



# Delivering Change Together

## Experiential Change Programme

Thursday 22<sup>nd</sup> February 2024 | Sligo

# Welcome





Caitríona Heslin

Assistant National Director | Organisation Development & Design



@HSEchange\_guide  
#Integratedchange



Health Services Change Matters



[www.hse.ie/changeguide](http://www.hse.ie/changeguide)



# Delivering Change Together

## Experiential Change Programme



## Developed in Partnership



**Cúram Sláinte Phobail, Iarthar**  
ag freastal ar Ghailimh, Maigheo agus Roscomáin

**Community Healthcare West**  
serving Galway, Mayo and Roscommon



**Organisation Development & Design**  
Improving Capacity for Change



**Aonad Pleanála & Forbartha Altranais & Cnáimhseachais, Thiar Thuaidh**

**Nursing & Midwifery Planning & Development Unit, HSE North West**



**Aonad Pleanála & Forbartha Altranais & Cnáimhseachais, FnaSS An Iarthar An Mheán Iarthair**

**Nursing & Midwifery Planning & Development Unit, HSE West Mid West**



**National Quality and Patient Safety Directorate**  
Office of the Chief Clinical Officer



**HR Leadership, Learning and Talent Management**





# Health Regions Vision



To deliver **person-centred** health and social care services that are **informed by the needs of the people** and **communities** in each region, better serving people at all stages throughout their lives



To **align** hospital- and community-based services in each region so that they can **work together** better and deliver joined-up, **co-ordinated care closer to home**



To **balance national standards** of care and direction with **local decision-making** to ensure people can access the **same quality of care** no matter where they live



To **improve the health and well-being** of people in each region by ensuring that services are **planned around local needs**, people are **well-informed** and supported when accessing services, and resources are **fairly allocated and accounted for**





# HSE Health Regions and County Boundaries

**FSS an Iarthair agus an Iarthuaiscirt**  
HSE West and North West

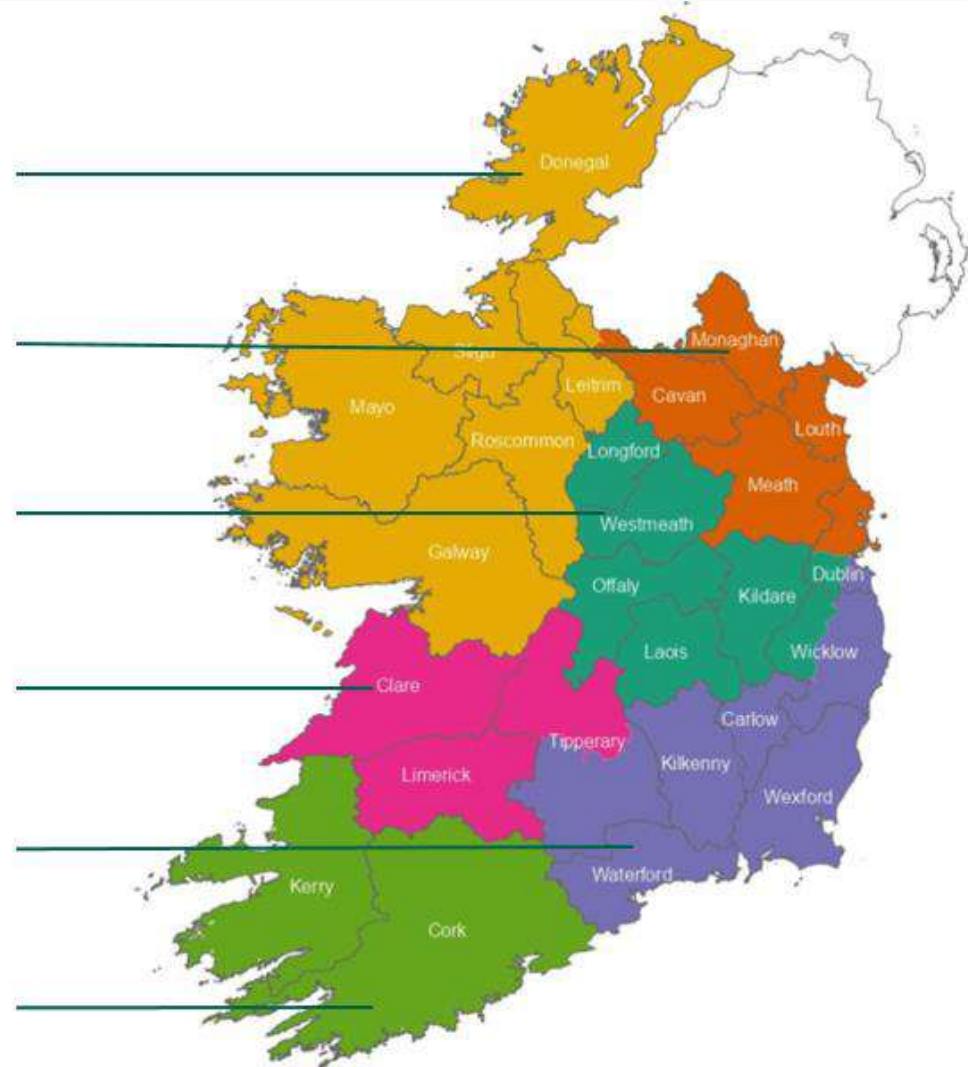
**FSS Bhaile Átha Cliath agus an Oirthuaiscirt**  
HSE Dublin and North East

**FSS Bhaile Átha Cliath agus Lár na Tíre**  
HSE Dublin and Midlands

**FSS an Iarthar Láir**  
HSE Mid West

**FSS Bhaile Átha Cliath agus an Oirdheiscirt**  
HSE Dublin and South East

**FSS an Iardheiscirt**  
HSE South West







# Delivering Change Together

## Experiential Change Programme

**Bernard Gloster**  
**Chief Executive Officer | HSE**





## Message from Bernard Gloster



<https://vimeo.com/913664600/e2469bba0d?share=copy>



Marie O'Haire

Organisation Development & Change Practitioner  
HSE Organisation Development & Design



@HSEchange\_guide  
#Integratedchange



Health Services Change Matters



People's Needs  
Defining Change  
HEALTH SERVICES CHANGE GUIDE

[www.hse.ie/changeguide](http://www.hse.ie/changeguide)



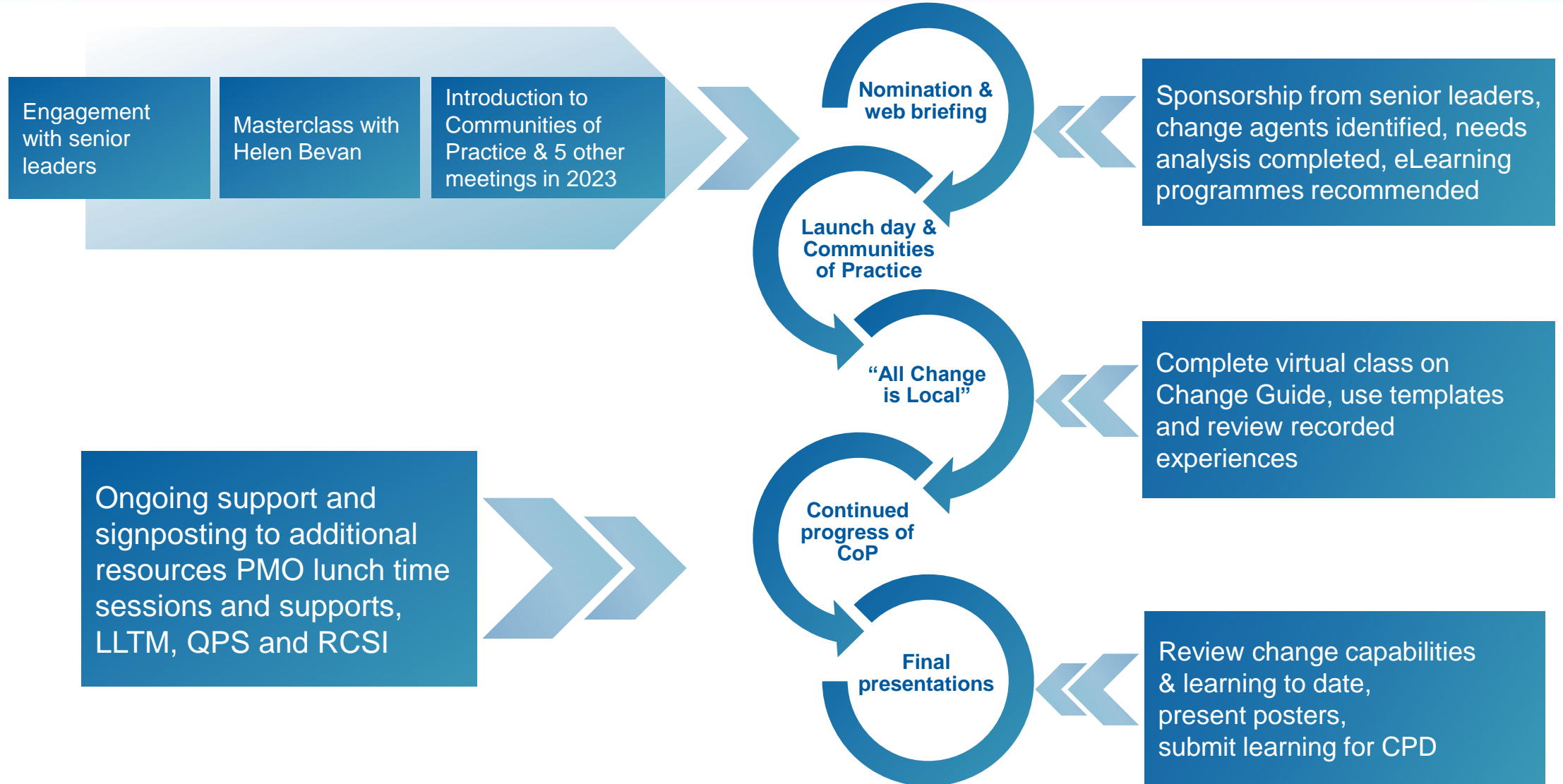
# HS Programme Objectives

- Support the development of further **change management and project management expertise** across the Health Services – to enable integration and address service priorities.
- Agree **shared direction** and mainstream the Health Services Change Framework as part of **Health Region reform**.
- Build **relationships and networks** including communities of practice.
- Use **reliable methodologies** to drive change and improvement activities in a standardised manner.





# Delivering Change Together Experiential Change Programme 2023 / 2024





# All Change is Local

*One of the sessions in March 2023*



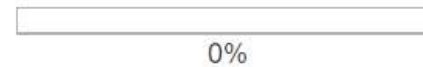


# Synopsis of Evaluation Data

## Change Competency Framework

Feb 2024

### End of programme Change Competencies Experiential Programme 2023/24





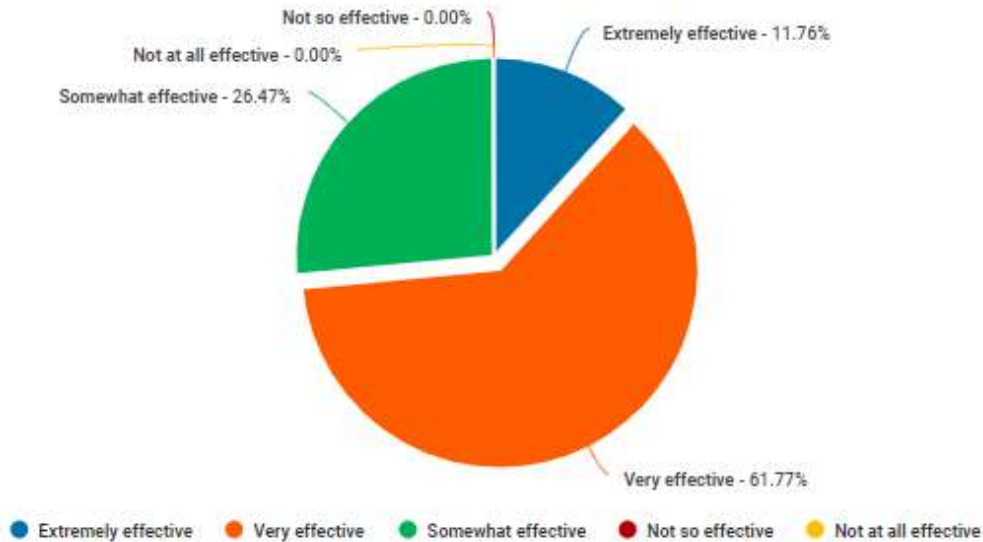


# Personal and Environmental Focus

## This means:

- “How I am as a leader” enabling and making change happen
- Knowing how resources like the Change Guide can support me
- How I can balance what needs to happen as part of the organisation’s overall goals and priorities.

Competency statement: Understands the ‘use of self’ as an influencer in the organisation to enable change and motivate investors for change. How would you rate this for yourself having now completed the programme.



*Helped me connect with others in the new structures and widen my knowledge base.*

*I have learned that I can influence change in an area. I have learned about the approach to change and used it in my new location to bring about quality changes/improvements.*

*Through this programme I have grown as a leader and I am currently leading a collaboration project which will benefit our cohort of patients.*



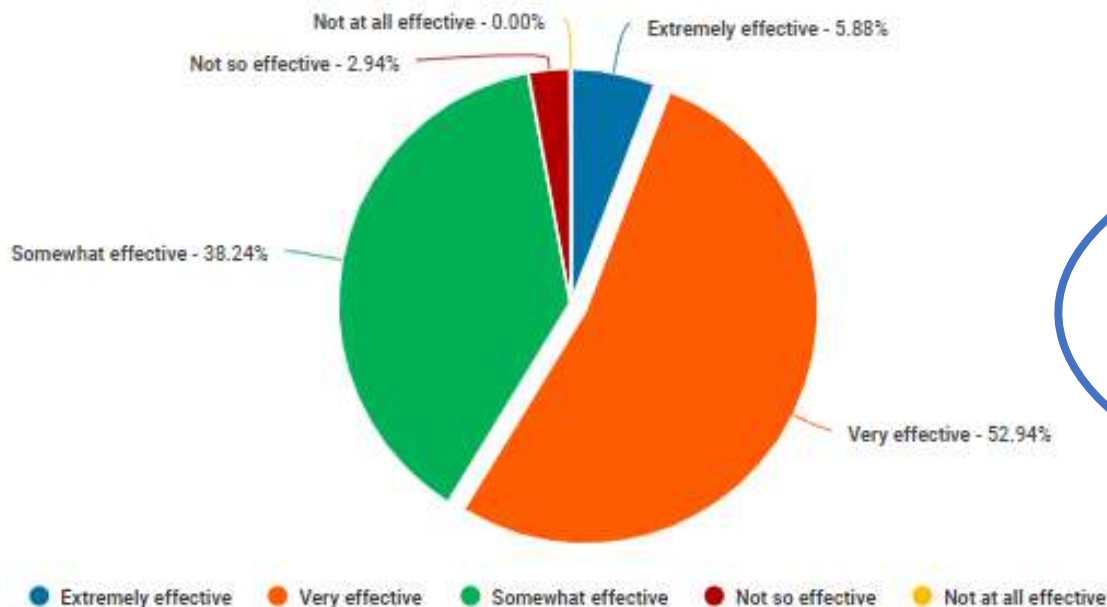


# Service and Business Focus

## The means:

- Knowing your ability to strategically link your change work to what will enhance the service and organisation's priorities.

Competency statement: Recognises and effectively communicates and manages the 'business case' for change - the costs and the benefits, service outcomes and clearly links any change to Sláintecare and organisational priorities. How would you rate this for yourself having now completed the programme.



Building relationships and trust.

Increased awareness of the tools available, better at linking to strategically important targets.

More aware of how other areas of the HSE work and the barriers and similarities. Keen awareness of the strategic direction within the HSE, which is important when planning any future change initiatives and projects.

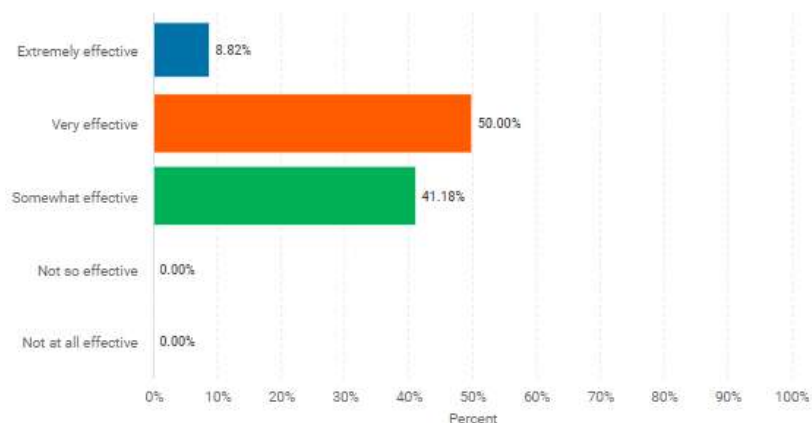


# Change Readiness Focus

## Preparation is key:

- Balancing a number of key workstreams and keeping engagement and communication updated.
- Ensuring you key stakeholders are on board is essential.
- Focus on clear purpose, shared values and good communication. I
- Identify what needs attention – particularly personal relationships – in order to make change happen

Competency statement: Understands the different considerations and elements of employees' readiness for the change. Is able to conduct the assessment and build the change plans using the People and Culture Change Platform. How would you rate this for yourself having now completed the programme



*Identifying relevant communication and key stakeholders for success.*

*The importance of engagement of stakeholders at the early stages so that you they feel they are an important part of the process and their opinions are seen to be taken on board - they will be motivated to help to make the change work.*

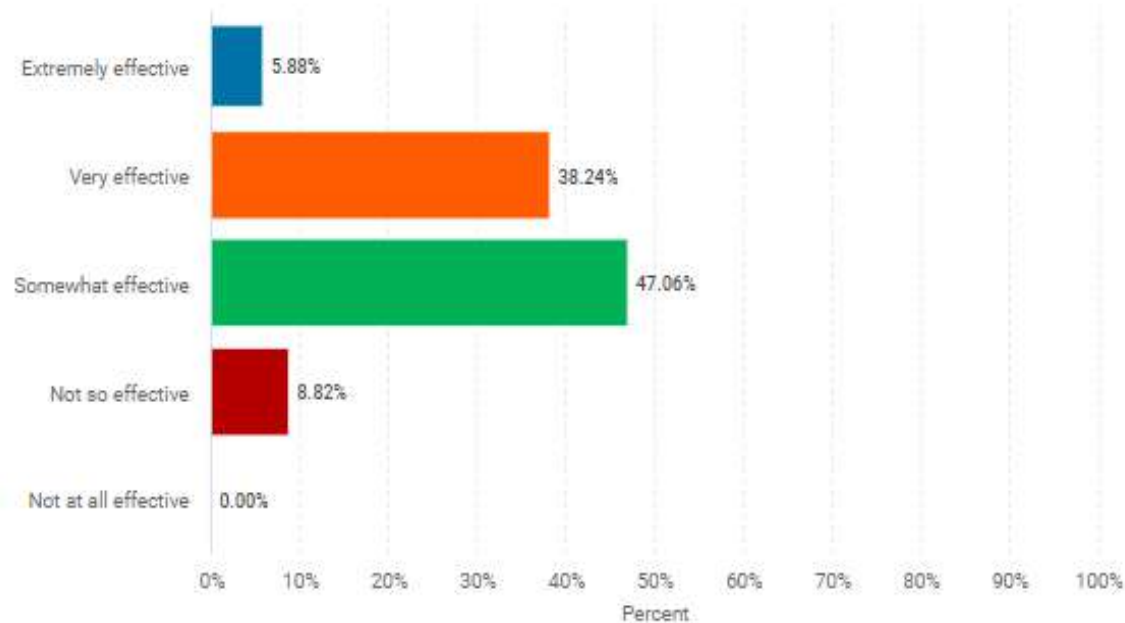
*Create an environment where people are comfortable to receive and give feedback about the change event. Stay present and practice mindfulness. Lead and work from a place of curiosity. Challenge your assumptions (as a leader or an employee) and actively listen to explore another point of view.*



# Cultural Awareness Focus

**Culture** is shaped by people and by our behaviours. Many elements of our culture are not visible – our beliefs, values, understandings, unwritten rules, myths, traditions or norms – often described as the elements below the waterline. Culture impacts everything we do and has a huge impact on our change efforts.

Competency statement: Designs solutions that take prevailing cultures into account and build the change process that enables proactive and positive cultural elements. Familiar with the Change Guide Cultural Web exercise. How would you rate this for yourself having now completed the programme.



*Recognize the value of mobilizing social action. To bring about meaningful change it is important that we take the time to understand our own local context and all of the factors that make it unique – the people, relationships, ways we do things – the local culture and patterns that have developed over time.*

*The key learning has been that culture and the associated complexities is a vital consideration in any change process.*

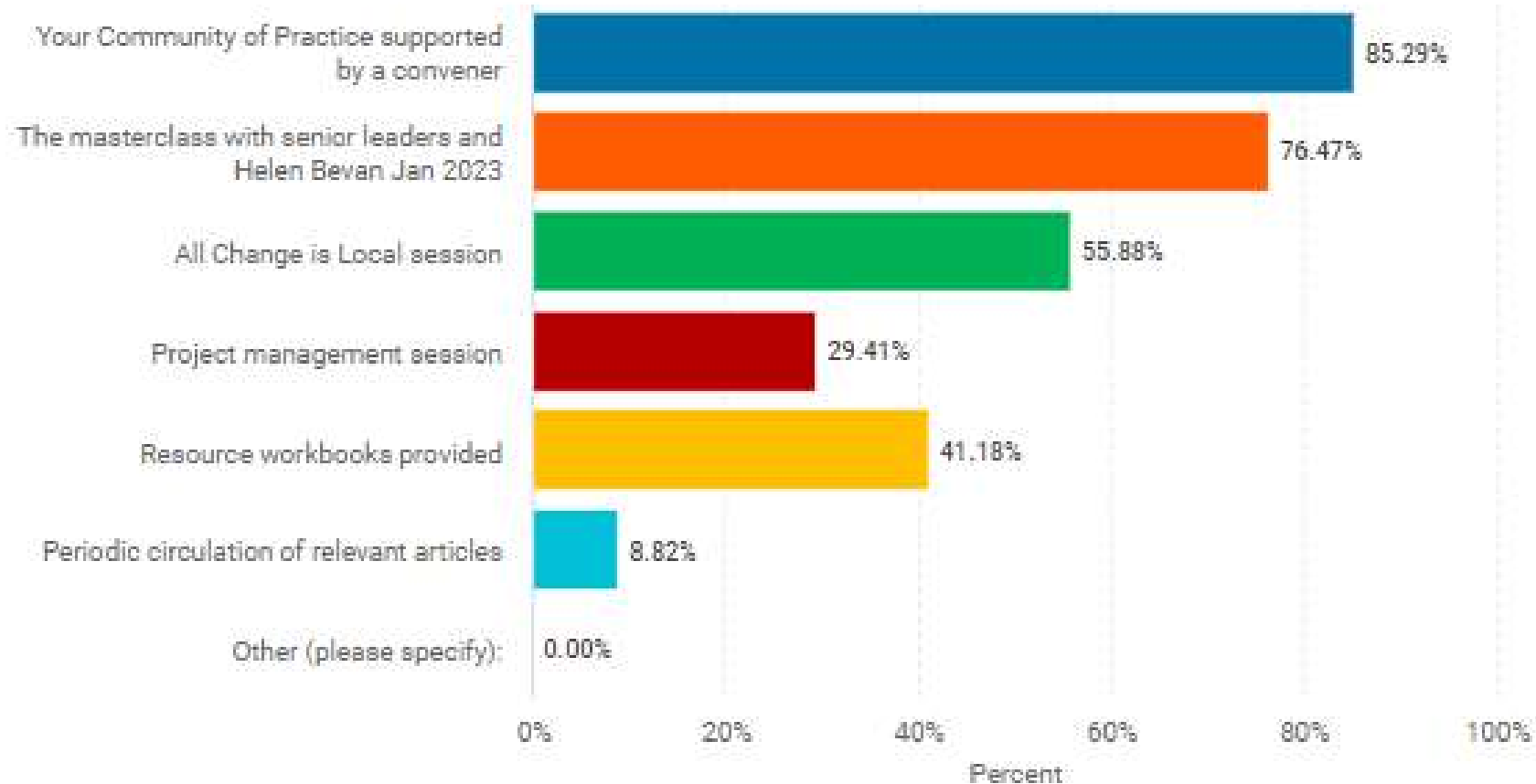
Recognising that we can make growth through small steps. Critical change can be small steps



# Key Elements of the Programme

On reflection please select your top three elements of the programme

Sentiment Analysis





# Delivering Change Together - Experiential Change Programme

<b>9.30 - 10.05</b>	<b>Welcome &amp; group activity</b> <b>Introductions at the table &amp; expectations for the day</b>	<b>Caitriona Heslin</b> <b>Marie O’Haire</b>
<b>10.05 - 10.50</b>	Shared learning with 4 of our Communities of Practice	Caitriona Heslin facilitates
<b>10.50 - 11.05</b>	Certificate Presentation	
<b>11.05 - 11.30</b>	Tea & Coffee break	
<b>11.30 -12.15</b>	Shared learning with 4 of our Communities of Practice	
<b>12.15 - 12.30</b>	Certificate Presentation	
<b>12. 35 - 13.15</b>	Senior Leaders Discussion and Engagement	Caitriona Heslin moderates
<b>13.15 - 14.15</b>	Lunch	
<b>14.15 - 14.55</b>	Creating Tomorrow Today & Panel Discussion	Prof. Helen Bevan
<b>14.55 -15.30</b>	Large room shared learning Peer group learning – wise crowds	Facilitated sessions led by Marie O’ Haire, Lisa McDaid & Elaine Birkett
<b>15.30 - 16.00</b>	Overview of next steps	Signpost key offerings Complete Smart Survey





# Contracting - How we work together

- Demonstrate respect and maintain confidentiality within your group
- Share what's agreed
- Phones on silent
- Actively listen and participate
- Look for opportunities and new ideas
- Keep to timetable and follow the guidance for group activities



# HE Networking

Write on the card in response to the question:

**“What is your hope for today?”**

Await further instruction!





# Communities of Practice - Group 1


Briege Byrne, Dermot Dawson, Fidelma Gallagher, Una Gallagher, Miriam McDermott & Martina Vaughan






# Our Community of Practice Group 1

## Developing a Change Framework for use in Health and Social Care



www.hse.ie/changeguide



### Developing a Change Framework for use in Health and Social Care

Presenters (CoP 1) Byrne, B.; Dawson, D.; Gallagher, F.; Gallagher, U.; McDermott, M.; Vaughan, M. (Convenor)


#### Introduction

**Brief description of the change initiative:**  
The CoP focussed on 5 individual conundrums, supporting each other through an action learning style. Throughout this poster presentation we will draw from common themes that emerged through the process. The CoP acknowledge the challenges in articulating the process. It is a dynamic process.

**People and Culture Change Platform:**

- There was a varying degree of readiness across services for change. This allowed the CoP to consider both scenarios.
- Consideration of key factors, acknowledgement that change is a process and that it was necessary to revisit and tweak to sustain progress.
- Acknowledgement that staff must feel involved and comfortable. New for everyone and that change management creates questions.
- As change leader's the CoP was beneficial to consider the merits of a number of approaches

#### Change Framework



#### Engagement

**People's Needs Defining Change**

- Clear objectives & WIIFM?
- Embrace early adopters of change.
- Allow for questions and sceptics.
- Bottom up approach, people at the centre of change.
- Align to local & national service plan.
- Recognise that change can cause stress/fear in the team.
- Sharing of information, appropriate information for audience.
- Consider influence & power brokers.
- Communicate, communicate, communicate.
- Plan with purpose.
- Expectations vs reality.


#### People & Culture Change Platform

#### DEFINE

**Define**

- Improve service delivery & quality.
- Shared purpose.
- Improved outcomes for service user experience.
- Gap identified in current service.
- Develop & improve communication channels & networks.
- Improved staff experience impacting on retention etc.

#### Aims and Objectives




#### DESIGN

**'Classic' Approach to change**  
Leader as problem solver  
Outside in  
Deficit Based  
Driven by Logic  
Vulnerable to rejection

#### CoP approach to change


Leader as problem framer  
Inside out  
Asset based  
Driven by learning  
Open to replication  
Co-design



#### DELIVER

- Change is not linear, and can be impacted by things outside of our control.
- Work in progress.
- Change is messy!
- Service has to continue despite the change.
- Support, support, support.
- Celebrate small wins.
- Engage service users and other key stakeholders.

#### Discussion and Conclusion




#### Outcomes

**Safer Better Healthcare, and Staff & Public Value**

- Generated robust reflection among the CoP
- Removed participants from their own silo's
- Collaborative approach to problem solving.
- Shared conundrums
- Engagement & communication

#### Safer Better Healthcare, and Staff & Public Value

CHANGE DELIVERED



For more information contact us  
E: [changeguide@hse.ie](mailto:changeguide@hse.ie)  
Case studies: [www.hseland.ie/changehub](http://www.hseland.ie/changehub)

Acknowledgements: The CoP would like to acknowledge the support and enthusiasm & encouragement of Martina Vaughan, convenor.

References: [www.hse.ie/eng/staff/resources/changeguide/resources/hse-hr-peoples-needs-defining-change-user-guide-booklet.pdf](http://www.hse.ie/eng/staff/resources/changeguide/resources/hse-hr-peoples-needs-defining-change-user-guide-booklet.pdf)



# Introduction (CoP 1)



## Name of service improvement initiative – delete this text box

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### Change Framework



People & Culture Change Platform  
↑ CREATING READINESS ↑

### Engagement

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- Communicate, communicate, communicate.
- Plan with purpose.
- Expectations vs reality.







# Defining Designing Delivering (CoP 1)

## DEFINE

### Aims and Objectives

#### Define

- Improve service delivery & quality.
- Shared purpose.
- Improved outcomes for service user experience.
- Gap identified in current service.
- Develop & improve communication channels & networks.
- Improved staff experience impacting on retention etc.



## DESIGN

### 'Classic' Approach to change

Leader as problem solver  
Outside in  
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## DELIVER

### Discussion and Conclusion

- Change is not linear, and can be impacted by things outside of our control.
- Work in progress.
- Change is messy!
- Service has to continue despite the change.
- Support, support, support.
- Celebrate small wins.
- Engage service users and other key stakeholders.





# Community of Practice - Group 2

Anne Marie Ward, Denis Mullins, Siobhán Trowell & Catherine Sheridan,  
Denise O' Shea, Deirdre Diver, Jean Duffy



## Community of Practice - Group 2



<https://youtu.be/UHEZ9gns8No>



# Communities of Practice - Group 3

Eilish Houlihan, Orla Caulfield, Brendan Power, Margaret Rafferty, Anne-Marie Keane,  
Denise Dunne & Andrea Mahon



# Our Community of Practice



**Cúram Sláinte  
Phobail, Iarthar**  
ag freastal ar Ghailimh,  
Maigheo agus Ros Comáin

**Community  
Healthcare West**  
serving Galway, Mayo  
and Roscommon



Eilish Houlihan, Orla Caulfield, Brendan Power, Margaret Rafferty, Anne-Marie Keane, Denise Dunne, Andrea Mahon





# Journey to date



Launch Day  
27<sup>th</sup> January 2023



Online Meetings  
February, March  
May, June, August



Face to Face  
Meeting  
September



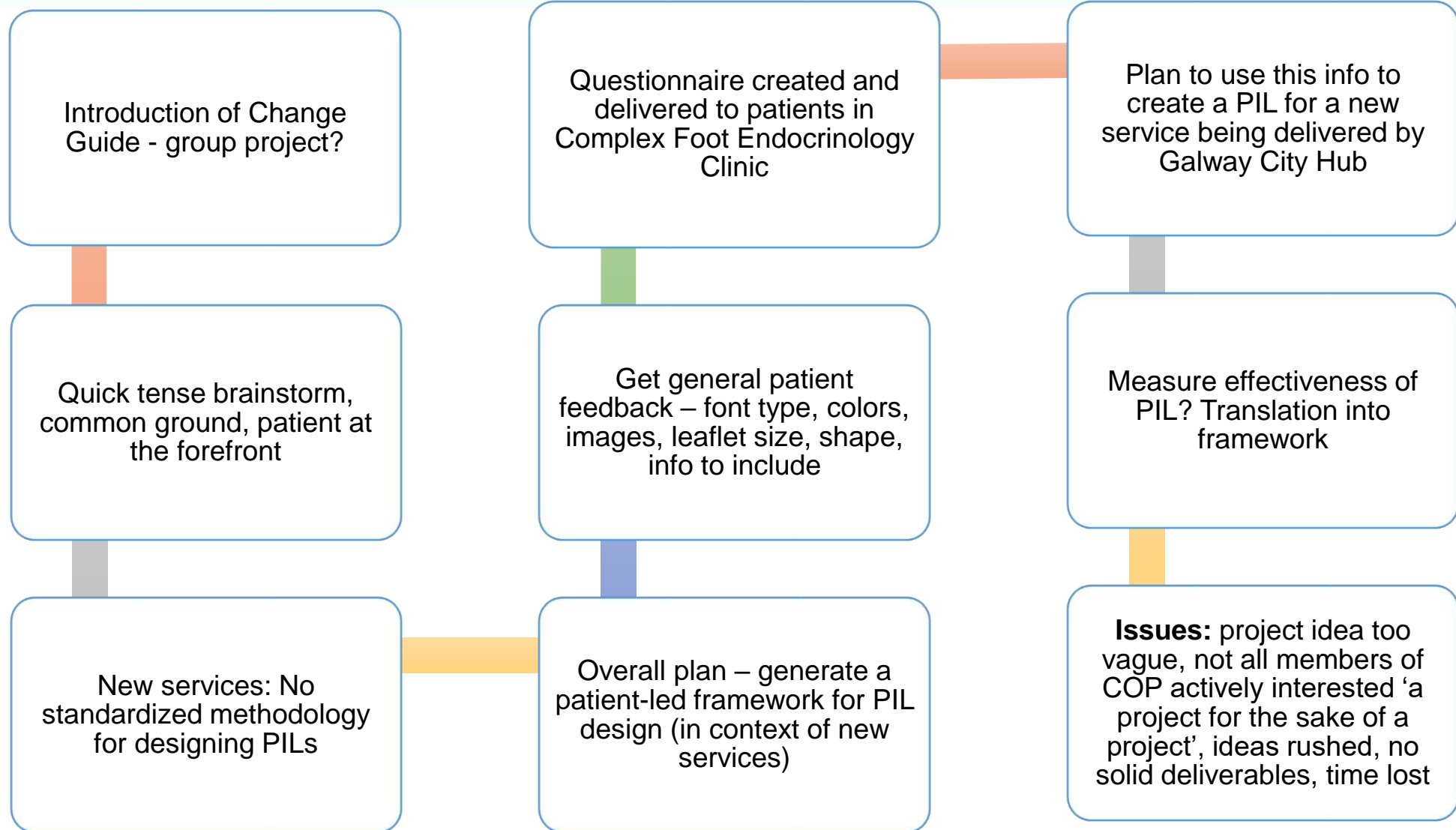
Online Meetings  
September  
October



Final Day  
22<sup>nd</sup> February 2024

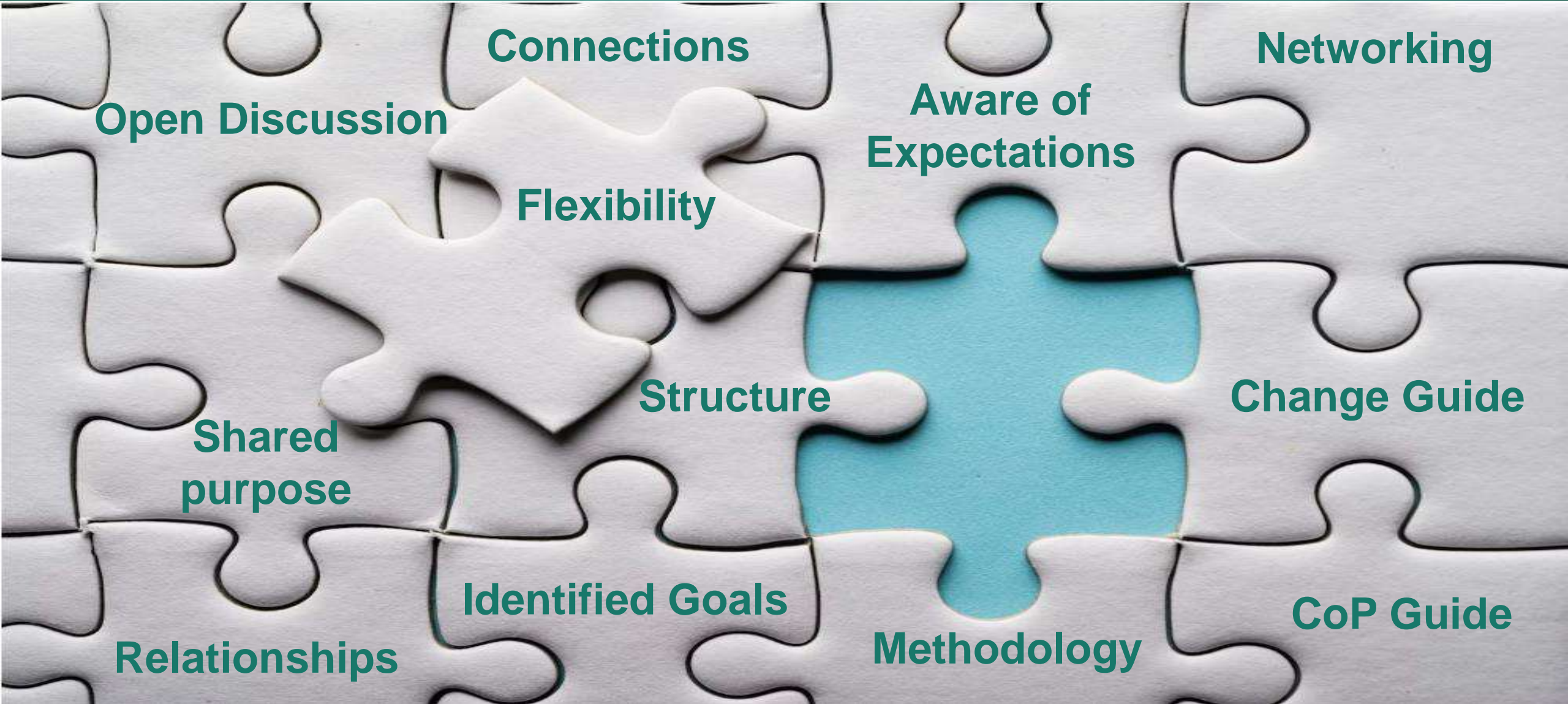


# Project Timeline





# What is needed for Success!







# Reflections of the CoP Journey

Linking COP  
with the Change  
Guide

Different  
personalities,  
backgrounds &  
interpretations

The project  
route

Disengagement  
& re-  
engagement

Re-evaluation of  
purpose of our  
COP

Support &  
knowledge





# Community of Practice - Group 4

Jonathan Morrissey, John O'Hora, Helen O'Neill, Mary Butler, Marie Callaghan,  
Catherine Flynn, Marie Prendergast





## Community of Practice - Group 4



<https://youtu.be/nInr-Bo2uUk>



# Break for Tea & Coffee

*Please return at 11.30 am*





# Programme Leaders' Viewpoint



[https://youtu.be/RGXlgYW\\_f3I](https://youtu.be/RGXlgYW_f3I)



# Community of Practice - Group 5

Carole King, Elaine Newell, Maura Kelly, Helena Hanrahan, Tom Dyer,  
Fiona Mc Hugh, Ellie Cooley



# Better Together - Group 5

## Transforming Community & Hospital Care Using experience based co-design

**Better Together**  
Transforming Community and Hospital Care  
Using Experience-Based Co-Design

E Newell, ECC Project Lead; C King Director of Nursing - Community Support Team; CHW, M Kelly Network Manager, South Mayo; F McHugh Saolta Project Lead NISRP; M Harrohan, Nurse Planner Capital Projects GUH; T Dyer QPS Manager, Portlaoine.

**Introduction**

**Background:**  
Saolta and Community Healthcare West are committed to meaningful engagement with service users, carers and staff. By working in partnership, we can better understand experiences of care. This assists us in improving the quality of our health and social care services.

**Client Group:**  
Service users, carers, and staff worked together on a project called 'Better Together' for six months with the aim to develop a service improvement that was important to them. They worked as a team and focused on better communication and person centred care. The result was the development of the Better Together poster and leaflet with the feedback form.

**Create Change:**  
Evaluate the implementation of the Better Together poster, leaflet and feedback form in several pilot sites and learn from the feedback given by our service users.

**Pilot sites were:** the podiatry service in the Enhanced Community Care Galway, Outpatients Galway University Hospital, Primary Care Solihull, Mayo, Day Care unit in a residential service in Mayo.

**People and Culture Change Platform:**

- HSE values of care, compassion, trust & learning are the backbone for our change with service users and staff.
- Our engagement is building on a culture of listening to and learning from service users experiences.
- By utilising the model for effective team working, we agreed a shared purpose, have a compelling vision, clarified roles and responsibilities, implemented effective processes on communicating and making decisions.
- Our case for change has the voice of the service user at the heart of what we do and why we are doing it.

**Engagement**  
**People's Needs Defining Change**

We engaged with service users, utilising the engagement process. We welcomed their feedback about the service, seeing people as a valuable resource, and working with their expertise and experience. The aim was to fully embrace a partnership approach by:

- Affording compassion, dignity and respect.
- Listening to what matters to them.
- Supporting & involving them in decisions about their care.
- Asking what went well with their care experience, what did not go well, and ideas and suggestions for improving the service.
- Giving feedback to service users, information on their service and involving them in making the change.
- Acknowledging service users as partners in their own care and in the delivery of the service.

**DEFINE** **Aims and Objectives**

**Aim:**  
Evaluate the implementation and feedback from the Better Together poster, leaflet and feedback form with service users within community and hospital healthcare settings.

**Objectives:**

- Review the feasibility of using this resource in different practice settings including the community and hospital.
- Review the themes that emerge and report the similarities and the differences with the different sites.
- Review how the feedback with the care experiences will be taken on board for each of the services and what service improvements can be implemented.
- Review how the feedback loop with service users will be considered.

**DESIGN** **Methodology, Evidence and Planning**

This Better Together resource was developed from a service improvement with service users and staff using the experience-based co-design (EBCD) approach.

- Co-design groups consisting of service users, carers and staff to reflect and share their experiences of a service.
- Worked together in partnership to identify and develop improvement priorities.
- These improvements emerged through the course of listening to and understanding the experiences and perspectives of those that are receiving and delivering care.
- Capturing experiences of using and delivering services is a key part of how improvement is grounded in what matters to people.

**DELIVER**

- Good communication with service users, staff and management and explaining the process.
- Being visible and support frontline managers, staff and service users to ensure the agreed vision and core message were met and available to clarify any issues / challenges.
- Monitored weekly the responses from service users, engaged with the staff champion and staff to ascertain if changes were required to achieve the agreed outcomes.
- Evidence of improved partnership using the tool in various services, identified the common themes across all services which are important to service users.
- Feedback is communicated to staff and management and plans to communicate with the service users. Recognised the areas which require improvements and developing a plan to achieve these outcomes.

**OUTCOMES**

**Primary, Community and Continuing Care (PCCC) South Mayo – Two sites improvements:**

- Improved parking and more designated parking for disabled & baby spaces.

*As requested my needs to be met and advised me well*

**Day Care Unit Improvements:**

- Staff have learned how isolated and dependent elderly people had been, during the pandemic especially those living on their own and how important the staff are to the Day Care clients. Clients feel that they can talk to staff about anything that worries them.
- Daily gentle/chair exercises for our clients to participate in, but now nearly all of our clients join in, stating that it relieves aching joints and helps towards maintaining their mobility.

*Very pleasant in arrival, treated with respect and dignity*

**Podiatry service ECC programme improvements:**

- Community clinics in the Connemara area.
- Text message reminder for appointments.
- Better parking and more disabled parking spaces made available at Westdoon clinic.
- Consider employing someone to assist the older person to the appointment.

*Received community based services*

**OPD UHG Service Improvements:**

- Review Pathfinder to aid in OPD.
- Review OPD clinic numbers & virtual/community clinic option.
- Parking – Phase 1 OPD opening Q2 2024.

*Using lift from Donoughmore for 30 mins with my Doctor*

**Contact details**

0800 724 724  
1800 200 200  
01 454 4544  
01 454 4544  
01 454 4544  
01 454 4544

**Acknowledgements:** We acknowledge the service users and staff in the Better Together project. We acknowledge all the service users who took the time to fill out the feedback form in the pilot sites. Thank you to our staff champions who engaged with us and staff and service users in facilitating the survey in their areas. We acknowledge the support provided from our management team in each facility who consented to the project. Thanks to the support of Eile Cooley and all the COP team who supported our journey in the COP process.

**References**  
[www.hse.ie/thiscasefile](http://www.hse.ie/thiscasefile)





# Better Together - Group 5

## Introduction

# Transforming Community & Hospital Care

## Using experience based co-design



### Better Together

## Transforming Community and Hospital Care

### Using Experience-Based Co-Design

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#### Change Framework





# Better Together – Group 5

## Define Design Deliver

## Transforming Community & Hospital Care

Using experience based  
co-design

### DEFINE

#### Aims and Objectives

**Aim:**

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- Monitored weekly the responses from service users, engaged with the staff champion and staff to ascertain if changes were required to achieve the agreed outcomes.
- Evidence of improved partnership using the tool in various services, identified the common themes across all services which are important to service users.
- Feedback is communicated to staff and management and plans to communicate with the service users. Recognised the areas which require improvements and developing a plan to achieve these outcomes.







# Better Together – Group 5 Outcomes

## OUTCOMES

### Primary , Community and Continuing Care (PCCC) South Mayo –Two sites improvements

- Improved parking and more designated parking for disabled & mother & baby spaces

Answered my questions and advised me well

## Common Themes from Service Users :

- Pleasant, helpful, friendly caring professionals who gave great advice, support and answered questions.
- Waiting times and parking good in the community services but some issues in the hospital setting

### Day Care Unit improvements:

- Staff have learned how isolated and despondent elderly people had been, during the pandemic especially those living on their own and how important the staff are to the Day Care clients. Clients feel that they can talk to staff about anything that worries them
- Daily gentle/chair exercises for our clients to participate in, but now nearly all of our clients join in, stating that it relieves aching joints and helps towards maintaining their mobility

Very pleasant on arrival, treated with upmost respect and dignity

### Podiatry service ECC programme improvements:

- Community clinics in the Connemara area
- Text message reminder for appointments
- Better parking and more disabled parking spaces made available at Westdoc clinic
- Consider employing someone to assist the older person to the appointment

Need more Community based services

### OPD UHG Service improvements:

- Review Pathfinder to and in OPD
- Review OPD clinic numbers & virtual/community clinic option
- Parking – Phase 1 OPD opening Q2 2024

Long trip from Donegal and for 10 mins with the Doctor

## Contact details

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**Acknowledgements:** We acknowledge the service users and staff in the Better Together project. We acknowledge all the service users who took the time to fill out the feedback form in the pilot sites. Thank you to our staff champions who engaged with us and staff and service users in facilitating the survey in their areas. We acknowledge the support received from our management team in each facility who consented to the project. Thanks to the support of Ellie Cooley and all the COP team who supported our journey in the COP process.

**References**  
[www.HSE.IE/Changeguide](http://www.HSE.IE/Changeguide)



# Community of Practice - Group 6

Órlaith Gilcreest, Ross Cullen, Laura Connolly, Colin McCann, Karen Coen, Pat Mc Hale, Sinead Molloy, Marie O'Haire





# Community of Practice - Group 6



<https://youtu.be/0QHUR7clAzi?feature=shared>



# Community of Practice - Group 7

Julie Silke Daly, Maura Mannion, Andrea Conry, Annette Greaney, Rita Corcoran, Irene Maguire,  
Lynn Stoddart, Louise Carmody



# Using Communities of Practice Process to Inform Best Practice

Presented by: Julie Silke Daly, GM Public Health Departments West and North West & Maura Mannion, ADON Galway University Hospital

On behalf of CoP Group: Andrea Conry, Annette Greaney, Rita Corcoran Irene Maguire, Lynn Stoddart, Louise Carmody





# Embedding CoP formation and action

## **Our CoP group consisted of eight members of varying roles:**

- Clinical Specialist
- Administrative
- General Managers
- Project Managers

**Work locations** spanned across CHW, CHCDLMS, Cancer MCAN, Saolta, Public Health.

The varied roles and locations brought a wide variety of skills to the group, but challenged us in getting a common goal to work through.

Two areas identified

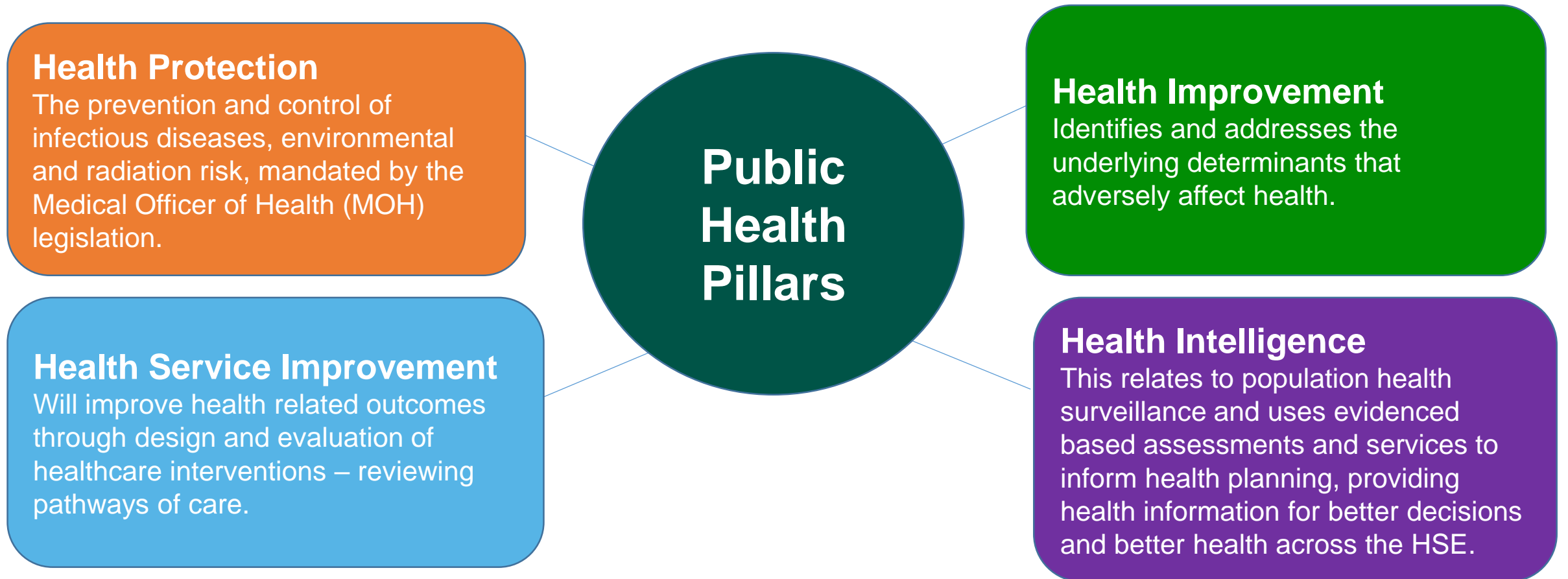
1. **Public Health reform**
2. **Adaptation Process Saolta Group**





# Group 7 Discussion 1: Communication Strategy for Public Health Reform

Public Health is *“the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society”* (Acheson, 1998)





**WHAT ARE THE BENEFITS OF  
A COMMUNITY OF PRACTICE?**

## Challenges

- Communities of Practice are no 'magic bullet'.
- The COP membership was pre-selected, the group very diverse, with the broad common goal of building change capacity.
- There was no common domain and it took some time to identify knowledge sharing capabilities. This was challenged further with no face to face meetings, so took time to build relationships.

## Benefits

- The COP provided a means for knowledge to cross the boundaries of roles within the organisation and gave access to experts.
- This COP generated social capital and rapid problem-solving.
- It generated innovative and new ideas.

## Outcomes

- Collaboration and networking was established between acute and community - new friends!
- Local champions provided rapid problem solving.
- Provided a context to communicate, share insights and knowledge which will benefit Health Region development.
- Identified how the Population Health approach underpins all of our healthcare services across CHOs and Acutes.



## Group 7 Discussion 2: Adaptation Programme for International Nurses

1. The aim of the Programme is to ensure each candidate nurse becomes eligible for registration.

2. The candidate nurse is empowered to accept and exercise responsibility for independent learning, personal growth and self awareness.

### Adaptation Programme for International Nurses

3. The challenges are full integration into the Health Family.

4. The COP process enabled a collaborative approach using social capital to explore supportive solutions.



# Outcomes of Community of Practice Process

## Individual benefits

- Networking built up a sense of belonging in a diverse group of staff.
- Team members gained confidence as process evolved looking for solutions and ideas.
- CoP members took time to reflect on their services using an action learning approach.

## Community Benefits

- Inflow of fresh ideas, and support provided to other members on problem solving.
- Collaboration of staff team.
- Consensus to solve problems.
- Trust amongst staff.

## Organisational Outcomes

- Learnings through relationships was horizontal in CoP rather than vertical in the HSE organisational chart – this was positive.
- The gain of social capital with operational efficiency.





Thank you



# Community of Practice - Group 8

Bernie Austin, Helen Bellew, Marie Boyce, Patrick Browne, Trevor Carlin, Breda Duke, Helen Hay, Ciara Kane, Pauline McGough, Helen O'Reilly



## Community of Practice - Group 8

**Objective:** Document an Island resident patient journey through the Health Service, identifying the information, processes and timelines for the journey and identifying opportunities for improvement of the patient experience.

Bernie Austin (Project Management Office)  
Marie Boyce (Community Dietetics)  
Trevor Carlin (Saolta Information Technology)  
Helen Hay (Program Manager)  
Pauline McGough (Saolta Cancer Services - Accreditation)

Helen Bellew (Hospital Administration)  
Patrick Browne (Saolta Nursing/eHealth)  
Breda Duke (HSCP Finance)  
Ciara Kane (ECC CH CDLMS Administration)  
Helen O'Reilly (Saolta Cancer Services)



# Who wouldn't want to think about Islands in February?







Our most famous island!!







# Island Names and Population



Inis Mór (762)



Clare Island (159)



Inis Meáin (183)



Tory Island (119)



Arranmore Island (469)



Inishturk Island (51)



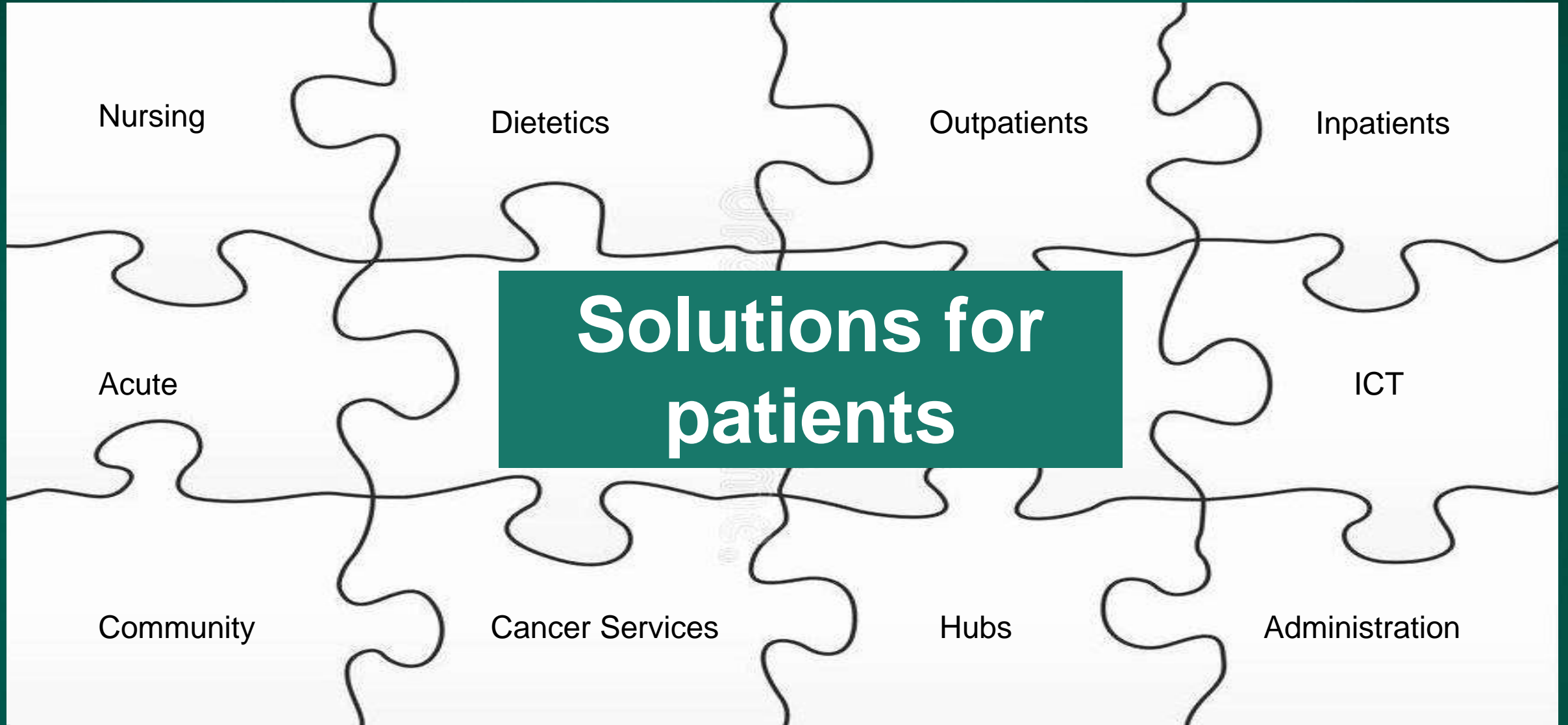
Inisboffin (175)



Inis Oírr (281)



We focused on Island patients who require first / multiple outpatient type appointments in the acute and community setting especially the first appointment



Nursing

Dietetics

Outpatients

Inpatients

**Solutions for  
patients**

Acute

ICT

Community

Cancer Services

Hubs

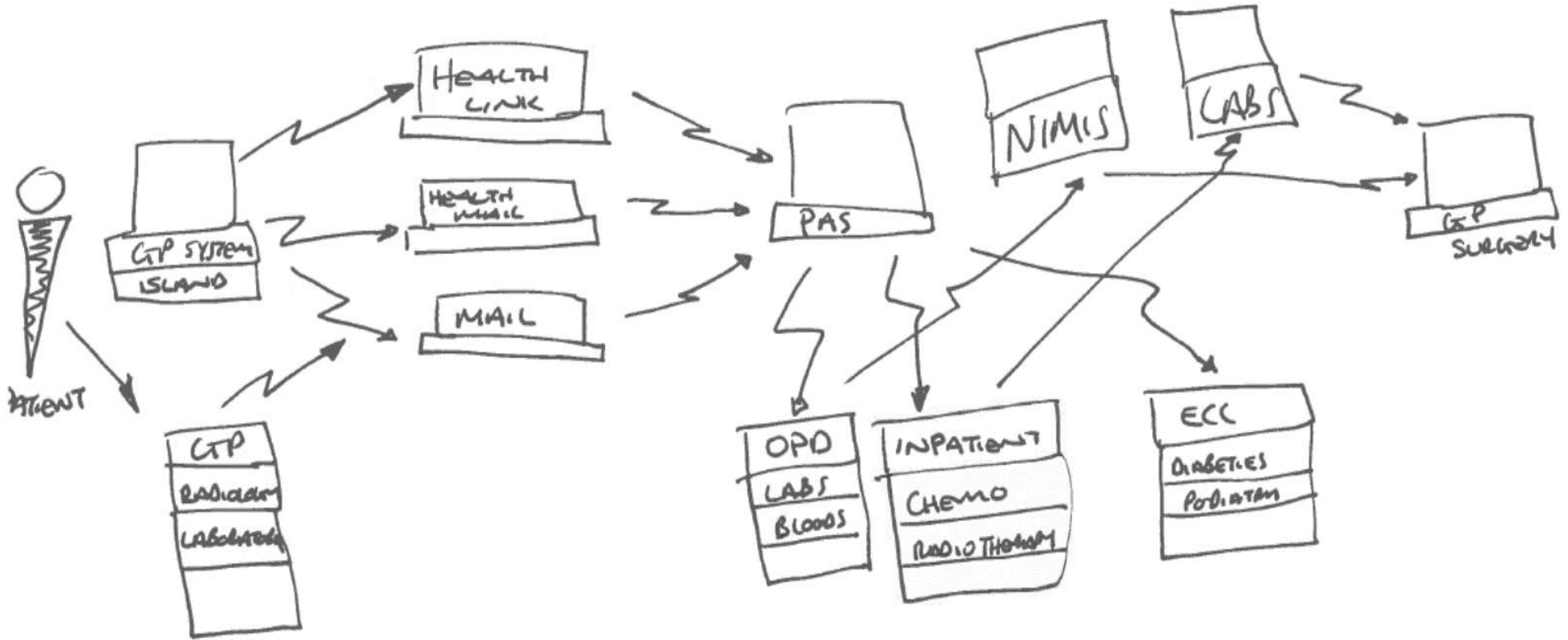
Administration



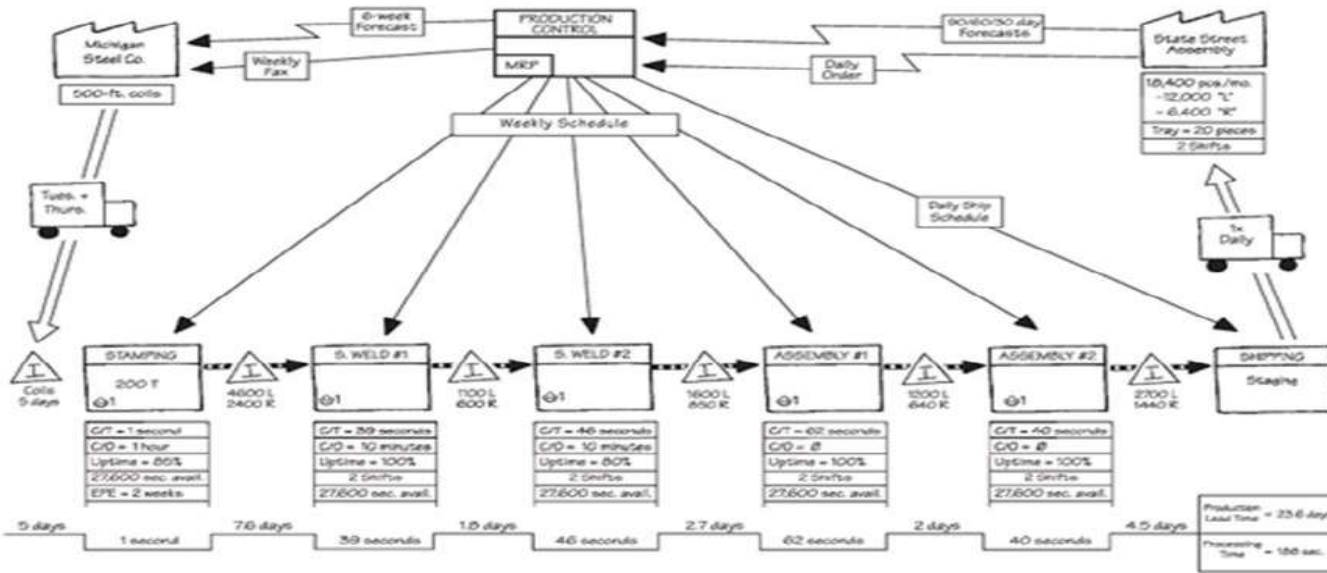




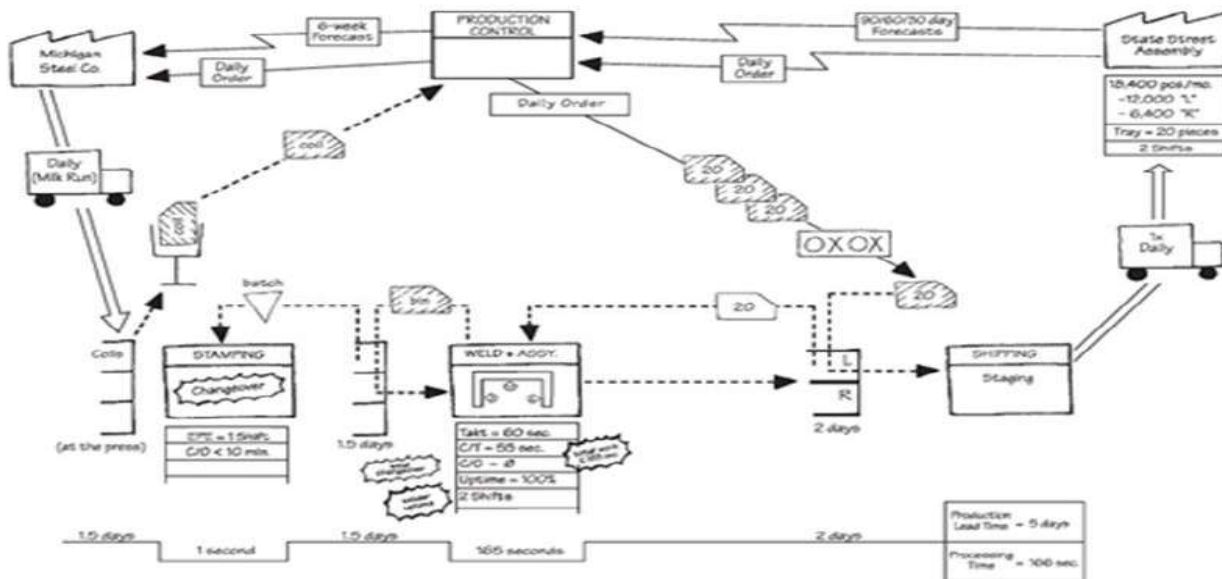
# Starting State



## Current-State Value-Stream Map



## Future-State Value-Stream Map



## Tools and Techniques

### Problem Statement

The issue at present is that island residents experience difficulty in traversing along a treatment pathway from their GP service through Acute and Community Care.

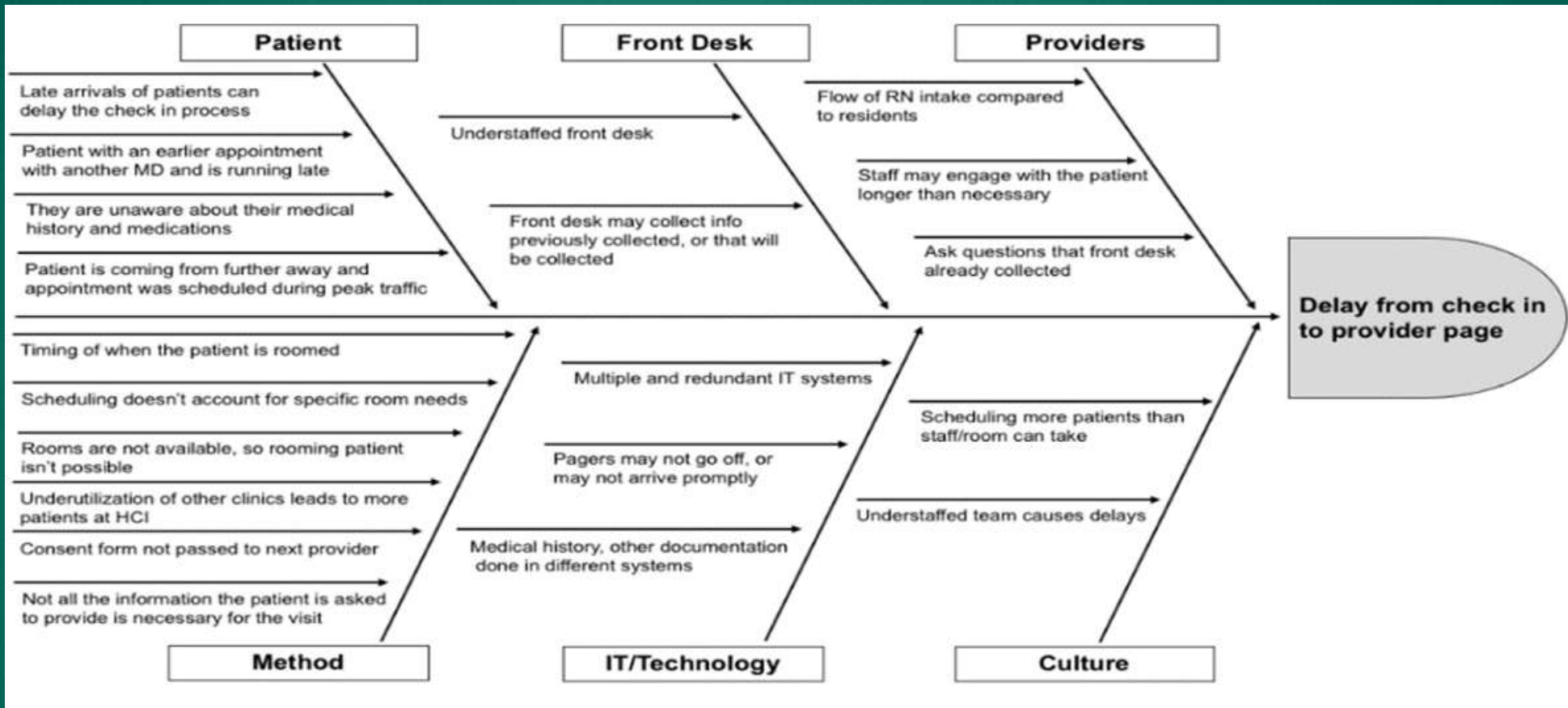
The main impact is planning and organising travel to and from the island for inpatient and outpatient care. There are 2,199 residents in 8 islands across the West/North-West Health Region. Currently there is no process to clearly identify an island patient and ensure their pathway **meets their needs** for travel concerns.

For example, processes such as identifying future appointments and ensuring that they are scheduled for the one day and within times to allow patients to meet ferry timetables.



SIPOC – Health Care Service Providers

S Suppliers	I Inputs	P Processes	O Outputs	C Customers
<ul style="list-style-type: none"> <li>• GP's</li> <li>• Community Nurses</li> <li>• Home help</li> <li>• Community Services</li> <li>• Acute Services</li> <li>• Ferry operators</li> </ul>	<ul style="list-style-type: none"> <li>• GP assessment</li> <li>• Community Nurse assessment</li> <li>• Consultants</li> <li>• AHP</li> </ul>	<ul style="list-style-type: none"> <li>• Patient presents to GP on Island</li> <li>• GP sends referral from GP practice system</li> <li>• Referral is triaged</li> <li>• Patient given appointment</li> <li>• Patient attends OPD</li> <li>• Patient is put on inpatient waiting list</li> <li>• Patient given TCI</li> <li>• Patient admitted</li> <li>• Patient discharged to care of ECC</li> </ul>	<ul style="list-style-type: none"> <li>• Map information, processes, timelines and obstacles for patient journey.</li> <li>• Suggest improvements for island patients patient journey</li> </ul>	<ul style="list-style-type: none"> <li>• Island patients</li> </ul>





## Potential Solutions

- Could we have an Island Alert functionality on IPMS?
- Implications for other areas – have the right support services, right patient at right time that suits them not us.
- MDT approach to Clinics/Hubs for a 1 Stop Shop with a protected time approach for case conference across the whole MDT.





## What Went Well (WWW)

- ❖ **Common Goal** – focused on making things better for the patients
- ❖ **Mutually beneficial**
- ❖ Hygiene factor – food, shared contact details, intense ice breakers
- ❖ **The solutions were in the room** - marrying diverse technical, clinical expertise & knowledge & service experience (the back end)
- ❖ **Preparation** – hosts took time, booked dates in advance, showed up
- ❖ **Learning, shared issue**
- ❖ **New tools** – shared learning VSM, PowerPoint
- ❖ **Getting to know each other** and what the others do especially what's going on in technological developments e.g. new apps for translation

## Even Better If (EBI)

- We spent a lot of time teasing out the problem – we were a bit confused (but we bonded)
- The group was more diverse than it is i.e. a doctor on the group
- Protected time – perhaps we were naïve about the time
- Finding venues wasn't so hard

**We get to do it again! We enjoyed it and see the benefit of it.**



**Thank you**



## Programme Leaders' Viewpoint



<https://youtu.be/ADPn6h7n-sU>



# Group Stretch



People's Needs  
Defining Change  
HEALTH SERVICES CHANGE GUIDE

[www.hse.ie/changeguide](http://www.hse.ie/changeguide)





# Leaders' Discussion

## Navigating meaningful engagement for safe service delivery & improvement in a time of change

- Power, influence and competing demands
- Balancing stability & continuity with change

with

**Liam Woods**

**Tony Canavan**

**Dermot Monaghan**

**John Fitzmaurice**





# Break for lunch

*Please return to your seats for a 2.15pm start.*



[www.hse.ie/changeguide](http://www.hse.ie/changeguide)

Scan the code to access HSE  
Organisation Development  
change resources





# Delivering Change Together Creating Tomorrow Today

## **Dr. Helen Bevan OBE**

Professor of Practice, Warwick Business School, UK  
Strategic Advisor, NHS Horizons, UK  
Senior Fellow, Institute for Healthcare Improvement, USA





<https://youtu.be/4V4bpDPcE60?si=JYSwl7teLxigN006>



# HE Knowledge Tree

1. Take a leaf post-it
2. Write one key learning from today
3. Place on our knowledge tree





# Delivering Change Together Q&A

**Dr. Helen Bevan OBE**  
with Irene Maguire, Sinéad Molloy &  
Caitríona Heslin





Delivering Change Together

Q&A

with

Dr. Helen Bevan, OBE  
Irene Maguire  
Sinéad Molloy  
Caitriona Heslin  
Marie O'Haire



<https://youtu.be/3JJHLgX4Cs8>



# Adapted 25/10: Crowdsourcing our key learning

Lisa McDaid | Organisation Development & Change Practitioner

Write an idea on the card in **response** to the question:

**“What key learning from today can I use in my service and why?”**

Await further instruction!







## SCORING SYSTEM

5. "Go On, Go On, Go On"

4. "THATS GREAT TED!"

3. "THAT WOULD BE AN  
ECUMENICAL MATTER"

2. "CAREFUL NOW"

1. DOWN WITH THAT SORT  
OF THING



# Wise Crowds - Peer Learning

Elaine Birkett | Organisation Development & Change Practitioner

Based on your key learning and how you will bring it back to your workplace, discuss with you peer group how you will do this, what will help & what are the challenges?





Caitríona Heslin & Jo Shortt

Health Regions Programme Team



@HSEchange\_guide  
#Integratedchange



Health Services Change Matters



[www.hse.ie/changeguide](http://www.hse.ie/changeguide)





# Our Opportunity to Continue our CoPs

## Practice

- 1) A group of people with a shared goal or passion
- 2) A domain of interest
- 3) Daily actions or habits
- 4) Learn how to do it better







## People's Needs Defining Change

HEALTH SERVICES CHANGE GUIDE



# Access Digital and Self-Directed Learning

## Building your capacity to deliver change

The **Health Services Change Guide** is a step-by-step guide to help you deliver good change. The following resources will help you translate theory into practice, enabling people and culture change.

### Delivering Change in Health Services

eLearning Programme



Build your knowledge & confidence

[» Click here for more information](#)

### Reflect Recover Renew



Support teams to make sense of rapid emergent change

[» Click here for more information](#)

### Health Services Change Guide



### CPD Certificate

(12 points)

Delivering Change in Health Services

Develop while improving your service

[» Click here for more information](#)



### Change & Innovation Hub

Access current thinking and best practice, including case studies

[» Click here for more information](#)





## People's Needs Defining Change

HEALTH SERVICES CHANGE GUIDE



### Health Services Change Guide



# Access Organisation Development & Change Practitioners

## Providing individual and team supports

The **Health Services Change Guide** is a step-by-step guide to help you deliver good change. The following resources will help you translate theory into practice, enabling people and culture change.



### Change Guide in Action

Interactive workshop based on people's experiences of using the Change Guide in practice

For more information [click here](#)



### Change Consultation Clinic

One-to-one scheduled clinic with OD & Change Practitioner responding to needs promptly

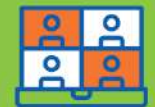
For more information [click here](#)



### Change Mentoring

Agreed number of sessions with OD & Change Practitioner with a systems change focus

For more information [click here](#)



### Change & Innovation Practice Programmes

Bespoke design and adapted to your needs

For more information [click here](#)







# Resources to deliver Change & Innovation



## Resources and supports are available from development colleagues



Cúram Sláinte Phobail, Iarthar ag freastal ar Ghailimh, Maigheo agus Roscomáin

Community Healthcare West serving Galway, Mayo and Roscommon



National Quality and Patient Safety Directorate Office of the Chief Clinical Officer



Aonad Pleanála & Forbartha Altranais & Cnáimhseachais, Thiar Thuaidh

Nursing & Midwifery Planning & Development Unit, HSE North West



Aonad Pleanála & Forbartha Altranais & Cnáimhseachais, FnaSS An tIarthar An Mheán Iarthair

Nursing & Midwifery Planning & Development Unit, HSE West Mid West



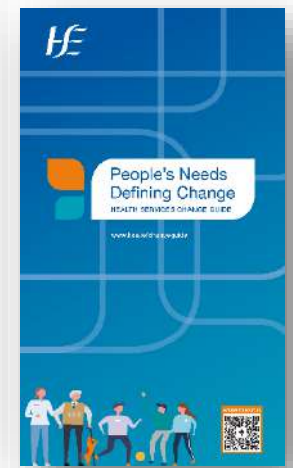
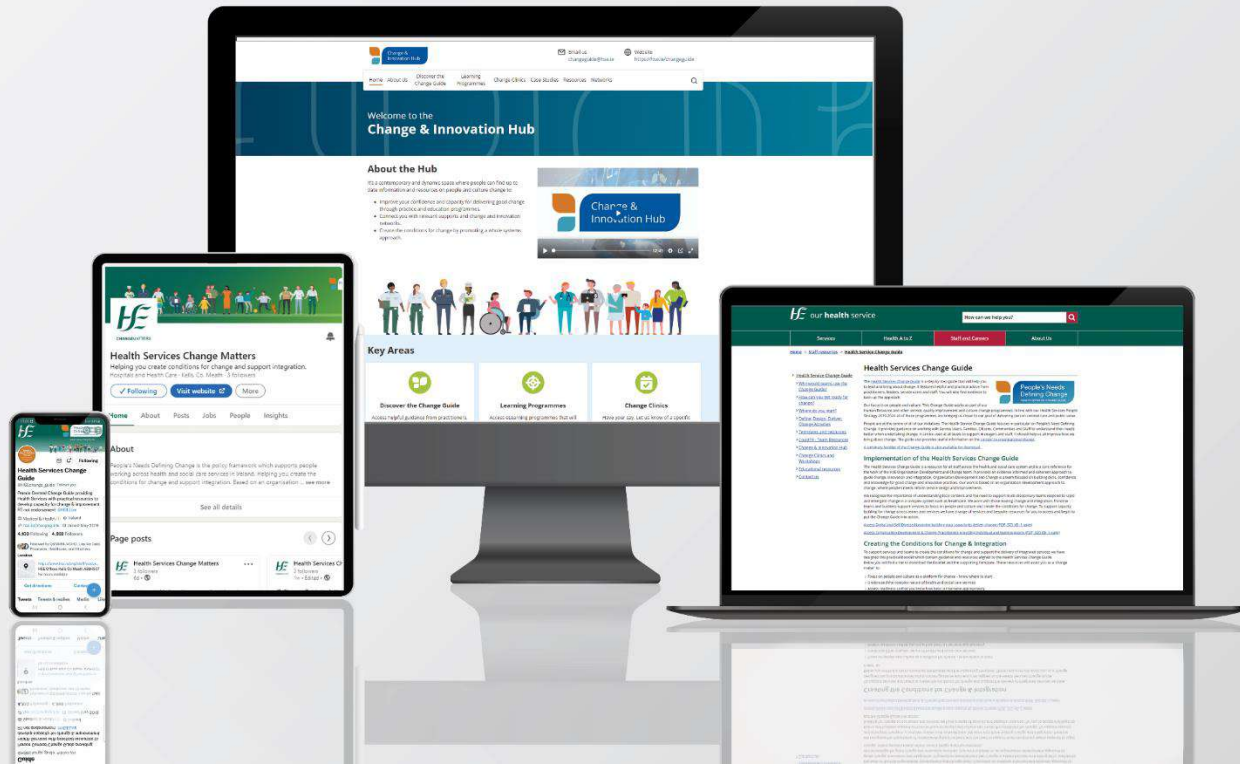
Clinical Design & Innovation National Clinical Programmes





# Resources to deliver Change & Improvement

Online and in your hands

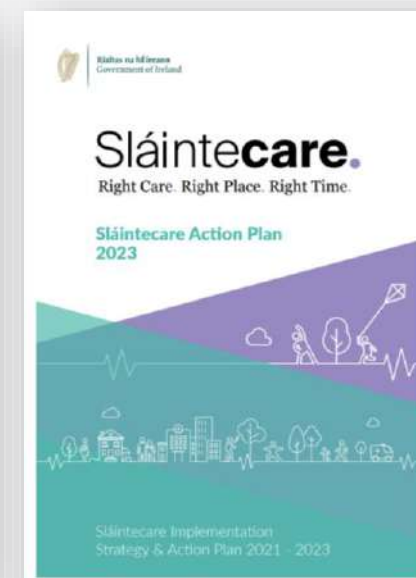


**X** @HSEchange\_guide  
#Integratedchange





# Resources to Deliver Change & Integration





# Reflection - your spiral journey

Róisín Egenton | Programme Manager, NQPS

- What are my reflections on the day?
- What have I learned most from this process?
- What do I need to do next (my key learning), what's important to move on?
- What do I need to focus on in the next 6 months in order to move forward?





**After today, in one word what is your aspiration for us moving forward?**

**<https://www.mentimeter.com>  
Code 7452 9949**

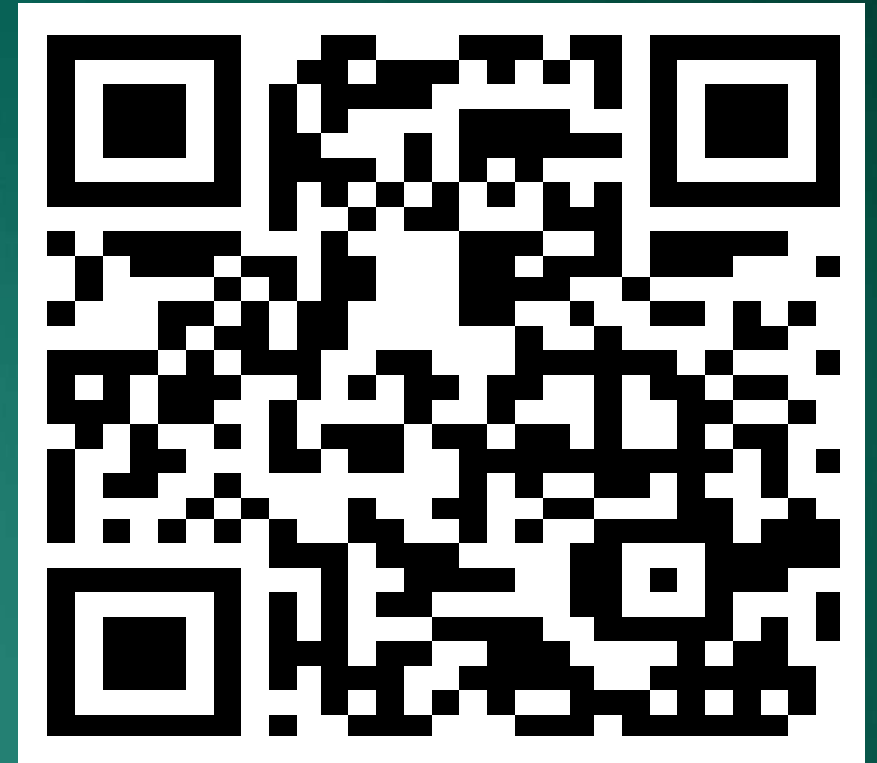




# Evaluation Smart Survey

*Access via email and QR code*

<https://www.smartsurvey.co.uk/s/MRWJWC/>







## Message from Bernard Gloster



<https://vimeo.com/913664600/e2469bba0d?share=copy>