future role of the Registered Nurse Intellectual Disability (RNID) who provide health and social care services to individuals and families in a changing landscape. She noted that this project was led as a partnership between the Office of the Nursing and Midwifery Services Director and the Social Care Division in the HSE. As part of this project a written report including recommendations which clearly identify the contribution of nurses within a health and social model of care was developed.

In her presentation to the participants, Liz delivered a comprehensive overview on the project methodology developed and driven by Professor Mary McCarron and her team in Trinity College Dublin. She outlined the key findings before focussing on the many recommendations that emerged from this work. There was significant interest and enthusiasm from the RNID participants regarding the future of their role and how the recommendations from this project will positively impact on them as professionals working in this discipline and the service users they work with.

The social care participants also found the information extremely valuable and relevant to their role. Further to this session, a number of them were motivated to contact relevant organisations and seek information on the future of the social care leader role in Intellectual Disability.

Participants Comments

'Delighted to know that the RNID qualifications has been acknowledged in this huge piece of work and should be safe in future years'

'There is a need to address the differences between nursing and social care career pathways'

'The whole presentation gave great confidence back to our role as an RNID and validated our choice in career'

Advocacy Workshop

Advocacy in Health Care is seen as communicating and informing service users, protecting them, speaking out for them and building relationships with patients (Hanks 2010). Advocacy also means assisting people with disability to uphold their rights. However, in addition to advocating for service users, clinical leaders also advocate for themselves, their colleagues, their service and their profession.

Learning Outcomes for Advocacy Workshop
- Advocacy in Intellectual Disability Services
- Understanding the meaning of advocacy
- Having knowledge on what effective advocacy looks like?
- Identifying opportunities for advocacy
- Managing challenges in relation to advocating

Overview of Advocacy Workshop

Participants were provided with an overview of advocacy, its importance and their role as advocates for themselves and others. Half of the participants were asked to reflect on a time when they advocated for someone else while the other half reflected on a time when someone else advocated for them. The experiences were shared with the larger group and it was evident that advocacy evokes feelings of being supported and empowered from those who spoke of being advocated for, while it evokes feelings of 'respect', 'care' and 'human kindness' from those who spoke of advocating. The barriers to advocacy were discussed in the large group and ways of overcoming them were explored.
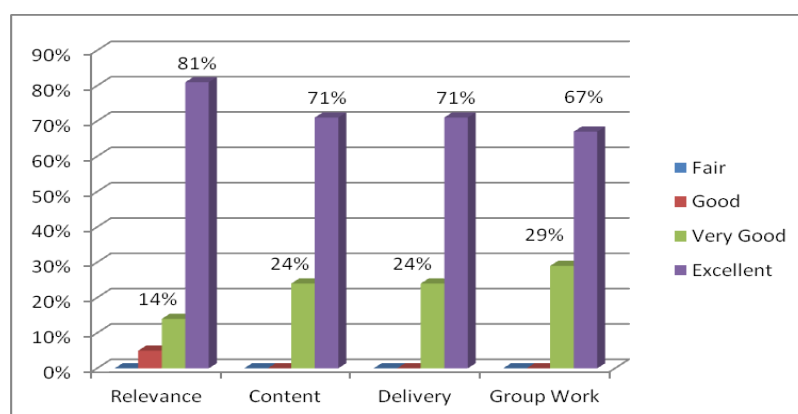
Advocacy – Quantitative Feedback

Figure 7: Advocacy Workshop

Participants Comments

'Really meaningful workshop for our day to day roles as leaders'

'Made me think about the wider role of advocacy, not just advocating for individuals, but actually advocating for system change for example'

Needs Led Session 9: National Advocacy Services

Kavita Sharma, Disability Services, National Advocacy Services(NAS) for People with Disabilities

Kavita presented on her role and the role of the NAS. She informed participants that there are many forms of advocacy such as individual, group, professional, peer etc before she provided a comprehensive overview of the function of the NAS. Participants were provided with examples of the work of the NAS which supported them to understand how they could use the NAS in their services.

Participants Comments

'Really interesting presentation on the NAS from Kavita, I was not aware of the level of support they offer'

'Kavita's presentation was excellent'

Needs Led Session 10: West Meath 'Change our World' Self Advocacy Group (Service Users)

Further to Kavita's presentation, 6 service users from the West Meath 'Change Our World' Self Advocacy Group presented on their experience of setting up and being part of a self advocacy group. The service users informed participants of the benefits and challenges that they face as individuals and as a group. Participants took the opportunity to seek permission from the service users to contact them in the future for support in establishing other Self Advocacy Groups. Participants really benefited from meeting with the service users as demonstrated by their feedback:

Participants Comments
'Service users presentation was invaluable, shows the importance of empowerment & sense of achievement from advocacy'

'Powerful to see service users articulating and expressing their wishes, dreams and needs through their own self advocacy group and how empowered they are'

'Service user presentations should stay in this leadership programme going forward, they were inspiring'

Overall Programme Feedback (Online Survey)

On completion of the programme, all participants were asked to complete an anonymous survey via a link to survey monkey that was e mailed to the entire group. Of the 26 participants, 14 completed the survey. The responses were as follows:
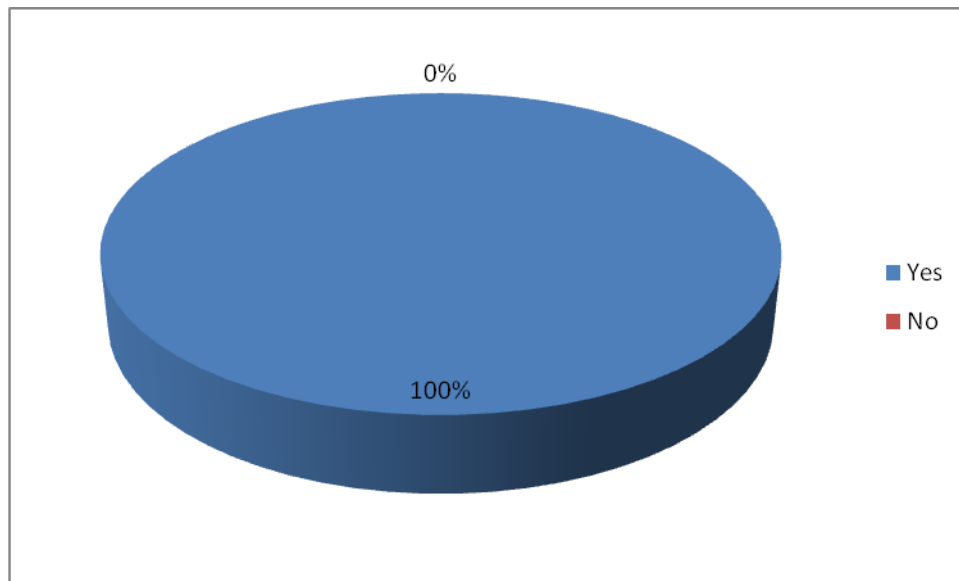
**1. Overall, how would you rate your experience of undertaking this programme?**
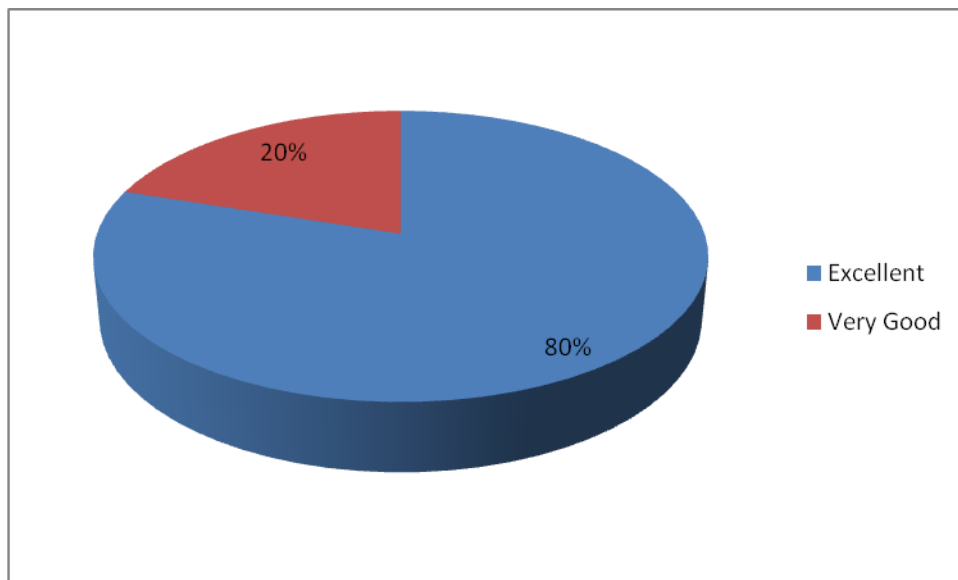
2. The format of the programme and interactive workshops encouraged me to ask questions, participate and learn
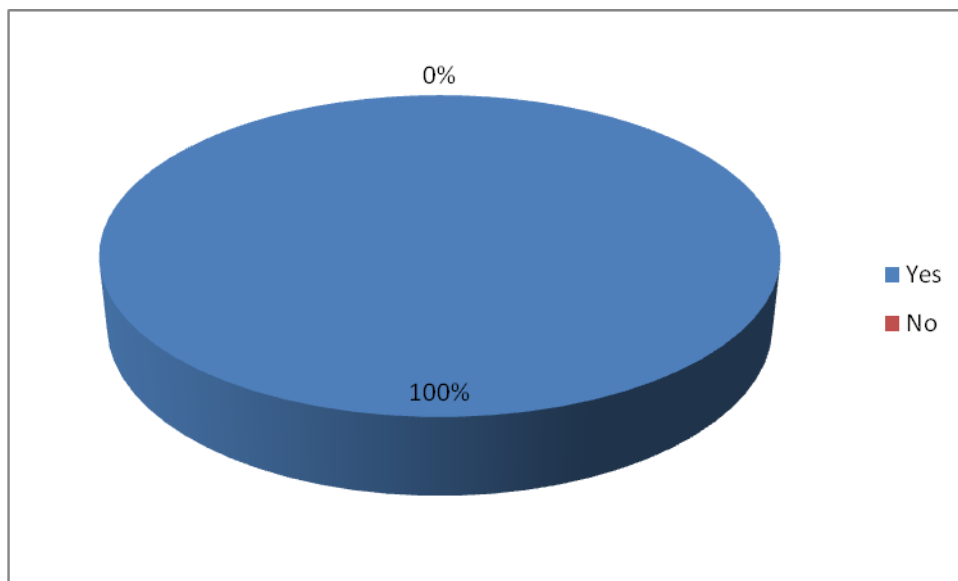
3. The inclusion of outside presenters enhanced my learning

0%

100%

- Yes
- No

4. Throughout the programme the facilitators supported me to develop my leadership knowledge and skills

0%

100%

- Yes
- No
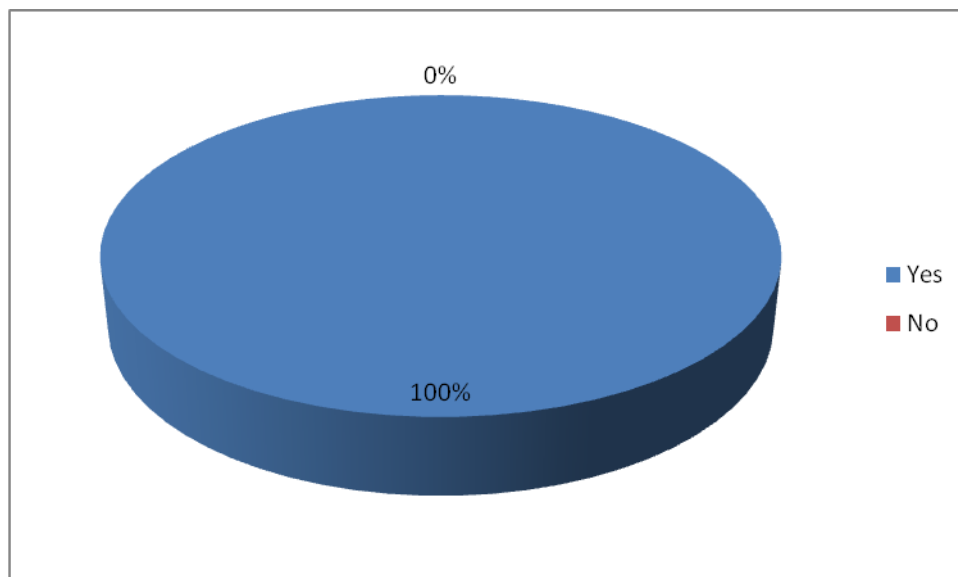
5. Please comment on your experience of undertaking the Work Based Group Activity

' It helped me to develop my own confidence and skills in approaching a project in a systematic manner'

'I gained great knowledge and skill completing the Work Based Activity, it gave me the opportunity to engage with others in the wider service and enabled networking, we have shared a lot of other information with one another from working together on the Work Based Activity'

'I really understand now how to use the PDSA model to successfully implement quality Improvement initiatives. By actively carrying out the Work Based Activity with my group, I learned so much and it was great to see our initiative being used in practice by colleagues'

'The learning has given me increased confidence and knowledge to undertake a new project with my team'

Feedback

6. What were the most valuable aspects of the programme?

'Networking, experience sharing, practical advice and support, application of theory to real professional situations, support with planning and strategies for quality improvement, engagement with experts and colleagues'

'The workshops, the interactive experience, having participants from different organisations and locations, the opportunity to share knowledge and support within the group and the flexibility with which the course was delivered'
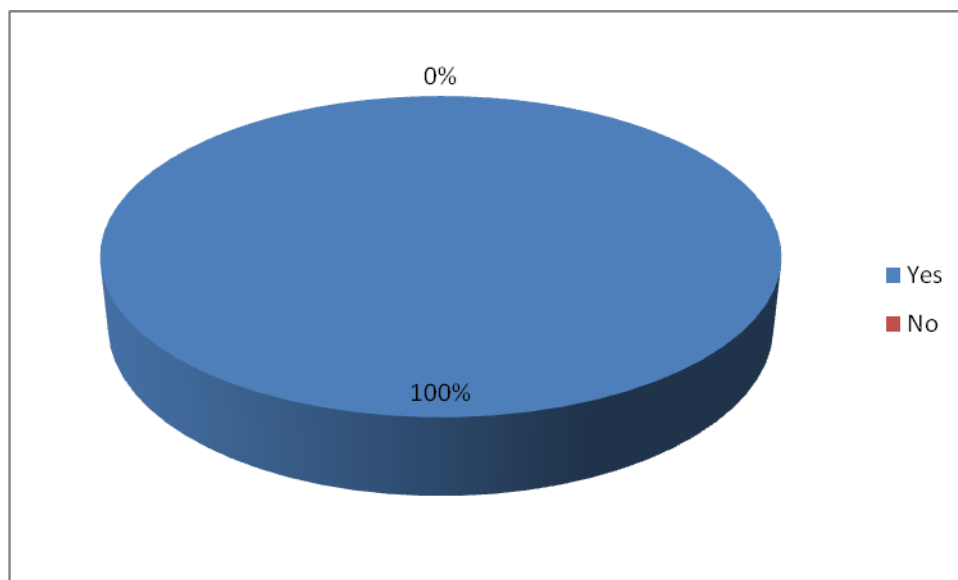
'Every competency brought different knowledge and enabled us to gain new ideas/share information, I no longer feel responsible for issues outside of my control and feel better able to say this to colleagues'

'I felt this course targeted my specific needs as a Manager with Person in Charge Responsibility and that supported me to acquire develop knowledge. It was wonderful to leave the course feeling empowered and knowing that we do a valuable job'
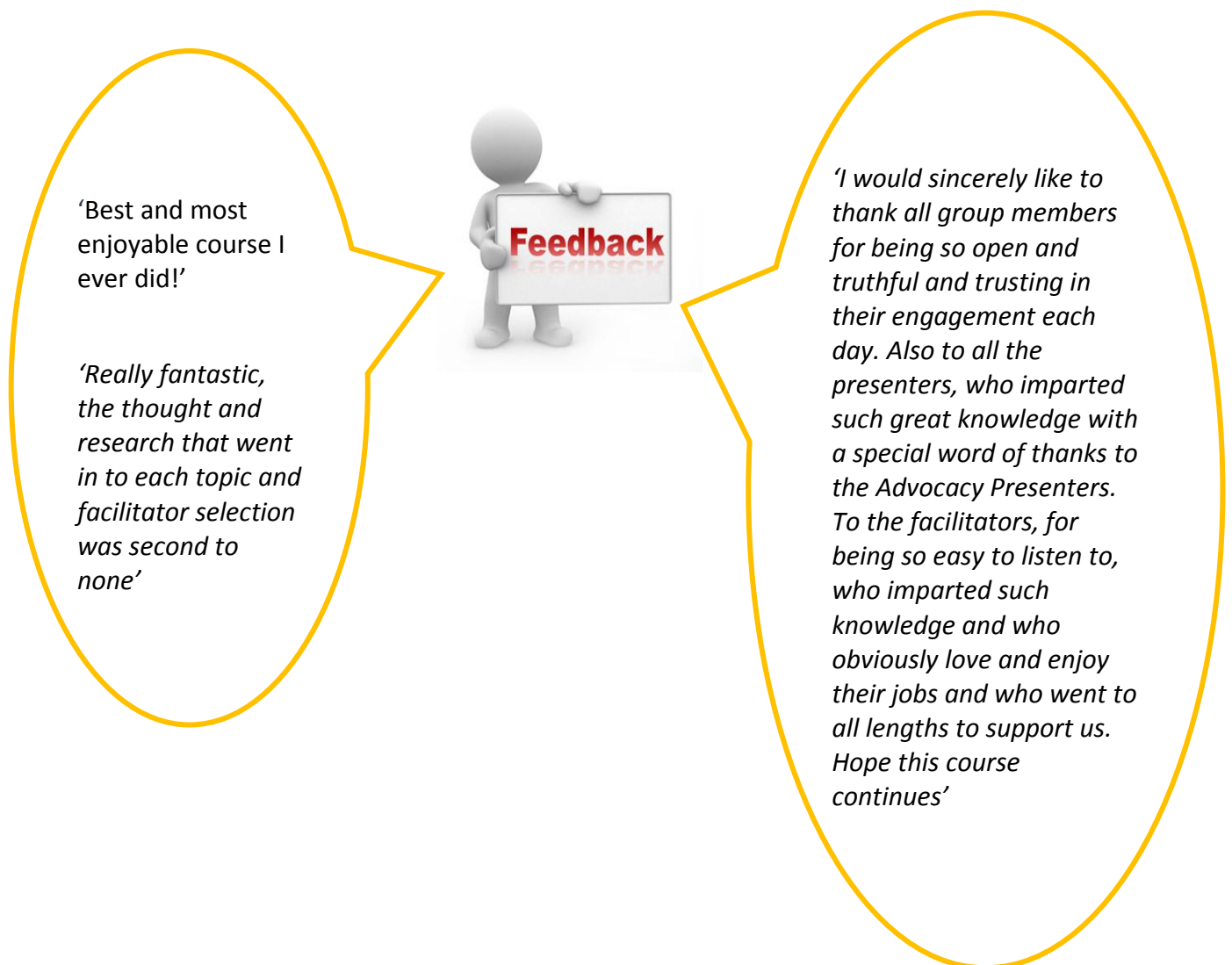
7.   What specific aspect would you change about the programme and why?

'While the course was excellent and met our requirements, I do feel 7 days was too long, it could have been condensed into fewer days'

'Perhaps more scheduled time to work on the WBA, as it was a challenge of our group to meet as a group outside of these allocated days'

8.   Would you recommend this programme to a colleague?

9. Please feel free to add additional comments and/or suggestions for the programme

'Best and most enjoyable course I ever did!'

'Really fantastic, the thought and research that went in to each topic and facilitator selection was second to none'

Feedback

'I would sincerely like to thank all group members for being so open and truthful and trusting in their engagement each day. Also to all the presenters, who imparted such great knowledge with a special word of thanks to the Advocacy Presenters. To the facilitators, for being so easy to listen to, who imparted such knowledge and who obviously love and enjoy their jobs and who went to all lengths to support us. Hope this course continues'

Forum Day Event

The forum day event was held on the 31st May 2017. The event was attended by many senior managers, line managers and staff from both Daughters of Charity Service and St Michael's House Services. There was representation from the Dublin Mid Leinster and HSE West/Mid West, Nursing and Midwifery Planning Development units. Many of the external speakers who had presented on the programme also attended the event.

The key note speaker was Professor Mary Mac Carron, Professor of Ageing & Intellectual Disability School of Nursing & Midwifery and Dean of Health Sciences, Trinity College Dublin, who presented an inspiring overview of her leadership journey which provided a wonderful insight into the need to seek out development opportunities and overcome challenges to be a successful leader. Many participants found this presentation particularly relevant as Professor McCarron has a background in Intellectual Disability Nursing.

A major component of the forum event was the presentation of the Work Based Group Activities. The presentations were excellent and it was evident that participants had experienced significant personal and professional leadership development and that their learning had positively impacted on their colleagues, their service users and the organisations in which they work in.

Presentations

The following is a summary of each of these presentations:

Group 1: *Act Fast and Reflect in Time*

<u>**Participants**</u> Daughters of Charity Service

Martha Buckley, CNM2, Lisnagry

Patricia Hayes, CNM2, Roscrea

Gael Mulvihill, CNM2, Lisnagry

Breda O' Connor, CNM2, Lisnagry (Group Lead)

Sandra O' Doherty, Area Manager, Roscrea

<u>**Background**</u>

Under HIQA Regulation 26 (1D) it is required that the risk management policy includes arrangements for the identification, recording, investigation of and learning from serious incidents or adverse events involving residents. It had been identified during recent HIQA inspections that there was inadequate investigation and learning from some incidents. After reflecting and critically reviewing the latter, the group felt that a reflection template would support staff after a critical incident.

Prior to developing the template, a questionnaire was distributed to staff in all 5 units to establish if they agreed with the proposal. 61% felt they would benefit from a reflection template and support, 23% said they only needed a reflection template and 16% said there was no need for support or a reflection template.

<u>**Reflection Template and Flow Chart Development**</u>

Having identified the need for a reflection template, the group developed the document in collaboration with key stakeholders such as their line managers and the Quality and Risk Officer. Prior to finalising the template, a draft reflection template was tested following 7 incidents and feedback was extremely positive:

- A student nurse commented that she '*appreciated time to reflect in a formal manner*' and '*had time to discuss incident*'

- Another staff member '*felt valued because her opinion was considered important*'.

Overall staff members
- Recognised the importance of using the reflection template following critical incidents
- Felt it provides an opportunity to review existing Behavioural Strategies with complete staff involvement
- Identified learning and where changes were required – actions were carried out.

Using the feedback from the test phase, the reflection template was finalised (Appendix 4) and a flow chart was developed to support staff with the process to follow following an accident/incident (Appendix 5).

Opportunities:
1. Building relationships with colleagues from different centres
2. To visit another centre
3. Information sharing
4. To learn, devise and implement a quality improvement plan

Challenges:
1. Overall very few challenges – good teamwork
2. Different reporting systems
3. Time to meet – co ordination of meetings

Where to now?
1. The Flow Chart and Reflection template to be shared with the wider Daughters of Charity Service through appropriate channels
2. Plan is to implement the template into all Residential/Community Settings
3. Education will be provided as part of Risk Management Training which includes incident reporting & investigation
4. Laminated flow chart and Reflection Template will be distributed to all areas to support implementation

Group 2: *Who's at the Door?*
Participants: Daughters of Charity Services Dublin

Fiona Colgan Social Care Leader (SCL)
Fiona Conlon SCL
Deirdre Feerick SCL
Carmel Gormally CNM1 (Group Lead)
Joanne Lemasney SCL

Background
The participants from Group 2 felt that there was a lack of awareness among staff about the content of HIQA Action Plans, especially in relation to actions required to address the HIQA recommendations. In addition, they identified that while this information was available, staff did not always know where to access it. This was identified as a source of stress especially during unannounced HIQA inspection. The group explored what they could do as managers to ensure staff knew where the Action Plan was held and the status of each recommendation. They believed that easy access to this information could reduce this stress especially during unannounced inspections.

HIQA Action Plan Progress Sheet
The aim of the WBA was to develop a HIQA Action Plan Progress Sheet. The progress sheet would include:

- Information on each specific recommendation and status of work to date
- The progress sheet would be located in a specific folder
- All staff would be made aware of the contents of the folder and how to use, especially during an inspection

An important part of the WBA was collecting and reflecting on evidence to establish what '*actually was the current situation*', and what the *"ideal might look like"* The evidence provided a baseline so that improvement could be measured over time. The group discussed the idea of a HIQA Action Plan Progress Sheet with staff in their areas who were very supportive of the initiative. A questionnaire was completed by staff members (18%) and 100% agreed that there was a need for a specific folder containing HIQA Action Plan Progress Sheets and this folder would be stored in a specific location. Further to this evaluation, the Group developed a draft Progress Sheet (Appendix 6).

Opportunities
1. The WBA provided an opportunity to review systems and processes in relation to HIQA Inspections, especially communication practices

2. As managers/leaders, it offered a very practical way of empowering staff, to give them the confidence to manage HIQA Inspections
3. It is anticipated that the new system will reduce stress and anxiety often associated with these occasions.

Challenges

1. Finding time as a group to meet to progress project.
2. Ensure a practical resource was created which did not add to the administrative burden
3. Maintaining a clear vision around their goals

Where to now?

Plans in place to test the use of the progress sheet in their own work areas and provide staff with information on its function and use. The test phase will take place over a six month period. The group will monitor its use during that time and will evaluate its effectiveness at the end of the trial period.

Group 3: *The List is Endless*

Participants: St. Michael's House, Dublin

Niamh Brennan (CNM 2)

Leah Bohol (CNM 2)

Maria Lobo (CNM 1)

Sinead Mc Cann (CNM 2) (Group Lead)

Ann O'Dwyer (CNM 2)

Niamh O'Shea (CNM 1)

Aim

To develop a comprehensive list of all documents required for a disability service for our unit for the Health Information and Quality Authority (HIQA), under the Health Act 2007.

Background

The participants felt that staff in their areas were not always aware of the specific documents required by HIQA or of the location of these documents. They believed that a list of these documents would support staff with this issue. A questionnaire was distributed to 15 staff members in 5 areas to identify if they agreed that a list of the documents and their location would be beneficial. 80% agreed that it would and 20% disagreed. At the forum day, the group were in the process of developing the list.

Opportunities

1. Opportunities included networking within the organisation and externally
2. Learning opportunities with engagement from different disciplines
3. Time away from the unit to self reflect on our roles

Challenges

1. The challenges which occurred included limited opportunities to meet as a group
2. Communication was a challenge at times

Where to now?

1. Within all 5 centres the learning from the 7 clinical leadership competencies will be applied formally and informally, throughout daily practices.
2. The list of documents required by HIQA will be finalised and their location in each unit will be included. Time has been allocated for this.

Group 4: *Policy Power*
Participants: Daughters of Charity Service

Stephanie Gartland, CNM2/PIC in St. Louise's Centre, Chapelizod (Group Lead)
Leilani Torralba, CNM1/PIC in St. Vincents' Centre on the Navan Road

Aim
The aim of this WBA is to create a system that would ensure that staff have read, signed and clearly understood the most important policies in the work practice.

Background
The participants were aware that policies were not being read and signed and at times when they were read, they were not being adhered to. Staff reported that they had insufficient time to read the policies particularly when they were lengthy and at times, there was confusion in relation to some of the information in the policies. This group decided to allocate time at their monthly team meetings to policy awareness. One policy would be chosen per month for staff to review, this policy would be discussed at the monthly meeting and staff would have an opportunity to clarify any areas that were unclear to them.

Steps taken
1. A letter was circulated to all staff teams explaining the new policy awareness initiative
2. Guidelines on developing policy awareness were developed and displayed (Appendix 7)
3. In order to test the WBA, the safe guarding policy from the Schedule 5 list was chosen
4. Individual staff were allocated time to read the policy selected
5. Staff meeting agenda included 10 minutes for open forum following guided questions
6. Evaluation forms were distributed for completion at the end of the workshop

Evaluation
All staff were allocated time to read policy regardless if they could attend the meeting or not. In order to evaluate the initiative, a total of 12 staff completed a questionnaire and the results are as follows:

- 12/12 staff were given opportunity to read the policy before hand
- 12/12 staff found the process beneficial
- 11/12 of staff gained more clarity on the main points of the policy
- 12/12 staff felt more competent in applying the information to their work practice

- 10/12 staff felt their knowledge of this policy was now very good and 2 staff felt it was excellent

Comments from Staff

'Good to review policy and to discuss in a group rather than just read individually'

'Good opportunity to review a policy and gain clarification – very effective'

Impact on Service
1. As Managers with PIC responsibilities, the participants feel more confident that their teams have a better understanding and are updated on the safeguarding policy
2. They felt it was good to support staff in understanding the policy by relating it to examples from their area
3. Following feedback from the questionnaires the process was found to be positive and worthwhile

Opportunities
1. It is hoped that this process will support managers in PIC and PPIM roles to ensure that their staff are updated and knowledgeable in relation to policies
2. It is anticipated that these guidelines will provide structure to it and make it easy to follow.

Challenges
1. Challenges arose in trying to make time for policy awareness in the monthly team meeting agenda and in ensuring staff read the policy in their allocated time.
2. Staff who do not attend the monthly meetings do not get the full benefit of this process

Where to now?
1. Seek organisational approval for the guidelines and distribute to all Managers with PIC responsibility in Daughters of Charity services
2. Continue this process on a monthly basis and use it to review policies pertinent to our areas
3. Focus on Schedule 5 policies but also include some clinical policies and procedures as they are developed.

Group 5: *What is your HIQA baseline?*

Participants: Daughters of Charity Service Dublin

Caroline Farrell CNM 2
Lynn Galligan CNM2
Kathy Sheridan CNM2 (Group Lead)
Clare Sweeney CNM2

Aim

The aim of this WBA was to establish a baseline of staff knowledge on the role and function of HIQA and evaluate the information needs of the staff.

Background

As leaders and managers the participants acknowledged that setting and maintaining standards is critical for the provision of good quality care and services.They believed that this could be achieved by ensuring staff have access to accurate and up to date information. The IHI Model for Improvement was used for this WBA.

Gathering Evidence

The participants firstly reflected on their own knowledge of HIQA, HIQA Standards, and the inspection process and having done this, they then used a questionnaire to explore the information needs of staff in relation to HIQA. A questionnaire was distributed to 16 members of their teams (4 from each site), the profile of participants ranged from household staff to senior staff nurses. 86% of staff (n = 13) completed the questionnaire which provided the following information:

- \> 80% were confident that they knew the role and function of HIQA, the PIC, the Service provider and their own role and function in the HIQA process
- 84% of staff were confident they knew what their role and function was in relation to HIQA
- 100% of staff surveyed had access to HIQA Reports
- 70% were engaged in developing HIQA Action Plans. However > 50% **indicated** they would like more information on the process and what was actually involved.
- 100% staff were aware where HIQA Reports and PPG's were stored on the Unit
- 77% regularly used PPG's to guide practice

Staff were asked how they would like to receive information about their role in relation to HIQA:

- 47% favoured " group information workshops"

- 15% would like "hand-outs"
- 15% would like more "formal" workshops
- 8% would like regular "Q&A" workshops

<u>Where to now?</u>

By gathering evidence from all 4 sites the participants identified the information needs of staff in relation to the HIQA inspection process. They plan to share the findings with their teams, line managers and other key stakeholders. The PDSA framework will be used to develop a plan of action that will include an education programme and a process for implementation and evaluation.

Group 6: *Service Users Formal House Meeting Record*

Participants: Daughters of Charity Service, Limerick

Louise Hartigann,SCL

Liubou Houlihan, SCL (Group Lead)

Annette Meade, SCL

Linda O Brien, SCL

Aim

To redesign the Service User House Meeting template using feedback from staff and service users and to establish effective procedures for carrying out formal meetings with the service users. This WBA grounded itself in the principles of Service's accountability and service user-centeredness as core approaches to practice.

- Service manager approved the project to commence
- Survey design/ pre-pilot survey distribution
- Data collection / data analysis
- Template redesign/new template distribution
- Post-pilot survey distribution
- Data analysis
- Results presentation (Service Manager/ Forum)

In order to explore the need for the existing template to be amended, a questionnaire was distributed to 19 staff across 6 Community Residential Service houses. Feedback demonstrated that 64% were not satisfied with the current format and 36% were satisfied. Detailed survey data analysis provides more in-depth understanding of the areas for improvement on the current Template. The results showed that the lowest satisfaction level with the current template was in the areas of staff's accountability and distribution of actions following Service User's requests or discussions. Using the information from the questionnaires, changes were made to create the following Service User House Meeting template (Appendix 8).

Evaluation

A post-pilot survey showed significant improvement of employee/service users overall satisfaction with the new template. Many staff commented on the availability of the agenda items for the house meetings that resulted in a more meaningful way of carrying out house meetings. For example, picture format allows for a person-centred approach and inclusive communication with the service users. The meeting agenda is very clear and there is service users' inclusion and participation in the running of the house. Individual staff, who are responsible for the actions within an identified timeframe, are clearly identified on the

sheet. Managers with PIC responsibility are supported to follow the progress of actions and produce evidence to the internal or external auditors as well as being able to effectively address issues with the team members. Further to the implementation of the new template, staff were asked to rate their experience of using it. 100% said they were satisfied with it.

Impact on Services
1. Created a sense of Inclusion & participation for both staff and service users
2. It supported Accountability & Task Delegation
3. Clear roles could be established with consistency across the Service
4. There was much learning and development in relation to using a Model for Quality Improvement, creating the template, implementing it and testing it
5. Led by managers and leaders with PIC responsibility who acted as effective leadership role models in all aspects of the WBA

Opportunities
1. Implementation across the Service

Challenges
1. Managing time to complete the WBA

Where to now?
1. Pilot the template
2. Share information about the programme and the WBA
3. Monitor & review after 3 – 6 months

Feedback on the Programme from Senior Leaders

When the programme was completed, the NLIC received many e mails from senior leaders complementing the programme. The following are a sample of those received:

'No words can describe how I as a Director of Nursing have seen this programme enhance and develop our front line Leaders and develop them into competent, confident Managers who are also Persons in Charge of designated areas. Participants said it was the best experience of their lives and the reason for that was the commitment, interest, knowledge and guidance of the facilitators and all the external speakers who were so inspiring. Participants feel they have developed their analytical, resilience as well as their reflective skills'

Sr Marian Harte, Director of Nursing, Daughters of Charity, Intellectual Disability Services

'I would like to add my sincerest compliments on this programme, what I especially observed was that each participant had a "Ah Ha" moment at least once throughout the programme and it had a profound effect on them. The forum day was such a positive day for us as managers as it showcased our future leaders'

Ms Grainne Bourke, Director of Nursing, St Michael's House, Intellectual Disability Service

'At an event on May 31st participants on the programme presented their work based projects to their programme colleagues, service managers, senior nurses and invited guests. These six projects were undertaken in groups; facilitating the application of knowledge and skills gained from the programme whilst improving one aspect of care/practice. All of these excellent projects demonstrated positive group working, acknowledgement of the wider agenda and financial resources available. I encourage group members to share their work internally within the Daughters of Charity/St Michaels House and in external publications such as the HSE's 'Health Matters'

Ms Liz Roche, Area Director, Nursing and Midwifery Planning Development Units, Dublin Mid Leinster

Further Outcomes from the Programme

Following delivery of this programme, many of the participants have kept in contact with the NLIC facilitators and are continuing to develop their leadership competencies. Some of them have shared their Work Based Activities with other services while others have presented on them at intellectual disability events which demonstrates sharing of learning and knowledge from the programme.

Future of the Programme

The NLIC have had several requests from Intellectual Disability Services to deliver this programme to their Managers with Person in Charge Responsibility. It is anticipated that the programme will be delivered nationally in 2018.

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Appendices

Appendix 1: Guidance Document for Work-Based Activities

Research demonstrates that implementing any new idea or attempting to change a practice can be fraught with difficulties and obstacles. The use of an appropriate framework can guide you and your team through the various stages and activities required for success. It will also enable you to identify the resources and the structures necessary to support the change and ensure long term sustainability. A framework acts as a road map and it also encourages you and your team to take a global view of what needs to be achieved, and by doing so will help avoid some of the pitfalls. Within the context of this Leadership programme, a "Team" refers to the staff you lead or work with every day. The term "Group" refers to members of your Work-based Activity Group.

There are two frameworks offered below, one is the *IHI, Model for Improvement* [2] the other is the ADPIE, more commonly known as Nursing *Process*.[3] Included also are the *Drivers for Quality*[3] presented by Patricia Gibbons on Day 2 of the Leadership Programme. The *Drivers* are the critical structures required to support the introduction of new initiatives within an organisation. Combining the *Drivers* with one of the frameworks will guide you, your team and your Work-based Activity Group through the *thinking, planning, and implementation* and *evaluation* stages of your Work-based Activity. Both the frameworks and the drivers can be adapted and used to implement any change or quality initiative.

Model for Improvement

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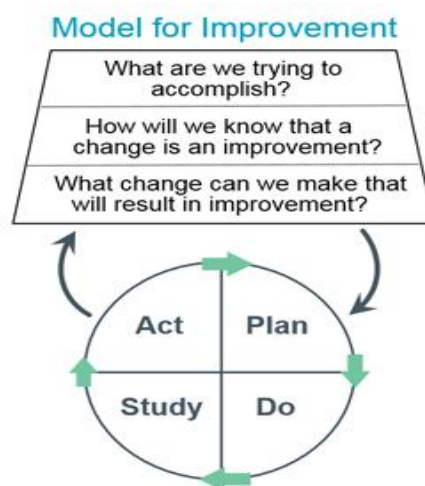
[2] Institute for Healthcare Improvement available at www.ihi.org

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3 Health Service Executive (2015) Framework for Improving Quality available at www.hse.ie

IHI Framework

The IHI framework has two specific phases. The first is the *Questions Phase.* To guide you through this phase the IHI recommend you use the three key questions outlined in the diagram. The second phase is the *Planning and Doing Phase* and this phase enables leaders/managers to plan and test out potential answers to the issues identified in the question phase. These 3 questions can also be used with Nursing Process Framework or any other framework.

Phase 1: Questions

Q1: What are we trying to accomplish?

To answer the question you, your team and colleagues in your Work-Based Activity Group first need to know what the real problem or issue is. To answer the question you need to gather the evidence because, it is only by reflecting on where you are now and establishing exactly what the current situation is that you really come to understand what you need to do. When you have the evidence, you may discover what you thought was the issue or problem may not be the problem, or there may be other issues.

Gather the evidence.
- Get to know the current situation in detail – ask staff, clients, families, anyone directly or indirectly effected or involved
- Use observation charts, make notes, review documentation
- Is there a protocol or guideline you can use to benchmark what is happening in your area against best practice?
- From your Team's perspective, what is the problem?
- From the Group's perspective, what is the problem?
- What is happening in other areas within your service, what difference does the way they do some make and to whom?
- *Collect data*: Baseline data is not only essential to determine the problem it also necessary for evaluation and measurement. (Note* as well as facts and figures data may include views of staff, feedback from clients, review of complements or complaints, service managers input).
- What might the "ideal" look like to you, your Team and the members of the Group?

Q2: **How will we know that the change is an improvement?**

The only way to know that a change has or is bringing about an improvement is to measure. Therefore, as Team or Group you need to discuss

- How and what are you going to measure?
- Who will you collect data and or feedback and when?

- How might you collect the feedback or data?
- Are you going to use quantitative measures (data & figures) or qualitative measure (feedback) or both- which is most appropriate?

Q3: What changes can we make that will result in an improvement?

The more involved or effected by a situation, the more likely people are to know what needs to change, and what will or will not work. So discuss the issue, share information and ideas with others. Sharing ideas will not only enable you to get a global view of the situation, it is a great way of ensuring early "buy-in" from you key stakeholders. Whom you ask may depend on what you are going to implement.

- Ask service users, families, and staff for their ideas – document your own and their thoughts on what needs to change or adapted?
- What members of the Multi Disciplinary Team do you need to speak to? Perhaps you need to link with quality and safety officer, fire officer, infection control?
- Find out what is happening in other parts of your service, and in other services
- Look at the healthcare research and research outside healthcare arena
- Select and agree what needs to be changed, or implemented or amended
- Write your aim statement

Writing the Aim Statement

The aim statement should be specific and time-framed. It should clearly identify specific population or others affected by the new process or change. However as the leader you need to be flexible, as the aim statement may need to change following the planning stage, or your first PDSA test or as more information or data is collected.   A good way of thinking about your aim statement is to ask the following questions:

- What will improve or change?
- When will it improve or change?
- How much will it improve or change?
- For whom will it improve or change?

Examples of Aim Statements
- *Reduce the incident of falls on A Unit by 80% within six months*
- *Develop a protocol for recording service user falls in a unit within 2months*
- *Audit 2 care plans on Unit A every week for the next 12 weeks and address deficits within 48 hours.*

Phase 2: Planning and Doing Phase

The IHI-PDSA framework comprises of **4** Stages, **Plan**, **Do, Study** and **Act.** The PDSA is simply a cycle of actions that enable you to test a new idea with a small group or in a specific site or area. From the test or test site, you will be able to see what difference the new idea or initiative makes, what impact it has and on whom? Testing enables leaders to learn by doing, and to work out the glitches and to make adjustments (if necessary), before retesting or implementing across a whole service or unit. Testing helps leaders to get the balance right because implementing something new in one area can have a ripple effect, and that effect can have a positive or negative impact on others or on other parts of the system. You may also use a PDSA cycle to test out an initiative before trying to sell the idea to your manager or before you develop a business case. The PDSA framework is referred to as a *cycle*, because new ideas may need more than one test before full implementation can take place.

Stage 1: Plan
The key to a successful PDSA cycle is in the planning. The **plan** stage is about agreeing what needs doing, how, when and by whom. Planning is also about communication and identifying resources and the risk associated with the work. When you have identified what you need to do, the next step is to write up your plan. A Work Based Activity or action plan is a formal approved document that guides you on precisely how you are going to get things done. It not only helps to identify the actions required to meet the objectives of your aim statement, it will also keep you and your team focused and organised. Listing milestones in your plan helps to breakdown bigger tasks in smaller more manageable tasks. Having a clear plan increases the transparently of your work and enables you to monitor various activities. Depending on the scale and size of the initiative, you may need to include a separate business case, a budget plan and risk management plan. For most small initiative, these details can be included in the Work Based Activity/ Action Plan.

Reflections during Stage 1
- Review the data and information collected in Phase 1
- Brainstorm again- Identify what is going well from what you might need to improve
- Identify the major steps you will need to take to bring about the improvement or change
- What is the time -frame for each of the steps?
- Who owns this piece of work? You, your manager, or the Service?
- Who will sign- off on your action plan?
- Who do you need to be involved?
- What are the issues involved and what are the alternatives?
- Does the change involved a cost (resources, equipment, salary)?

- What baseline data do you need to collect?
- What and how are you going to evaluate what you are doing?
- Whom do you need to communicate or engage with?

*When you have completed the Plan stage you may need to modify your Aim Statement *

Write up Action Plan

Stage 2: Do

The **Do** stage is about implementing your action plan, it involves collecting data and information to enable you to determine if the change or new practice has made a difference. During the **Do** Stage (implementation), you and your team should document any unexpected problems or other observations or unexpected effects.

Stage 3: Study

The **Study** stage involves using your aim statement and the data gather during the **Do** Stage to determine:

- Did your plan bring about the improvement or the change that you wanted? If yes by how much? Or how little?
- What actions worked well?
- What needs to be amended or modified? What needs to be totally changed? And more importantly Why?
- What were the key lessons learned?
- Were there unintended side effects? (Balance – impact on others)

Stage 4: Act

The **Act** stage is an opportunity to reflect on the plan, the actions and the outcomes. If you or your team determine the action plan resulted in success, then you can standardise the new practice and begin to use it regularly. You may need to develop or amend an existing guideline or protocol to support the new practice. If the actions did not bring about the desired results or the plan was interrupted by something unexpected, or you believe a different approach would be better or give better results return to Stage 1 **Plan** and develop a new action plan. The **Act** stage is also an opportunity to identify the steps needed to bed-in and sustain what you and your Team / or Group achieved.

Celebrate and Share the Learning

Implementing new ideas or bringing about a change in practice or routine is not easy and often involves time, energy and resources. So celebrating your successes – however small is very important. Equally important is sharing information and experiences with your colleagues and with the wider healthcare community.

ADPIE Framework/ Nursing Process

ADPIE is a simple but very effective framework, which you and your Team or Group can use to guide your Work Based Activities. Indeed the ADPIE is an ideal tool to use to guide the implementation of any new initiative especially if you do not need to test out something. The **5** steps can also be used a decision-making framework. Most nurses and midwives will be familiar with the **5 Steps,** Step 1 **Assess,** Step 2 **Plan**, Step 3 **Diagnose**, Step 4 **Implement**, and Step 5 **Evaluate**. As with the PDSA, ADPIE is also cyclical process. When combined with the 3 IHI Questions and the HSE Drivers for Quality both the PDSA and the ADPIE offers structure, prevents replication and ensures the right change is made for the right reason.
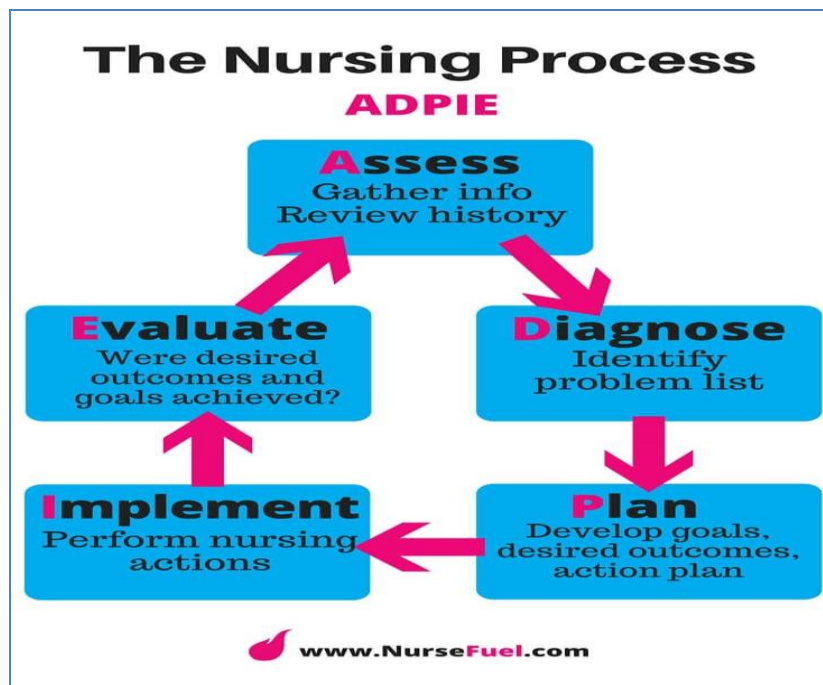
ADPIE

As you will see from the information below, there are many similarities between the IHI-PDSA framework and ADPIE

Stage 1 Assess

The **Assess** stage is the information gathering stage. You can use the *3 Questions* outlined in Phase 1 of the IHI Framework. These questions will help you and your group to think through and tease out what you need to do.

Stage 2: Diagnose

The **Diagnose** stage is about using the information and data collected during the **Assess** stage to identify the problem, and once you diagnose the problem or issue you will be able to identify what you might need to do to resolve it. Once you have completed the **Assess** and the **Diagnose** stages, you can write an **Aim** *Statement.* (*Refer to IHI Framework for details*)

Stage 3: Plan

As with IHI framework, the **Plan** stage is about planning what you are going to do, how and when. The process for planning is the same as in IHI Framework. While the **Plan** stage involves agreeing, what needs doing, how, when and by whom, it is also about communication and identifying resources and the risk associated with the actions. Effective planning not only enables you, your team or group to identify what actions are needed, it will help you to monitor the impact of your actions. A critical element of planning is writing up the action plan. As with the IHI- framework, on completion of the Plan stage you may need to amend or adjust your *Aim Statement.*

Stage 4: Implement

Stage 4 of the Nursing Process is about **implementing** your Action Plan. It is similar to the Do Stage of the PDSA, and involves collecting data and information as you go to enable you to determine whether the actions identified at the **Plan** stage are bringing about the desired changes and to determine if the new practice has made a difference.

Stage 5: Evaluate

The **Evaluate** stage of the Nursing Process is similar to study stage of the IHI-Framework. Evaluation involves using your *Aim statement* and the data gathered during implementation to determine whether your action plan brought about the improvement or the change you wanted, it also enables you to determine:

- Did your plan bring about the improvement or the change that you wanted? If yes - by how much? Or how little?
- What actions worked well?
- What needs to be amended or modified? What needs to be totally changed? and why?
- What were the key lessons learned?
- Were there unintended side effects? (Balance – impact on others)

Celebrate and Share the Learning

Irrespective of which framework you or your team choose to use it is important that you celebrate your successes- however small, and share the learning with your colleagues and the wider healthcare community.

Drivers for Quality

Drivers are internal or external factors essential for the success and long- term sustainability of any new initiative. Drivers can influence, shape and determines the level of support and uptake of an initiative. The HSE Framework for Improving Quality identifies six drivers to help leaders to achieve successful change and successful implementation of new initiatives. These are *Leadership, Engagement (Staff & Service user) Improvement Methods, Measurement and Governance.* Below is some guidance on how the programme group might apply the drivers. While the questions are directed toward the programme group, they equally apply to the team you lead.

Driver 1: Leadership: Leaders shape the culture of the environment; therefore, a leader's style can have a profound impact on the implementation, thinking, planning, and doing and evaluation stage of a project. An effective leader will use their leadership skills to keep the team on track, to keep the team motivated and to ensure the actions implemented are safe and appropriate to achieve the objectives outlined in the *Aim Statement.*

Questions for the Group
- Do you know your leadership style, and how it affects other?
- In your group, who is leading the initiative?
- Is the leader clear about her role?
- Are group members clear about their individual roles?
- How did the group decide who was best to lead?
- In your workplace, do you always lead out on new initiatives?
- As leader/manager, how will you delegate responsibilities?
- How will the group make decision?
- What is the communication processes within the group

Drivers 2&3: Engagement: (*Staff and Service Users*) Securing early buy-in from staff, service users, families, service managers or anyone affected through the introduction of something new, is essential. Engagement builds a culture of listening to and learning from others.

Questions for the Group
- Have you discussed the learning from the Leadership Programme and the proposed work-based activity with your own team?

- Does the work of the group reflect the views/needs of their own team, clients, and their families and the services?
- In relation to the Work-base Activity whom should/or must the group engage with?
- In your role as CNM/Social Care Leader, who do you need to engage with for your Work Based Activity work e.g. *Staff, service users, families, service managers, outside agencies?*
- How will you communicate the work of the group to your own team, clients, your service or other key stakeholders?

Driver 4: Improvement Methods:

There are many good frameworks available, choose a model that is simple and appropriate for what you are trying to achieve.

Questions for the Group

What is the most appropriate framework to guide the work of the Group?
- IHI Framework (3 questions +PDSA)
- ADPIE + the 3 Questions.
- Is there another framework you or your team regularly use?

Driver 5: Measurement

Information and data are essential to determine what needs to be improved or implemented, and to know whether the change has made a difference. Therefore building measurements into your Action Plan is essential. Most frameworks will remind leaders to include measures. Measures can include anything from service user experiences to an agreed set of outcomes. While measures are essential to determine success of an initiative it is essential to minimise the burden of data collection and only collect what is *essential*. Also, keep data collection simple and know when to stop collecting. You may need to go back and recollect later.

Questions for the Group
- What measure might you need to build in for your Action Plan?
- How will you measure?
- What data do you need to collect and for how long?
- Who will collect?
- How will you analyse?

Drive 6. Governance:

For any quality initiative, governance is about ensuring the most appropriate actions are implemented to address the issue or problem and that the necessary structure, processes and in place to ensure sustainability. Governance builds relationships and supports learning

from experience. It encourages staff to use that information to improve what they do and gives reassurance the care and service they provide is high quality and safe.

Questions for the Group
- What is the quality/ safety or risk issues associated with your Work Based Activity?
- In relation to the work of the group, are there any deficits in knowledge, skills or information that could affect how the initiative is implemented or sustained?
- In relation to initiative you are hoping to implement, are there any deficits in knowledge, skills within your team? and if yes, how might this impact on the initiative locally?
- In your organisation, are there any governance that you may need to address or you to support local implementation?
- Who do you need to engage with or get approval from to implement your action plan?
- How does your initiative link with the overall governance structures within your organisation e.g. if the group are hoping to implement a guideline/ protocol how what do you need to do to acquire approval your local Policy& Procedure Committee?

Appendix 2: Action Plan for Work Based Activity

Title:

Background:
As identified by the 3 Questions.

2: Aim Statement

3: Objectives (SMART)
1.
2.
3.
4.

4 Scope
What the Work-based Activity is going to deliver?

Out of Scope:
What specifically is not included?

5: Project Schedule				
Actions/Tasks	Person Responsible	Start date	Finish Date	Key Milestones

6 Risks Management (what are the key risks associate with the work?)
Priority Risk Number 1 :   Details:
What can we do about it?
Who needs to take the action?

7: Assumptions
This initiative is based on the assumption that?

8 Stakeholder Engagement				
Stakeholders Name	What do I need from this person or Group?	Positive impact on this person or group	Negative impact on this person or group	Is this person-group committed to the initiative?

9: Communication Plan			
Stakeholders Name	What do I need to communicate?	How? *report, email, meetings*	Outcome

10 Evaluation Plan
What will be evaluated?
How?
When?
By Whom?

Signed:	Lead	Date:
Signed:	Commissioner/Owner	Date

Appendix 3: Team Work Individual Questionnaire

1. What is your vision for your team?

2. How do you share this vision with your team members?

3. What is your vision of your role as Managers with a Person in Charge responsibility?

4. What is your vision of the roles of each of your team members?

5. How do you ensure that each member of my team know their roles?

Appendix 4: WBA Group One Post Incident Reflection Template

(Based on Gibb's Reflective Cycle 1988)

Date: _____   Area: _____   Incident no: _____

Describe the Incident that occurred

What were you feeling?

What worked well in this incident

What didn't work well in this incident?

What support did you receive in relation to the Incident?

What else could have been done?

What would you do if this incident was to occur again?

Outcome/learning from Reflection		
Action Plan	**Person Responsible**	**Time Frame**

EAP offered? Yes_____ No_____   Discussed at team meeting   Yes_____ No___

If no state why:

Staff Signatures_____

Appendix 5: WBA Group One Flow Chart Steps to be followed post Accident/Incident[4]

INCIDENT OCCURS

STAFF ENSURE SAFETY OF ALL

FIRST AID/COMPLETE INCIDENT FORM SECTION A

FAMILY

NOTIFY

PIC/PIMM

REFER SERVICE USER TO GP/A AND E

SENIOR COVER/ON CALL/PIC

CONSULTATION WITH AFFECTED STAFF

REVIEW INCIDENT AND COMPLETE SECTION B

PROTECTION AND WELFARE

RESPOND/ASSESS/ SUPPORT

Refer to GP/A & E

REFLECTION COMPLETED AS PER INCIDENT REFLECTION TEMPLATE

NOTIFY HIQA

FOLLOW UP PHONE CALL TO STAFF/OFFER EAP

OCCUPATIONAL HEALTH ON REFERRAL FROM HR

BLUE: STAFF

GREEN: PIC/PPIM

SERVICE MANAGER/CNM 3 TO COMPLETE SECTION C

ACTIONS/ RECOMMENDATIONS

RED: SENIOR COVER/ON CALL

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[4] This flow chart can be displayed in all units to raise awareness about the reflection template and will also support staff with the process to follow following an accident/incident

Appendix 6: WBA Group 2 HIQA Action Plan Progress Sheet

Outcome Number:

Action Required:

Date Action Due:

Date	Action	Location of Evidence	Status	Signature

Appendix 7: WBA Group 4 Guidelines on Developing Policy Awareness

Policy Awareness

Guidelines on Developing Policy Awareness

- One of the Standard 5 policies to be identified at least 2 weeks prior to staff meeting and displayed.
- Allocated time to be given to all staff to read policy. This has to be scheduled in the diary in conjunction with the off duty. Recommended time is 30 minutes for each staff (*may allocate more time for larger policy*).
- Each staff member to sign that they have read the policy in the sign-in sheet in policy folder.
- Policy review must be included on staff meeting agenda. There will be 10 minutes allocated time per policy review.
- The chairperson of the meeting will use the key questions as part of the review to guide discussion and learning. Notes will be added below each question and it can be attached to the minutes.

1. What did you find were the key points of this policy?

2. What areas did you find difficult to understand?

3. How can you relate this to your area of work?

4. Is this policy relevant for you?

Appendix 8: WBA Group 6 Service User Meeting Template

SERVICE USERS MEETING TEMPLATE

DATE:	VENUE:

MEETING CHAIRED BY:			
NOTE TAKER:			
STAFF PRESENT:			
SERVICE USERS PRESENT:	1.	2.	3.
	4.	5.	6.
APOLOGIES:			

STANDARD AGENDA PART 1: MINUTES FROM PREVIOUS MEETING
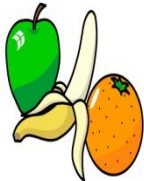
ACTION ITEMS:		ACTION STATUS:
Recap on the previous Meeting agenda & Identify progress made (completed/in progress, etc)	1.	
	2.	
	3.	
	4.	
	5.	
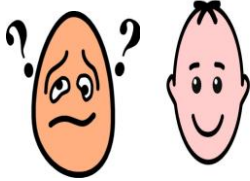
STANDARD AGENDA PART 2: STANDING ITEMS

1.Complaints	Brief Description	Action To Be	By Who/By When (Name/Date)	Action Completed
Discuss & register complaints Received. Use informal meetings book to identify complaints made over the past month				YES ☐ NO ☐ Date:
2. Compliments Review complaints registre				
		Action to be Taken	By Who/By When (Name/Date)	Action Completed
3. Advocacy / Charter of Rights One topic to be discussed at Each meeting from the Charter of Rights				YES ☐ NO ☐ **Date:**

4. Advocacy Rep. Feedback Any issues brought to CRS Advocacy Meeting (outcome) or involvement of Independen Advocate				YES ☐ NO ☐ **Date:**
5. Statement of Purpose & Function Discuss Centre's function & identify ways for achieving it's purpose				YES ☐ NO ☐ **Date:**
	Brief Description	**Actions to be taken**	**By Who/By When**	**Action completed**
6. Hygiene Discuss personal hygiene techniques/ programmes / Standards & Action Plans				YES ☐ NO ☐ **Date:**
7. Infection Control Discuss cleaning roster/ allocation of responsibilities/ laundry days/ hand washing, etc.				YES ☐ NO ☐ **Date:**

8. Quality Update				YES ☐
Discuss recent audits, inspections, outcomes & Action Plans in place				NO ☐ **Date:**

	Brief Description	**Actions to be taken**	**By Who/ By When**	**Action completed**
9. Health & Safety Discuss action plan following Fire Drills & Accidents register				YES ☐ NO ☐ **Date:**
10. Person in Charge/ Provider Nominee Discuss changes (if any) in the Organisational management structure (new appointments)				
11. Environment Update Discuss maintenance requests & household improvements				YES ☐ NO ☐ **Date:**

	Brief Description	Actions to be taken	By Who/ By When	Action completed
12. Likes/ Dislikes Discuss requests/wishes & service user's suggestions for the running of the house				YES ☐ NO ☐ **Date:**
13. Menu & Nutrition Suggestions/Healthy Eating				YES ☐ NO ☐ **Date:**
	Brief Description	**Actions to be taken**	**By Who/ By When**	**Action completed**
14. Social Roles/ Social Activities ARTS n CRAFTS Discuss upcoming community Events & social activities (including holiday plans & weekend arrangements)				YES ☐ NO ☐ **Date:**

15. Matters Arising Discuss any other issues that are relevant to the service users / inform of any staff changes/ review informal meetings notes etc.				YES ☐ NO ☐ **Date:**
16. Fun Activity to End Meeting				NEXT MEETING DATE: _____

PART 3: ADDITIONAL AGENDA/ INDIVIDUAL FEEDBACK/ EXTENDED DESCRIPTION OF ISSUES & ACTIONS IF REQUIRED

*Please refer to the Agenda number when referring to issues that require additional description or follow up by the Person in Charge or Service Manager

Staff Signature:_____ PIC Signature:_____ Date: _____