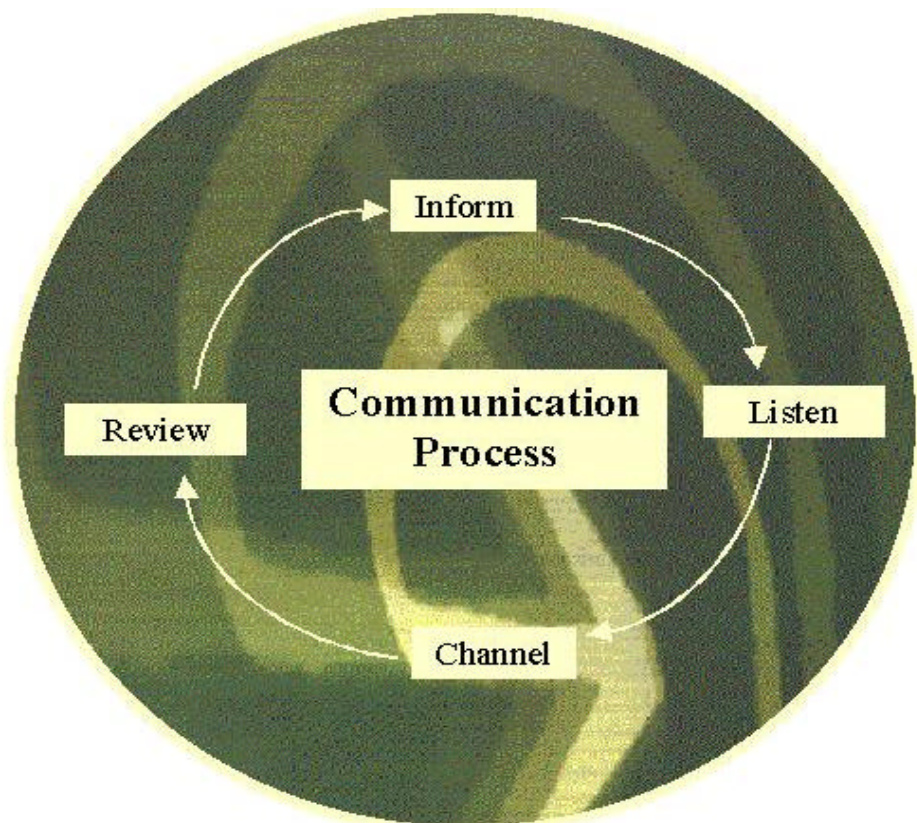


Health Reform Programme Communications Strategy



Communicating for Change

Table of Contents

1.	Context	3
1.1.	Communications Action Project – Membership & Terms of Reference.....	4
2.	The Vision.....	5
3.	Why a Communications Strategy?.....	5
3.1.	Role of Communications	6
3.2.	Need for a Communications Strategy	6
3.3.	Implications of Not Managing Communications	6
4.	Guiding Principles	7
5.	Strategy Goals and Objectives	8
5.1.	Communications Strategy Goals	8
6.	Defining Responsibilities for Communications	10
7.	Audiences.....	11
8.	Methods of Communication.....	12
8.1.	Mechanisms for effective communication	12
8.2.	Crisis Communication	13
9.	Resources	14
10.	Monitoring and Evaluation.....	14
11.	Conclusion.....	15
12.	Appendix I - The Action Plan.....	16
13.	Appendix II - The Audiences – Some Concerns.....	29

1. Context

In June of this year the Government announced the Health Service Reform Programme, initiating an era of unprecedented change in the health system.

The national health strategy, *Quality and Fairness*, identified the need for system changes to occur in order for the health system to achieve the goals and objectives it set out. In particular, organisational reform was identified as a key framework for change with the aim of providing a responsive, adaptable health system which meets the needs of the population effectively and at affordable cost. To this end, Action 114 of the strategy specifically provided that an independent audit of the structures and functions of the Irish health system would be carried out. Prospectus Strategy Consultants were commissioned to carry such an audit in 2002.

In April 2002 the Commission on Financial Management and Control Systems in the Health Service was established under the auspices of the Department of Finance to examine, evaluate and make recommendations on the relevant financial systems, practices and procedures throughout the health services.

Two key reports on the Irish health system were the result of these endeavors, namely: The Audit of Structures and Functions in the Health System (The Prospectus Report) The Commission on Financial Management and Control Systems in the Health Service (The Brennan Report).

The Health Service Reform Programme is based on the existing commitments in the health strategy and the conclusions of the Prospectus and Brennan reports.

The purpose of the Reform Programme is to further the implementation of *Quality and Fairness*. The Programme is aimed at equipping the health system to deliver high quality health services by implementing the Government decision in relation to structural, organisational, financial management and systems reform. It provides an integrated platform for the implementation of a range of system changes set out in the national health strategy. The Programme's priority focus is improved patient care, better value for taxpayers' money and improved healthcare management.

The Minister for Health and Children and the Government recognised the scale of the Reform Programme. It was recognized that a key factor to the success of this change is the quality of

communications about the change. For that reason, a programme of communications was one of the areas included in the Government memo and decision for attention.

A Project Office has been established to oversee implementation of this reform. The design and implementation of the Health Service Reform Programme has already commenced and will reach conclusion in early 2006. This Strategy document is the culmination of the work of the Communications Action Project, one of a series of Action Projects established to support the implementation of the Reform Programme.

1.1. Communications Action Project – Membership & Terms of Reference

Membership

Joint Chairs:

Dr Sheelah Ryan - Western Health Board, Ms Caitriona Meehan - Dept of Health and Children

Ms Dympna Bracken - Midland Health Board

Mr Alex Connolly - East Coast Area Health Board

Mr Derek Green - National Rehabilitation Hospital

Ms Rosaleen Harlin - North Eastern Health Board

Ms Libby Kinneen - Western Health Board

Ms Mary McLoughlin - Dept of Health and Children

Ms Maeve O'Connor - Dept of Health and Children

Mr Brendan Phelan - Dept of Health and Children

Ms Phil Shovlin - North Western Health Board

Mr Larry Walsh - Health Service National Partnership Forum

Terms of Reference

The role of this group will be to oversee the development, implementation and co-ordination of the entire communications strategy for the Reform Programme.

Support the project office and action projects in any communications or media management processes as required.

Ongoing monitoring and review, building in the learning to ensure a quality process before being reshaped (as/if appropriate) for phase 2.

Output

Preparation of a comprehensive and continuous strategy which takes account of

- Communications (both general and crisis)
- Corporate brand development
- Public relations

The strategy will have regard to national, regional and local processes required. The strategy will also have regard to anticipating the need for a public consultation process and the inclusion of decisions in relation to the Hanly report as soon as Government decisions are made.

Plan the development of an appropriate ICT mechanism to support the implementation of the strategy.

Receive, review and strategise for any communication requirements identified by the project office and/or action project committees.

Report on the consultation completed by OHM and reviewed by the group – feedback to relevant sub-groups generated by mid-November 2003.

2. The Vision

The vision underpinning this Communications Strategy is that described within the national health strategy *Quality and Fairness*: “A health system that supports and empowers you, your family and community to achieve your full health potential; a health system that is there when you need it, that is fair, and that you can trust; a health system that encourages you to have your say, listens to you and ensures that your views are taken into account”. This strategy has been developed to support the realisation of that vision and the implementation of the Reform Programme as an integral element in achieving the goals and objectives of *Quality and Fairness, A Health System for You*.

3. Why a Communications Strategy?

A successful organisation places importance on communications as a core feature of its day-to-day activities. Communications will not just happen – it is planned.

By communications we mean: “*the imparting or exchange of information, ideas or beliefs*”. The creation and implementation of an effective Strategy which when implemented, informs, educates and engages with all stakeholders, internal and external, is essential. An effective communications strategy is even more essential in the context of significant changes, envisaged in *Quality and Fairness* and the Health Service Reform Programme.

3.1. Role of Communications

Communication is as much about listening and encouraging dialogue and feedback as it is about telling.

Internally, good communication means that all staff and their representatives in the health services know and understand the aims and objectives of the proposed reform and have an opportunity to shape and influence the changes.

Externally, there are many and varied audiences, who will want to know how the changes affect them.

Both internal and external audiences will want to contribute to the reform agenda.

3.2. Need for a Communications Strategy

The rationale behind the Communications Strategy can be summarised as follows:

The Communications Strategy mirrors the reform process, reflects its values, its structure, its goals and most importantly its people.

An effective Communications Strategy contributes to the success of the reform process by creating a desire to belong and be proud to be associated with the Health Services.

Communications informs, educates and engages all stakeholders, and facilitates meaningful input into the reform agenda and the overall process.

Communications acts as a motivational technique, improving both staff morale and interest in any new structures.

Effective communication promotes confidence in the future and contributes to the success of the reform goals.

Communications inspires confidence in the services.

3.3. Implications of Not Managing Communications

It is well accepted that communications is an important aspect of any change programme. But it is more than just an enabler for the change process, it is a prerequisite for change occurring. If

communications is not prioritised there are implications. A lack of communications or poor communications allows a vacuum to be created. In a vacuum, there is increased uncertainty, and the opportunity for rumours and unfounded concerns to be promulgated throughout the system. This is not only disruptive to the change process, it is genuinely upsetting for those within the system whose futures are invested in the health system.

As is stated earlier, the Reform Programme is unprecedented and involves changes which impact on every single aspect of the system. It has major implications, particularly for those who are primary leaders of the change process. It is vitally important to prioritise communications and redress any problems arising from a perceived vacuum since the initial communications process was undertaken by the Office for Health Management on behalf of the Department of Health and Children (from the Government decision in June up to October 2003).

Effective communications can and will help change perceptions; it will allay fears, build confidence and help portray any emerging new solutions in a positive light. Effective communications contribute actively to meeting the goals of the reform and change process only if communications are proactively planned and delivered.

4. Guiding Principles

Guiding principles are critical in developing any communication model.

Because of the wide range and number of organisations and locations affected and because the change process will occur over an extended period there is a need to ensure that dialogue continues throughout the period of change.

There are clear initial messages which are required:-

Change is going to happen;

Services will be improved as a result; and

The Health Service will be a better place to work.

As we move through the process it is important that we communicate

what we are going to do;

when we are going to do it; and

maintain consistency by communicating progress at the time it is happening and when it has happened.

Sometimes the message may be about the process; at other times it will be about the detail, both play an important role.

For this strategy the following principles have been adopted to inform the work within the document itself and its implementation as follows:

Effective communication is the responsibility of everyone in the health system and should flow from the bottom up and the top down as well as across organisations.

Communications on the reform programme means two-way communication with staff, service users, other organisations, the public in general and the media.

Feedback is an essential part of communication and will be actively sought and used.

Relevance, openness, clarity, honesty and consistency are vital; all communication should be shared and expressed in a manner which meets the needs of the individual and should occur at appropriate times.

Plain language must always be used. It should be jargon free and without abbreviations.

A variety of different communication methods should be used to be truly inclusive of those whom English is not their preferred language of communication and/or people with disabilities and literacy problems.

Communications must be meticulously planned and sensitively delivered in a professional manner which instills confidence particularly at times of concern.

Methods and channels of communication should be reviewed regularly to assess the effectiveness and to ascertain what has been heard.

All communications in the Health System from now on should be placed in the context of and proofed against the Health Service Reform Programme and the health strategy *Quality and Fairness: A Health System for You* – where it has its origins.

5. Strategy Goals and Objectives

5.1. Communications Strategy Goals

The **goals** of the Communications Strategy are:

To develop a framework for communications which supports the vision, policy and implementation of the Health Service Reform Programme as an integral part of the health strategy *Quality and Fairness: A Health System for You* and

To develop the most effective communications systems as part of this framework to ensure that everyone is fully aware of the goals and objectives of the Communications Strategy and their role in support of these.

The **objectives** of the Strategy are:

To inform individual audiences in a clear, timely, consistent and appropriate way of relevant, factual and accurate information regarding reform:-

- ensuring staff are aware of relevant decisions or changes at all levels, the reasons behind them and how or if they affect individual staff members and their work;
- keeping partners in planning and delivery of services (both statutory and voluntary), patients/clients and the public informed of the changes underway, explaining the impact on them and allaying their concerns; and
- developing positive working relationships with key sections of the media to provide timely and accurate information as a means of explaining and promoting the reforms.

To listen to the views of individual audiences

- Developing mechanisms to capture the views of a range of internal and external stakeholders;
- Developing mechanisms to assess public understanding and opinion of the Reform Programme; and
- Actively seeking stakeholder views.

To channel feedback from individual audiences so that it informs and influences the development and implementation of the Health Services Reform Programme as appropriate

- Actively analysing feedback;
- Identifying responsibility for response; and
- Ensuring that feedback is used in planning how services are organized and delivered in the future and how the process of change is managed.

To review and evaluate all feedback which may influence further communications

- Adopting and maintaining a consultative, partnership approach to communications which is inclusive, and which respects the views of all stakeholders; and
- Adapting and developing the Communications Strategy in response to feedback received.

6. Defining Responsibilities for Communications

Everyone within the health system has responsibility for communication. The Project Office has specific accountability for implementation of the reform agenda and its leadership role in relation to communications is critical. The appointment of a Information Project Officer is pending and he / she will support the Project Office in this role. Each health agency will play a key part through the directors of communications or a designated person under the direction of their Chief Executive Officer. A communications cascade needs to be developed throughout the system with the support of this framework.

The Project Office will

Provide and maintain an overarching framework for communications in relation to the Reform Programme

Create a communications culture;

Identify and develop key messages to be communicated;

Communicate strategic issues;

Ensure that information is cascaded to next appropriate level;

Oversee, monitor and measure communication;

Request, receive feedback and direct onwards;

Deal with national media queries.

Each health agency will

Create a communications culture;

Receive and disseminate information;

Integrate communications with service planning;

Link between Management Team and Heads of Discipline/Services Managers;

Request, receive feedback and disseminate where appropriate.

Staff in health care agencies will

Foster a communications environment in their day to day work

Receive and disseminate information;

Participate in information sharing events and in giving feedback

Share information with each other and service users.

The Information Project Officer for the Reform Programme will be responsible for disseminating centrally produced information throughout the health services and will provide support and advice to the health system.

7. Audiences

In processing the reforms there are different groups of people with whom we will wish to communicate. The identification of target audiences is a relatively straightforward task. However the issue of focus and prioritisation requires further planning and continuous review.

In dealing with different audiences, it is accepted that it is important that people can gain access to information in a way which facilitates their best understanding (This is dealt with in section 8 below). It is also accepted that there should always be a clear purpose for communication taking place and a clearly focused message.

Some of the Key Audiences Include:

Services Users and their representative groups

The Public

Staff

Voluntary and Statutory Organisations

Public and Community Representatives

Boards of Health Agencies

Department of Health & Children and other government departments

Unions and Professional bodies

Public/Private Health Agencies

Other government bodies

Academic Institutions

Press & Media

Cross-Border bodies (including the CAWT programme)

The extent and wide-ranging nature of the Reform Agenda means that there is an unusually large and disparate number of audiences. An individual may be part of more than one group – e.g. a staff member can be a member of a union and can also be a service user. This serves to emphasise the importance of consistency and absolute clarity

To determine the most appropriate messages for each group, it will be necessary to anticipate their concerns. As part of the exercise at the time of writing, the group has attempted to assess the likely concerns of some key audiences and the initial action plan looks at building in the development of appropriate means of tackling the current issues of highest priority. For further detail on the key audiences and their concerns see Appendix II. At this stage it is acknowledged that all groups must be included in the next phase of communications initiatives.

As the Health Service Reform Programme progresses, and more detail emerges, on-going communications can be appropriately targeted. Communications will need to be dynamic and reflect the changes. It will ensure new developments, and plans for the future take into account the concerns of each audience. The Group recognizes that the publication of the Report of the Taskforce on Medical Staffing (Hanly Report) which is an integral element of the Reform Programme brings its own challenges in terms of communications. It is intended that ongoing communications in relation to Hanly can be dealt with under the framework being designed, acknowledging that there are specific differences (in particular, the need for public information and awareness raising) which need to be addressed in relation to this issue.

8. Methods of Communication

In implementing this communication strategy a range of methods and media were considered for use. However, it was recognized that whatever elements are used, that they must be integrated as fully as possible to ensure consistency and reinforce core information. If this is achieved it will help avoid confusion or misunderstanding about the reform.

A wide variety of mechanisms are available and different methods are appropriate for different messages. Some of these are formal opportunities to interact, others are less formal but just as important. It is important to allow people access information in a way that suits them, for example a face to face meeting is often more effective than a printed message.

8.1. Mechanisms for effective communication

Face to Face

Communication of this nature can be formal or informal and occurs at many levels within the system on a daily basis. To maximise its potential use to communicate on the reform programme, it is recommended that the existing processes that are in place are used. Examples include:

One to One dialogue

Routine supervision / management meetings

Staff meetings / networks

Induction and other training opportunities

Internal events, meetings, conferences / information sessions

Focus Groups

Electronic

There is ever increasing access and use of technology to support communications within the service. E-mail offers rapid electronic communication both within and outside the sector. Appropriate use of electronic systems to support communication is advised, recognizing the potential to reach many recipients while acknowledging the danger of over reliance on electronic means. Mechanisms include:

E-mail

Internet

Television / Video

Slide Presentations

Tele / Video Conferencing

Fax / Telephone

Print

It is vital that printed information is readable, clear and free from jargon. The visual impact of printed material can also influence its effectiveness. Mechanisms for use include:

Bulletins, flyers, notice boards

Magazines, leaflets

Memos, letters

Inclusion of key messages in service plan

Direct Mail / Payslips – attach notice

Posters, Leaflets, Brochures

Advertisements

Web Site

Press articles

The objectives and action plan supporting this strategy are based on the premise of communicating with staff at key milestones during the reform programme and doing so in an integrated way. Very real resource limitations do exist with regard to expectations regarding the communication process and the system may have to be prepared for reactive / crisis communication if the need arises.

8.2. Crisis Communication

Good management of a crisis necessitates that well co-ordinated clear communication mechanisms are available in order to treat as priority the unexpected or unanticipated threat or

crisis. As each agency adopts and adapts this communication strategy, it is important that crises are planned for and the mechanisms to respond are determined.

The framework proposed for communications needs to provide for constant monitoring of media and feedback mechanisms, as well as ongoing risk analysis to assess the need for particular kinds of responses at particular points in time.

9. Resources

It is recognised that to developing a really strong communications process which reaches all parts of the system requires considerable time, energy and effort on behalf of those working in the system. This is especially true of those who have specific responsibilities for communication – as people will turn to them at times of change for more information. In addition, however, it has been identified as a key aspect of the Strategy that communications cannot and must not rely on central resources alone. It requires the input and efforts of every member of staff who is in a position to communicate with teams, colleagues, patients and clients.

It is also recognised that in addition to an acknowledgement of the time and energy to be invested in communications, there is also likely to be training and development needs for some of those involved in the process. Training in communications skills will greatly enhance performance at all levels within an organisation and will make a significant contribution to meeting the overall aims and objectives of the Health Service Reform Programme.

Investment in appropriate training is essential if a communications strategy is to be successfully implemented. Planning, identifying needs and investing in individual people and groups to support the communications process must also be an embedded part of the Strategy. This Action Plan makes specific reference to these needs.

10. Monitoring and Evaluation

The Action Plan outlines key activities, timelines and responsibilities with specific targets and review procedures incorporated. The key measurement of the success of the Communications Strategy will be the change in perceptions, levels of knowledge and awareness, which will be measurable from the measures above. Using a combination of mechanisms will enable the Strategy to remain relevant.

A range of mechanisms to regularly review the effects of the implementation of the Action Plan need to include a full range of evaluation mechanisms. Full use needs to be made of existing networks, linkages and fora, as the primary means of communicating. It is essential that communications becomes embedded in the day-to-day business of the each agency (both statutory and voluntary) in the system. In addition, means of developing similar networks with external stakeholders need to be developed. The National Consultative Forum should be considered as an ongoing mechanism for bringing together a broader group of stakeholders in this context.

The Communications Action Group will have an ongoing advisory/monitoring role.

11. Conclusion

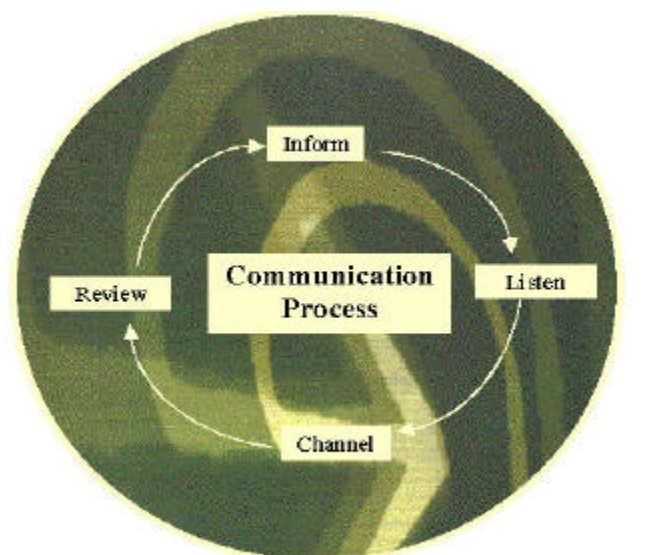
There exists a significant opportunity for the Health Service Reform Programme to position the health services as a dynamic system which builds on the professionalism and dedication of staff and to inspire confidence, health and well being among the public.

To deliver a real, practical and meaningful programme of communications, the Strategy will require a high level commitment to implementation at every level in the system. The Action Plan contained in Appendix 1 seeks to set in train some of the processes which can help to embed communications throughout the system and to help individuals, teams, managers and leaders within the system to fulfill their roles appropriately.

12. Appendix I - The Action Plan

The Communications Strategy incorporates an action plan which is contained in the pages which follow. The purpose of the action plan is to give practical effect to the principles, goals and objectives of the Strategy. Its purpose is also to map a clear set of steps to achieving all that is contained in the body of the document.

In working through an action plan – based on our four key objectives – the group conceived of the plan as a rolling plan – which in this phase of the Health Service Reform Programme, establishes the initial communications efforts but more importantly puts in place a framework within which communications can be developed over the course of the entire programme.



It is anticipated that further iterations with potentially changing emphasis will need to be developed right through the process of the transition and a key aspect of the action plan is to be put in place, at this stage, the mechanisms and protocols to allow the right information to feedback so that the plan can be appropriately adapted as we move through the change programme.

The first review of the Communications Strategy is proposed for end January 2004 – a very early date – so that we can quickly make the necessary assessment and changes to the plan based on the feedback received through these mechanisms.

Action Plan June 2003 – January 2004

Objective	Audience	Action	Deliverable	Who's Responsible ¹	Timeframe	Outcome/ Success factor
Objective 1: Inform individual audiences in a timely consistent, clear and appropriate way of key information regarding the reform	Internal stakeholder ²	Initial communication of the Reform Programme content and processes	OHM Consultation Process	Commissioned by the Department of Health and Children	June – October 2003	Process completed Report Published Clear response from the Department
		Develop networks	Identify key designated ³ people in each organisation	Department of Health and Children and each organisation	By end December 2003	Liaison directory compiled
		Agree protocols for cascading of information internally within each organisation	Communications Group/Project office in conjunction with the designated people identified	By end December 2003	Protocols agreed	

¹ In cases where the communications group/forum is referred to the group should consider whether it would be possible to advance some of these elements as an integral part of the final communications strategy.

² Internal Stakeholders are defined as :staff of all health service agencies and the DoHC, trade union and professional representative bodies, board members and staff of all voluntary providers currently providing services through service agreements with statutory agencies.

³ A designated person is the person with designated responsibility from the CEO to liaise on a day-to-day basis with the Project Office and the Information Project Officer. He/She will be or will work under the direction of a member of the senior management team of the organisation. He/She may or may not be the communications director for the organisation.

Objective	Audience	Action	Deliverable	Who's Responsible ¹	Timeframe	Outcome/ Success factor
			Recruit/Appoint Information Project Officer for the Health Service Reform Programme	Department of Health and Children	By end January 2004	Information Project Officer appointed
		Provide regular source of information	Make communications on reform programme a fixed item on all management, partnership committee and team meeting agendas	Sec Gen CEOs Issue instruction in relation to this matter and ensure on senior management team agendas	With immediate effect	Survey to measure achievement of this for key existing networks, fora, committee and team meetings
			Develop and Launch website	Department of Health and Children	Early December	Website : "hits" counter monitored
			Update website	Department of Health and Children	Weekly after launch	Website monitored weekly and signed off for required update

Objective	Audience	Action	Deliverable	Who's Responsible ¹	Timeframe	Outcome/ Success factor
			Maximise access to website for organisation staff CEOs need to assess needs and provide central access points if availability limited or ensure hard copy updates available through other methods		Work to begin as soon as possible	Monitoring of website hits and staff surveys indicate good access
			Contribution to Staff newsletters – generate generic material for use	Information Project Officer	At next available issues	Contact made, contributions submitted and accepted
		⁴ Develop panel of advocates/spokespeople	Individuals identified	National level:Department of Health and Children Regional Level:Health Boards and other large employers	Beginning January 2004 but reviewed on a regular basis to respond to specific issues	Public advocates of the Reform Programme visible and generating an informed debate

⁴ This panel or series of panels will be a resource to support the change programme internally as well as to support external stakeholders information and dialogue needs.

Objective	Audience	Action	Deliverable	Who's Responsible ¹	Timeframe	Outcome/ Success factor
			Appropriate training provided	National level co-ordinated by the Project Office	Beginning February 2004	Training needs assessed and provided
		Mark significant Milestones	Briefing sessions with senior management teams with cascading throughout the organisations networks ⁵	Beginning with Sec. Gen. and CEOs and working through agreed networks	Communications of major milestones should as a matter of principle and where possible be communicated to internal stakeholders in advance of or at the same time as made public	Communication received on time/in advance as stated Full cascade efforts completed within 2 weeks of press release
			Press releases internal and external as appropriate	Department of Health and Children initially with local releases as appropriate	As required in line with above	Communication received on time/in advance as stated
			Communication to staff from Sec. Gen and CEOs as appropriate	Sec. Gen. and CEOs co-ordinated and supported by the Project Office	As required as required in line with above	Communication received on time/in advance as stated

⁵ Need to define and agree the kinds of networks and establish as part of the strategy a list of the network members and protocols for how the network will function

Objective	Audience	Action	Deliverable	Who's Responsible ¹	Timeframe	Outcome/ Success factor
			Seek to make contributions to Trade Union and other relevant publications for key milestone events	Project Office	As required in line with above	Contact made, contributions submitted and accepted.

Objective 1: Inform individual audiences in a timely consistent, clear and appropriate way of key information regarding the reform	External Stakeholders ⁶	Identify key audiences	Key audiences identified	Communications group	Immediately	Audiences identified
		Establish links with key audiences	Contact key organisations seeking designated people or points etc.	Project Office	To begin as soon as key contacts identified and by end December 2003	Links established
		Provide regular source of information	Develop and Launch website	Department of Health and Children	Early December	Website : "hits" counter monitored
			Update website	Department of Health and Children	Weekly after launch	Website up-to-date at intervals of no more than 7 days
			Generate generic material for local newspapers and appropriate magazines or journals	Communications Managers in each organisation		

⁶ External stakeholders include: patients, clients and the public generally, public representatives, community and voluntary groups, press and media interests.

		Agreed mechanisms for cascade	Information networks to spread news to wider stakeholders and the public	National Level: Department of Health and Children Regional and Local Level: Health Boards and other large employers	January 2003	Cascade effective – positive feedback received
		Mark major milestones	Issue press releases	Department of Health and Children in the first instance	As required but planned to ensure adequate information reaching media and public to support informed commentary and debate	Series of press releases issued to mark major milestones
			Arrange media and public briefing events as appropriate	Project Office co-ordination of appropriate national, regional and local initiatives	As required and in line with the above	Media events arranged as appropriate and to coincide with above

Objective	Audience	Action	Deliverable	Who's Responsible	Timeframe	Outcome/ Success factor
Objective 2: To listen to the views of individual audiences	Internal Stakeholders	Develop mechanisms for canvassing staff views	Feedback from team/committee meetings from every level in the organisation as part of regular item on agendas	Each Agency designated person	Beginning on a agreed regular basis from January 2004	Reports ⁷ received
			Feedback from Partnership Committees to be requested to provide a key link in organisations	Each Agency Partnership with feedback through designated persons	Beginning on a agreed regular basis from January 2004	Reports received
			In-service training programmes to include element on reform programme and glean feedback	Each Agency training units	Beginning January 2004	Reports received
		Create specific mechanisms to get feedback on information provided	Focus groups held in relation to specific issues relating to both the content and the progress of the Reform Programme; and on the Communications Strategy itself	Project Office to plan and co-ordinate – agencies to carry out [Consider use of National Consultative Forum in this context]	Schedule of events from January 2004	Events commenced and Reports received
		Mechanisms developed and agreed to feedback on key FAQs	Each Agency (designated persons)	As soon as possible	Mechanisms agreed	

⁷ A number of different types of reports are referred to – for ease of analysis and response a templated reporting system should be developed for the bulk of these reports. [incorporate in this strategy ?]

Objective	Audience	Action	Deliverable	Who's Responsible	Timeframe	Outcome/ Success factor
			FAQs updated to reflect feedback	Project Office	Updates beginning in December	FAQ updated on a once-a-month basis
			Design and conduct a research process to identify models of excellence for replication in the new system ⁸	Communications Group	Design to begin in January 2004 with exercise completed by June 2004	Report received
		Support HR/IR management	Protocol for IR in the transition process developed and promulgated and relevant elements incorporated in communications updates	HR /IR group and Project Office	Initial Statement January 2004	Initial briefing for staff on provisions of protocol
			Protocol to support HR developed and promulgated and relevant elements incorporated in communications updates	HR/IR group and Project Office	Initial Statement January 2004	Initial briefing for staff on provisions of protocol
Objective 2: To listen to the views of individual audiences	External Stakeholders	Assess public understanding and opinion on the Reform Programme	Mechanisms put in place to analyse, collate and feedback on press / media [Specific network required for news monitoring/response – communications directors/press officers?]	Project Office to co-ordinate with large employers, agree mechanism and institute	To begin immediately	Mechanism in place and reports available

⁸ This should be undertaken with input from the Board of the Interim Health Service Executive

Objective	Audience	Action	Deliverable	Who's Responsible	Timeframe	Outcome/ Success factor
			Respond to and assess patterns in PQ and representations	Department of Health and Children	To begin immediately	Mechanisms in place and reports available
		Elicit views ⁹	Focus group, public meetings or meetings with voluntary and community groups representing/advocating on behalf of patients/clients and public	Department of Health and Children / Project Office plans and co-ordinates as required	Initial Assessment completed by end December and date for review set	Need assessment carried out and where required meetings held
			Call for public submissions on key issues	Department of Health and Children / Project Office	Initial assessment completed by end December and date for review set	Need assessment carried out and where required call for submissions arranged
			Commissioning of market research	Department of Health and Children / Project Office	Initial assessment completed by end December and date for review set	Need assessment carried out and where required call for submissions arranged

⁹ Processes such as these will be entered into on a case-by-case basis and advanced in conjunction with advice from the Department of Health and Children Press Office and the Minister – these processes are likely to be used in respect of specific elements of the Reform Programme and in some cases in specific locations including for example the implementation of the Hanly Report

Objective	Audience	Action	Deliverable	Who's Responsible	Timeframe	Outcome/ Success factor
Objective 3: Channel feedback from individual audiences as appropriate	Internal/External Stakeholders	Agree mechanism for analysing feedback received under objective 2	National level: Feedback analysed Local level: Feedback analysed	Project Office with assistance of Communications Departments	Immediately with agreement on reporting intervals	Report on feedback generated on agreed regular basis
		Identify possible channels/routes and responsibility for response	Further action identified and delegated to appropriate agencies, individuals or project working groups or committees	Communications Group	Initial dates for review set and protocol for feedback to relevant agencies groups etc. by end January 2004	Channelling of relevant issues logged and commenced
Objective 4: Review and evaluate all feedback which may influence further communications	Internal/External Stakeholders	Adapt and develop further iterations of the Communications Strategy on basis of feedback	Establish communications group ¹⁰ with terms of reference for Phase II	Department of Health and Children	To coincide with the ending of Phase I and existing groups work	Forum established
			Agree schedule and method of review	Communications Group	January 2004	Schedule and method agreed

¹⁰ existing group assumed

			Institute necessary additional feedback mechanisms as required	Communications Group	January 2004	Assessment of need made and mechanisms instituted
			Develop communications Strategy on a rolling basis as appropriate	Communications Group	From January 2004	Communications Strategy judged to be responding to communications need

13. Appendix II - The Audiences – Some Concerns

Service Users

Service users are concerned about why this is happening and whether it will make a difference and how it will affect them as individuals accessing services. There is likely to be concern that the change will be about setting up new structures and bureaucracies rather than developing and improving services. There is also a concern that the whole reform programme is really about cost-cutting and reducing resources and that the result will be a more business orientated but less caring system. The other big question is if things are going to get better, how soon will this happen?

Members of the Public

While the public in general have less immediate concerns than those who are using the services, there are a number of broad concerns which will need to be addressed. The cost and value for money issue has been raised by the media and there is an impression that our services are costly and wasteful without meeting the needs of service users. A related concern would be the perception that investment in administrative support for services is a waste of money, and does not improve care. In terms of the reform agenda itself, it is likely that there is a concern that nothing has been done, and that this is seen as confirmation of the perception that nothing will be done. At local and regional level there will be concerns about how the reform agenda will affect the local area, not just in terms of changes in services but also economically if it is perceived that jobs are moving to other areas.

Staff

At a time of change there is uncertainty and therefore anxiety about the future – how changes will affect staff personally, in terms of location, responsibilities, personal development, reporting arrangements and security. There is recognition and acceptance that change is needed, but some doubt about whether it will happen, or bring about much needed improvements. Staff want to provide better services that are well resourced but fear that important elements of the reform programme in this economic climate may not be achievable. In the context of persistent negative media comment, staff feel under valued and sometimes de-motivated. They feel strongly that the day to day service delivery is to be maintained and improved and staff efforts recognised notwithstanding the challenge of the reform agenda.

Public Representatives

Politicians reflect the concerns of the general public. They want to be fully briefed on developments in their own areas. The contribution of board members down through the years

needs to be acknowledged and their concern to have some local democratic influence in the new system

Unions/Professional Groups/ Partnership

The representative groups will share and express their members' concerns, and also service users. Their main focus, however, will be on the terms and conditions which will apply to staff in the new arrangements and how the process of change will be managed. They want to be proactively engaged and have real partnership working in the context of this engagement.

Community and Voluntary Groups

Many services are provided through non-statutory agencies, who are concerned about how the changes will affect their roles, relationships and funding. There is also likely to be a concern that they will be excluded or pushed out at the expense of the statutory agencies. They want to be listened to and have an opportunity to influence the future.