Guidance note on the reconfiguration of services under this programme

In order to achieve best possible transition to delivering services under a new model involving reconfiguration, the learning from previous projects highlights the critical requirement for:

- ❖ An engagement at regional level within the HSE involving regional leads, disability specialists area and general managers to agree a standard approach to change issues

- ❖ Strong local implementation group leadership with full commitment and support of local HSE senior management

- ❖ An analysis of all the stakeholders in the change process, their role, the impact of the change, their readiness for change and the steps to ensure best possible outcomes. See critical learning points and appendix 1

- ❖ A thorough implementation plan with issue and risk analysis achieved for factors likely to impact on implementation and service delivery post commencement

- ❖ One target service commencement date for all teams in an area identified in the implementation plan

- ❖ A minimum lead in phase of six months for staff from completion of implementation plan to target date for achievement of service commencement – this should include team training and communication of key policy items.

- ❖ A minimum lead in phase of three months for families from communication of target service commencement date and commencement

- ❖ A minimal induction period of two weeks for staff inclusive of target commencement date

Critical learning points

The LIG needs to keep a picture in mind of how that service commencement day and induction period ideally should occur:

Families
- They know where (location of service) and from whom (names of team members) they are going to get services and have been given an opportunity to visit the premises and meet at least some of the staff- *refer to suggested risk templates* appendix 1 ,2

- They have given consent for their child's records to be transferred

- Some children may be in the middle of a period of urgent intervention, such as following surgery, and this has been planned for on an individual and sensitive basis

Staff

- o They know where they are working, including therapy rooms and office space, phone lines and numbers

- o They have met and planned the service with the other members of the team

- o They have had opportunities for increasing their skills where needed through measures such as training sessions and shadowing with other clinicians, and are reasonably confident that they will be able to meet the broad range of children's needs and know where to get advice and support if needed

- o They are familiar with the structure of the service, the model of service delivery, policies and procedures, referral procedures.

- o They know who their line manager is and how they will receive clinical supervision.

- o They know about the children who are starting with the service and have clear information on their needs, which groups would be appropriate for them etc.

- o They know how to use the IT system

- o They have received Fire Safety Training specific to that site.

- o They have been familiarised with the building and therapy equipment.

Accommodation is in convenient accessible locations for families, is appropriate for the purpose of providing therapy services, has sufficient facilities for staff and families and is wheelchair accessible. Any renovations necessary are completed

Equipment and infrastructure is in place including:

- IT system to share information and keep common records on every child, with sufficient hardware and software that all staff know how to use

- Telephone system

- Office furniture

- Stationery with the new service title and logo and other office supplies

Method of record-keeping has been established, staff are familiar with the method and children's records have been transferred with parents' written consent

Management is confident that there are strong systems in place for operating the service and that the inevitable issues that will arise in the course of bedding down the new services can be dealt with effectively

Proactive Risk Management is advised - see examples in templates appendix 1 and 2

How to reach the best possible scenario for Service Commencement

The stages of implementation under this programme are guided by the HSE Change Model 'Improving our Services' and are also informed by the experiences, both positive and negative, of children's disability services which have already reconfigured into a multi-agency partnership.

The ***Guidelines for local implementation groups on developing a governance structure and policies for children's disability services (Structures Guidelines)*** provide the template for much of the work of the LIG. The first three of the four metrics of KPI 1 for this programme relate to the sections of the Structures Guidelines. Designing and agreeing a local implementation plan (the fourth metric) follows on when all changes and requirements for the new services are specified.

Moving to implementation before all details are agreed as to how the service is going to be run could lead to serious clinical risk, due to lack of continuity of service for each child and weak governance structures, quite apart from frustration and disillusion amongst both staff and families.

1. Principles and model of service

Principles adopted by other services are listed and described in the Structures Guidelines. All LIGs should discuss in detail these and other principles they would like to consider ensuring everyone has a common understanding and is in agreement. The action whereby all relevant members of the LIG, including parents, sign off provides a solid foundation of recorded agreement on which to base future negotiation and partnership.

2. Governance structure

All services need a clear structure for management and accountability. This programme is advocating strongly for the inclusion of parent representatives in the management of services in the future.

Clinical governance needs to be robust especially within a multi-agency service where lines of reporting could be confused if they are not documented and made clear to every member of staff.

- ❖ Interagency agreement and legal arrangements
- ❖ Management group
- ❖ Clinical governance structure
- ❖ Roles of managers of teams and heads of discipline
- ❖ Parent forum
- ❖ Referrals Forum

3. Policies and Service Specification

Detail of the model of service delivery, referral and discharge, prioritisation and waitlist management, individual child and family planning process, data sharing, file management and other key policy and procedural areas need to be agreed before services can be set up.

There is a list of policies and protocols in the Guidelines for each LIG to work through, possibly by a sub-group(s).

Policy is an ongoing process in any service, under continual review, addition, and revision. However, at the outset of a new/reconfigured service, a basic framework of policies is needed including all the above. In particular the model of service delivery needs to be agreed in detail. For instance two or more service providers coming together will each be bringing their own well-honed model and these have

to be joined into one approach. Leaving each service provider/individual clinician to decide their own way of working and approach to delivering the service will result in a disjointed and ultimately dysfunctional service.

4. Other concurrent phases of planning for change

At the start
Full stakeholder analysis
Risk and issue analysis
Communications plan for parents and staff to be kept continuously up to date with progress and issues that are being addressed

Mapping
Geographic areas with child population mapped
Teams required at network and specialist levels
Mapping current staff and skill sets
Accommodation needs in which areas identified
Therapy equipment, furniture and computers available
Existing IT systems and databases identified

Infrastructure
Accommodation sourced and any necessary adaptations arranged
IT system agreed for multi-agency teams

Decisions on staffing
Decisions on composition of teams
HR and IR issues arising
Training and team development analysis
Plans for preparation and transition of children and families to new teams

5. Reconfiguration Plan

When all the detail of the **who** (staff and teams) **where** (accommodation) and **how** (model of service delivery, policies and procedures) of services to be delivered has been decided, documented and signed off, the LIG can then form a plan for the reconfiguration of services to implement these changes.

The date for reconfiguration of services can only be set after planning the timeline for all the preparation required plus a contingency for unforeseen events. Setting a date without a clear plan incurs either major risk if reconfiguration goes ahead without all preparations completed or loss of confidence in the change programme if the date has to be postponed.

Preparation for staff - 6 months minimum
- Expressions of interest for allocation to teams with a protocol regarding preferences and appeals

- Training for staff to upskill where necessary, including measures such as shadowing and mentoring to share skills
- Team development days to facilitate building the new teams before they actually start working together (see Guidance on Training and Development for Teams)
- Training in using new IT system
- Induction into new policies and procedures

While all this planning is taking place staff are still providing ongoing services for children, so days for training and team development need to be spaced and put in diaries well in advance.

Preparation for families - 3 months minimum
Assuming all parents have already been kept fully informed about the proposed changes, detailed information now needs to be given to all parents on an individual basis as to where their child's services will be delivered in the future including:
- Therapy services
- Other supports
- Any specialist services such as seating required
- The handover process including joint meetings with families where necessary
- Consent requested and received for the transfer of files and data - this process on its own can take some time particularly by administration
- There will be a relatively small number of children and their families in each service whose needs are exceptionally high and who have multiple service providers, such as home support, transport, respite etc. These children must be identified by each service and a detailed plan put in place to ensure continuity and minimise any risk of breakdown in services during the changeover period. One strategy could be to appoint a key worker (if not already in place) for each of these families, who takes responsibility for ensuring a smooth handover of services and remains in contact until the family are familiar with their new team and service.

Infrastructure - between 6 months and one year
- Building adaptations, renovations
- Equipment purchased or moved
- IT systems set up and tested
- Offices and furniture allocated

Appendix 1   Example of template stakeholder analysis

Stakeholder	Job Role	Project Role	Why?	Impact	Action Points

Appendix 2

Example of risk management (refer also to HSE risk management matrix)

Families are fully informed of service change

Is this a Risk and Issue?

Risk and issue

Description:

- o Families know where (location of service) and from whom (names of team members) they are going to get services and have been given an opportunity to visit the premises and meet at least some of the staff

Action Owner:

Local Implementation Group & Governance Group

Progress:
Action items in progress for inclusion in implementation plan
Heads of service and teams have commenced caseload analysis to support this process
Parent reference group and parent reps have been consulted in relation to concerns and suggestions to manage this process
A point of contact for parents is established as early as possible
Policy & consent forms are prepared in line with data protection legislation and national consent policy

Risk Issue
Families are not fully informed of change in service

Initial Likelihood Score (tick appropriate box)

Rare/Remote (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
		3		

Risk Description (using ICC approach)
- Families are not facilitated to engage with the service
- Families disengage from service
- Poor trust in service and teams
- Distress to children and families
- Distress to teams

This represents risk to HSE and designated funded agencies of significant reputational harm in addition to harm to service users

Initial Impact Score (tick appropriate box)

Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
		3		

Initial Risk Rating (Insert Number in Box below colour)

Red	Amber	Green
	9	

Risk Analysis & Evaluation
Impacts/Vulnerabilities (list here)
Reduced quality and service experience, reduced compliance with national programme ethos and local service principles, disruption in service continuity, potential adverse publicity

What Controls need to be in place to manage this risk?
- Families know where (location of service) and from whom (names of team members) they are going to get services and have been given an opportunity to visit the premises and meet at least some of the staff
- Clear implementation plan and communication strategy (specific and time lined)
- Service have identified children who may be mid specialist medical/other pathways and the particular planning and communication around this has been initiated

Does the risk need further actions to control it? Fill as appropriate to your area

Additional Controls Required (Action Plan)

Existing Controls (list here) -

INITIAL RISK			STATUS
RESIDUAL RISK			
Likelihood	Impact	Initial Risk Rating	
Likelihood	Impact	Residual Risk Rating	
3	3	9	