

**Guidance Document to facilitate the setting up of Joint
Local Implementation Groups (LIGs) in the Mental
Health Services to enable Implementation of the Task
Sharing (4 Tasks) under the Medical/Nursing Union
Interface of Appendix 7 (HRA).**

Final Agreement for Mental Health Services.

Introduction/Background to Establishment of Joint Local Implementation Group (LIG) Mental Health Services Task Sharing/Transfer.

This LIG (a conjoint working group) is established to oversee, monitor, co-ordinate, report and record progress on implementation of the transfer of the four (4) tasks identified by HSE Management/DOH & relevant Unions (PNA, SIPTU Nursing and IMO under the Medical /Nursing interface Appendix 7 of the Haddington Road Agreement (HRA).

A LIG should be set up in respect of each CHO Area and will report to the overall National Implementation Verification Group (NIVG).

The following are the Tasks agreed for Sharing.

1. Sharing of formulating, documenting, reviewing and implementing integrated care plans.
2. Sharing of initiation and documentation of risk assessments and ongoing review.
3. Sharing of clozapine/denzapine monitoring
4. Sharing of Management of Aggression and Violence Training for medical staff.

Purpose of this document

The purpose of this document is to outline the Terms of Reference for the LIG. It should serve as a guide to understanding the objectives of the group, how the group should work, who should be included in the group and what issues should be resolved by the group.

Objectives

The overall objectives of the LIG are to co-ordinate in respect of each CHO the implementation of the National Agreement by;

- Ensuring that the National Policies /Protocols developed are implemented in a standardised and consistent process across the sector/site CHO Area
- Determining the current training status of individuals
- Identifying the training required and associated planning
- Determining how the training will be facilitated, monitored and recorded
- Identifying the resources required during the preparatory stage
- Monitor on-going progress
- Communicating effectively with all staff affected by the agreement

Monitoring &Evaluation by each LIG.

It is recommended that the group will meet on a fortnightly basis (at a minimum) to review its own performance in the context of its objectives, action plans pertaining to the task transfers so as to ensure progress is operating at maximum effectiveness. The group shall then also report on a fortnightly basis report to an Overall Steering Group for the CHO Area (Head of Mental Health Service, Area DON, Chief Medical Officer and Head of HR.

Membership

It is recommended that the initial membership of the Joint LIG for Mental Health is as set out below. However membership may be reviewed/ adjusted as deemed necessary by the Chairperson (who may also be rotational if agreed by the LIG to take into account any emerging issues which may requires another professionals to enhance the skills-mix of the group or deputise for an existing member if so required .

- Director of Nursing
- Clinical Director
- Other Nurse Manager (if required)
- General Manager/Sector Manager
- Secretarial Support
- Practice Development/Training Co-Ordinator/CNME.
- Local HR Manager (if required)
- PNA Representative
- SIPTU Representative (Nursing)
- IMO Representative.

Local imperatives may require the group to meet more frequently. All meetings should have a formal agenda, with pre-circulation of supporting materials and minutes recorded. The agenda should be structured to enable active issue-specific participation/discussion at meetings by group members. A minute of decisions and actions agreed at the meeting should be issued following the meeting. The group is an empowered decision making group in liaison with the CHO overall Steering Group.

Issues that cannot be finalised as part of this group should be escalated to the Overall Steering Group for the CHO Area and if further clarity required to the NIVG.

Establishment and duration of the Joint LIG

The LIG Committee should be established as a priority in each CHO to facilitate progress of Task Sharing. The group membership and objectives should be robustly monitored and reviewed until it is deemed appropriate that the work of the group is concluded i.e the four (4) tasks are successfully transferred (shared) with competence and any issues arising are resolved satisfactorily.

The Committee shall determine the timeframe for establishment, prioritisation of the work and the group membership having due regard to the skill mix required. This will vary in each CHO Area.
