



Better Together

Health Services Patient Engagement Roadmap

Appendix 8

Engagement Methods Toolkit:

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When reading this Appendix please substitute the word “patient” with the term most appropriate for your healthcare setting.

When we use the term “**patient**” we are referring to people who use, or are supported by healthcare services, their personal support network, communities and anyone who may use healthcare services in the future.

MEETINGS

Meetings can be relatively easy to facilitate. They are cost-effective, and can offer the opportunity for patients to share their experience of a particular service and give feedback.

How to do it

- Agendas should be set jointly with patients and should be checked for accessibility (no acronyms etc). Meetings should be facilitated by a skilled and confident chairperson and there should be a note/minute taker.
- Agendas should follow normal standards: Welcome and Introduction (and apologies), Matters Arising and no more than 3 discussion points raised per meeting. There should also be ample time made for Any Other Business and patient feedback and comment. Next meeting dates should be advertised at the end of the agenda.
- Forums and meetings should ideally begin with an icebreaker and the group agreeing ways of working that ensure everyone feels safe and comfortable within the meeting.
- Introductions should begin with outlining agenda items so people know in advance when there are opportunities to discuss various issues and when comfort breaks or lunch will be. The introduction should also state clearly what the intended outcome of the meeting is and when people will receive feedback.
- Jargon free notes should be sent out as soon as possible after the meeting in whatever format is easiest for the participant to receive them (i.e. email, post).
- If patients are attending other meetings on behalf of a service user group, they should receive training about representation to ensure they are clear when they are putting their own point of view or the group's point of view across.

Advantages

- Forums or meetings often generate more feedback as members opinions can be triggered by discussion points raised by others.
- Forums or meetings can give service providers an opportunity to invite external agencies to the table for discussion.

Disadvantages

- Meetings/forums may only uncover a small sample of patients feelings as attendance to these groups is nearly always self-selecting. Organisations should be aware of this and try to use other methods to gather other service users' opinions.
- The group format, particularly as staff are present, may prevent patients from speaking as candidly as they would like.
- Forums and meetings may not be accessible for people who speak other languages.
- Often membership is staff heavy; ensure a minimal staff presence which will lead to a patient focus.

Resources needed – Low

- Comfortable, accessible meeting room.
- Agendas.
- Minutes of previous meetings.
- Hospitality and expenses.

ONLINE MEETINGS

In addition to the guidance on Meetings above:

Specific considerations for Online Meetings:

- Ensure the chosen app optimises the opportunity for attendance by those being invited to the meeting and that they have access to the necessary technology. Consider whether digital poverty may be an issue.
- Ensure, as the organiser of the meeting, that you have the appropriate level of technological support you require to conduct the meeting. Having a number of hosts can help to address any issues that may arise during the meeting.
- Have a communication contingency plan in the case of technology failure.

Video Conferencing Etiquette Tips:

- Ensure proper lighting- lighting in front of you so other attendees can see you.
- Choose the right background- ensure no personal information is visible behind you.
- Have the camera at eye-level.
- Ensure high quality audio.
- Dress appropriately.
- Follow the ways of working for participant interaction.
- Don't forget to mute yourself if you are not speaking.
- Use headphones if in a shared space to optimise privacy of attendees and the content of the meeting discussion as appropriate.
- Attend from a quiet space.
- Open the meeting app 15 minutes before the meeting is due to start.
- Join the meeting a couple of minutes before the start time. This gives the meeting administrator time to admit all participants.
- Be on time and prepared for the meeting.
- Test your technology in advance of the meeting.
- Ensure your device has adequate charge for the session.
- Familiarise yourself with the chat function. You should be able to find this at the bottom of your screen. The chat function is seen as a chat bubble icon.
- Use the chat function if your audio or video fails.
- Have a back-up communication plan for if technology fails and communicate that to attendees prior to the call. e.g. If for any reason you get knocked out of the meeting at any stage, please contact _____ on _____.

To encourage engagement during online meetings:

- Send relevant information to attendees with enough time to read it in advance of the meeting.
- Use breakout rooms for smaller group discussion.
- Use in-meeting polls.
- Ensure attendees stay on mute, unless speaking, to avoid background noise during the meeting.

SUGGESTIONS & COMMENTS BOXES

Suggestion boxes are a great and easy way to gain feedback about a service. Although they may also be used for complaints we suggest that they are not named complaints box in order to ensure that improvements and suggestions are also encouraged. It is important that patients receive feedback from their suggestions.

How to do it

- Suggestion boxes should be set up somewhere where it is easy for patients to put comments in without being seen.
- A pen or two should be nearby. Paper should also be provided. These need to be checked and maintained on an ongoing basis.
- A sign should be nearby, highlighting how often and when the box will be emptied and in what way and when comments will be responded to.
- Different options for the service to respond to suggestions include (i) in person; (ii) at a meeting; (iii) typed response sheets on the wall or (iv) in newsletters.
- Care should be taken to ensure anonymity and confidentiality is protected.
- Some services create a very simple questionnaire to be filled out, this can allow patients to say how they would like feedback, and provide their own details if they wish to.

Advantages

- Suggestion boxes offer patients an opportunity to make suggestions for improvements to the service.
- Patients can make suggestions anonymously without fear of being identified
- Some services have used comments boxes to inform agendas at meetings or focus groups Some services ensure a definite time to open the box and the manager of the service reads out the comments to all (if patients are happy to share their comments in this situation).

Disadvantages

- Staff must have responsibility for suggestion boxes, to ensure comments are read, directed, feedback is provided and changes are advertised.
- People with literacy issues or who speak other languages may not find this technique accessible.

Resources needed – Low

- Sturdy and clearly identifiable box.
- Attached paper, pens.
- Staff time to feedback to patients.
- Time to consult patients/staff about how best to develop and advertise comments box and policies on feedback.

TALKING WALLS

A talking wall is simply a large piece of paper put up in a prominent position in a public space. It's a method most often used in conjunction with other participation techniques (for example meetings, focus groups and partner events). However, they offer an excellent opportunity as permanent fixtures in services as well.

How to do it

- Simply put up a large piece of paper on the wall. 'Comments about the particular service Welcome'.
- Make sure you leave lots of markers around the wall so people can comment at their leisure.
- In order for talking walls to be effective they need to be put in a 'high traffic' area where people will notice them.
- Ensure someone is responsible for taking down the talking wall, writing up the comments and feeding back to all relevant partners.
- Can be used in well used areas of projects as a permanent fixture, perhaps consulting on different issues each week.
- Ensure a form of feedback and advertise it clearly.
- May need some agreed rules, for example no personal information, offensive comments or swearing.

Advantages

- People can take as much time as they need to write.
- People can draw pictures instead of writing.
- Offers an alternative way for people to express their opinions without having to speak up in a meeting.

Disadvantages

- Other people can see you writing – not an anonymous or private method, one possible way around this is to provide post-it notes.
- People with literacy issues or who speak other languages may not find this technique accessible.

Resources needed – Low

- Paper or white board.
- Coloured Pens/Markers.
- Post-it Notes.
- Time to follow through and feedback results.

POSTERS & LEAFLETS

Posters and leaflets offer a means of communicating with current and potential patients. They can also be used to encourage participation in consultations and feedback activities. As the consumers of these materials it is ideal that patients test them and are involved in their design and development.

How to do it

- Involve patients from the beginning.
- Planning communication through posters and leaflets is crucial as mistakes cannot be cheaply corrected once multiple copies have been printed.
- All materials have a 'shelf-life' but do minimise this by not using references which will date quickly. For example, including the name of a staff member will mean that the leaflet is no longer current if that staff member leaves the organisation.
- The design and layout of leaflets and posters should take account of potential audiences as some design decisions can exclude people. The use of certain graphics and layout can disadvantage people who are visually impaired or who have literacy issues.
- They should be written in 'Plain English'.
- Fonts should be 'clean', clear and of a suitable size. Densely printed areas should be avoided.
- The more complex the language (including jargon and slang) the more people will be excluded or will exclude themselves from your potential audience.
- As a general rule - keep it simple. Question and answer formats, clear spacing, and breaking complex processes into smaller steps can all help. Think of your audience and keep it as straightforward as possible.
- Involve patients in checking accessibility and content and ensure that it is clearly understood and attractive. Try and get a range of patients to give you feedback.
- Seek advice from patients on where leaflets and information on the service should be made available (e.g. communal areas)

Advantages

- Leaflets and posters are a common method of promoting a service, engaging with potential patients, and communicating with referrers of patients and others.
- A good leaflet not only communicates the information it contains but carries a larger message about the professionalism and values that your organisation wants to communicate to its partners and others.
- Leaflets are an excellent method of feeding back results from participation activities.

Disadvantages

- Be sure to develop posters and leaflets to a high standard. Unprofessionally produced promotional materials will send a poor message regarding competence and quality.
- May need to be updated regularly.

Resources needed – Low

- Print costs (internal or external)
- Patient/staff consultations
- Possibly software

FOCUS GROUP

A focus group is a research method in which a specifically selected group of people can be asked about their opinion on a particular topic. Questions and specific discussion points are raised in an interactive group setting, and members of the group are encouraged to talk freely. Ideally a focus group works best with a minimum of 4 people and a maximum of 12 and will last 1-2 hours.

How to do it

- Organisers should decide what information they want to gather and who to conduct a focus group with to get required information. Participants of a focus group should have some kind of experience or opinion relating to the subject of the focus group.
- Organisers should find a neutral and comfortable meeting place for the focus group.
- The date and time of the meeting should be considered in order to suit the needs of the participants. Participants should be given advance notice and reminders.
- Try to ensure that participants are representative and have relevant experience required to make up the desired target group. When advertising, organisers should clearly state what the subject of the focus group is and who would be suitable to take part.
- Facilitators should be confident and knowledgeable on the theme. They should ensure confidentiality and make no false promises. Facilitators should also offer a 1:1 should people wish to put forward a point privately.
- At the beginning of the focus group facilitators should ensure that agreed ways of working are generated and that an agenda for the session is outlined (including comfort breaks).
- Note takers should write clearly on flip charts (checking with participants for clarity) and ensure that everyone's comments are recorded. The focus group should finish with the note taker going over all the key points raised during the meeting, ensuring that all participants are aware of feedback mechanisms.
- Outline what the results will be used for before the focus group begins and also at the end of the focus group. If the results published will be compiled in a report ensure that each participant will receive a copy of the report if they leave a contact address.

Advantages

- Can trigger a wider and more thorough discussion than one to one interviews.
- Can allow a large amount of information to be generated in a short amount of time.
- At service level, focus group numbers often allow for a representative sample of a project's population.
- Provides a wealth of information about what people think and also why they think the way they do.
- A relatively inexpensive and easy way to get feedback.

Disadvantages

- Participants may feel a pressure to conform to other members' views.
- Participants may feel that they have to express positive views if staff members are present. Information gathered during the focus group may be difficult to interpret and record.
- Interpreters may need to be in attendance for people who speak other languages.

Resources needed – Medium

- Facilitator and Note taker.
- Flip Chart/Pens.
- Staff time for printing agenda, ground rules and feedback. Incentives & Refreshments.

Further Information Available at this link:

<https://www.hse.ie/eng/about/who/qid/person-family-engagement/resourcesqid/guidance-for-conducting-focus-groups-march-2018.pdf>

SURVEYS & QUESTIONNAIRES

Surveys and questionnaires are excellent methods of gathering information around specific areas of a service or organisation. They enable organisations to collect information from or about people and help to describe, compare or explain their knowledge, attitudes or behavior.

How to do it

- Identify survey objectives: The objectives of a survey can come from a defined need to gather information around service provision.
- Design the survey: Including patients in this stage can be an empowering process for those who take part, although you will have to consider the increased time and resources. When designing a survey, accessibility and plain language should be consistent throughout the design.
- Questions can take two forms:
 - Open questions which allow people to speak in their own words, for instance 'how, what, why' help people to express their opinions. Although this may provide useful quotations, themes that arise and information gathered may be difficult to interpret and careful consideration is needed so that misinterpretation does not occur.
 - Closed questions allow respondents to give specific answers, for example, yes or no. These questions may be more difficult to frame but can lead to easier statistical analysis and interpretation.
- Carrying out the survey: An interviewer must be able to communicate effectively and actively listen to pick up meaning when interviewing a participant. Ensure language or literacy considerations.
- Managing and analysing the data: This process begins when the surveys or questionnaires are returned. Issues that should be considered include; checking all the questions have been answered, are worded correctly, check patients have demonstrated an understanding of the questions, identify and be skilled in recognising common themes that have been given in answers.

Advantages

- Surveys can gather information relating to a specific aspect of a service within an organisation.
- Involving patients in the process can lead to a shared understanding between different partner groups, and can be a very empowering process for patients.
- Surveys can give an evidence base for changes to service provision, or make wider policy changes.

Disadvantages

- Careful thought has to be given to the survey questions. It is so important that the correct questions are asked otherwise the information needed may not be gathered.
- Organisations should provide adequate resources for carrying out surveys. It may be resource intensive if patients are to be fully involved in the process.
- People with language or literacy barriers may not find this technique accessible.

Resources needed – Medium

- Significant time allocation for preparation, printing, consultation and design

HIQA have developed a survey-hub which contains a suite of resources to help you to develop your own surveys, including e-learning modules, presentations and guidance. It also contains information on research projects that utilise data from the National Care Experience Programme surveys. To go to the Survey Hub, please click on the link below.
<https://yourexperience.ie/survey-hub/>

PARTNER EVENTS (WORKSHOPS, SEMINARS & CONFERENCES)

Partner events offer an excellent opportunity for all relevant parties to discuss current themes and issues. These events can be specific to one project or across several projects. The purpose is to involve patients and other partners and provide the opportunity for communication and understanding. These events recognise that all partners (front-line staff, patients, planners, decision makers) have expertise.

How to do it

- Discussion groups, question and answer panels, focus groups and meetings can be used to structure a Partner event.
- Planning must incorporate considerations around reaching all partners and aiming for equal numbers of each group (those who use services, those who provide services and the policy and decision makers).
- Patients should be involved in the planning of the event from the beginning.
- Organisers must ensure that events provide a genuine forum of equality and that everyone present is able to speak freely.
- Facilitators should ensure that there are a number of mediums through which people can put forward points of view. For example, discussion groups, talking walls, questionnaires.
- Ideally, discussion groups should contain low numbers making it is easier for people to speak up and to allow lots of time to get points across.
- The event should be evaluated by organisers and delegates.
- A report should be developed which will not only record the event, but also for further discussion and action.

Advantages

- Stakeholder events provide opportunities for patients to discuss issues with decision makers and make their views widely known.
- Stakeholder events also give planners and decision makers a chance to hear directly what using services are like for those who use them.
- Offer a variety of methods to involve and engage people.
- Offer an opportunity to showcase services and provide advice and information.

Disadvantages

- Can be threatening to staff.
- High resource, requires high level of training to be successful.
- Boundaries may take some time to establish.

Resources needed – Medium

- Venues for meetings, training and ongoing support
- Training costs, catering, travel etc.
- Expenses

RECRUITMENT OF STAFF

If facilitated correctly, this is a very meaningful and important area for patients to participate. Involvement in the recruitment of staff offers a significant means of involving patients at shared control levels within the organisation. Involvement should be considered throughout the entire recruitment process, from advertising the post right through to selection and induction.

How to do it

- Participation opportunities are made available at every level of the recruitment process from advertising, through to short listing, interviewing and induction. Knowledge of the organisation's recruitment process is fundamental to the whole process
- For involvement to be meaningful it may take more than just having a patient on the interview panel. For example, questions should be representative of a wider group of patients, not just the person on the interview panel asking the question.
- Patients need to feel that their contribution at every stage has been valuable and that the outcome has been a team effort.
- Be aware of possible discomfort patients may feel with the responsibilities associated with making decisions and choosing candidates.

Advantages

- Patients feel valued.
- A greater understanding of employer best practice recruitment guidelines.
- New staff members get early insight into the importance of a participation ethos.
- A great opportunity for staff and patients to work together.

Disadvantages

- Training needs to be available for patients.
- Lengthy preparation time.
- Difficult if staff positions need to be filled quickly.

Resources needed – Medium

- Training, preparation, practice and role play time for patients.
- Travel expenses.
- Hospitality.
- Preparation time for staff.
- Space/venue.

EXIT INTERVIEWS FOR PATIENTS

Exit interviews provide an opportunity for the patient to feedback their views on a service they have just used and to review how effectively their needs were met.

How to do it

- The most important thing to remember is that participation in the interview must be voluntary and have a patient focus.
- Be flexible around when the interview takes place; make it as easy as possible for the patient to attend. Also be flexible about where the interview takes place.
- It would be beneficial for patients and staff to work together to draw up a structured questionnaire. Check with a wider representation of patients that the questionnaire makes sense and is accessible to all.
- If the patient is comfortable, offer them the opportunity to speak with a member of staff who did not directly provide care to them. This allows the patient to speak freely about all aspects of their experience, good and bad.
- Use active listening techniques to gather views and be sure to avoid closed questions. Make sure that there is plenty of time and space for them to reflect and explore their ideas.
- Don't be defensive about your service, this process is an opportunity to develop and improve.
- If possible, you can also offer the choice of using a Dictaphone (so the interview can flow more freely).

Advantages

- Exit interviews provide an opportunity for the patient to reflect on their time using the service and to review what worked for them, what did not work so well, and why.
- Exit interviews can have a positive impact on the service user by allowing them to reflect on their experience of the service.
- Exit interviews can be a driver for organisational improvement.

Disadvantages

- Exit interviews can sometimes be viewed as tokenistic by both staff and patients. They must be patient focused.

Resources needed – Low

- Interview facilitator.
- A quiet space where you will not be interrupted.
- Pre-prepared interview questions

PATIENT SHADOWING

Shadowing is an observation technique that provides an opportunity for a third party to experience and record what happens during interactions along a patient's pathway. Its aim is to see the care experience through patients' eyes. It forms a critical part of Patient Engagement. Shadowing raises staff awareness of the patient experience and the need for change. It helps staff to understand what is working well for patients and their families, and what is not.

Ideally, shadowing is carried out by a variety of staff. It is important that senior clinical staff on the team and senior leaders carry out at least some of the shadowing. However, it may also be good for non-health care professionals, such as administrative staff. They can each bring a different perspective and can view care with a fresh pair of eyes.

How to do it

- Talk in advance with staff in the areas in which the shadowing will take place. Make sure they understand its purpose, and emphasise that its aim is to improve quality, not to assess individual performance.
- Design a simple form for capturing information, to include: when each activity takes place; patient and shadower reactions to each activity; and further observations.
- Record information under headings such as: environment, printed information, signposting and movement around hospital, waiting time, and verbal communication. A final space could highlight patients' views about what went well and what could have gone better, as well as the shadower's thoughts and feelings about what they saw and heard.
- Prepare a patient information sheet that you can give to patients before and after the shadowing to explain the process.
- Before you start, decide which part of the care experience you want to focus on. Decide where the shadowing will start and finish, how many patients will be shadowed for each element of the experience, and at what time. For example, you might want to shadow patients at different times of day to see the variation in processes that occurs.
- The easiest way to record the experience is to use a simple form.
- Plan how you will feed back to the areas or staff involved (both positive and negative issues) in real time.
- Explain shadowing to patients and reassure them that whatever they say to the person doing the shadowing will have no effect on the standard of care they are given. Make sure they give their informed consent, and ask for their contact details if they wish to be updated on progress. Remember, they may be feeling vulnerable or anxious about being involved, or about their health care experience.
- A short practice run or role play will give the shadowers some experience and will allow you to tweak the method if necessary.
- Identify one person to collate, analyse and interpret the data collected and sort the information into themes.

Advantages

- It is simple to do.
- The organisation can experience the service first hand.
- Improvements can be identified in a timely manner.

Disadvantages

- Can take time to do.
- Staff may view it negatively.

Resources needed – Medium

- Staff member to be released to carry out shadowing.
- Someone to collate feedback.

PATIENT DIARIES

Patient diaries are a way by which patients or their families can record events that occurred during their healthcare journey. Diaries are a good way to help patients understand more about their illness. A diary has been shown to reduce stress in ICU patients after they are discharged to the wards. ICU diaries are usually filled in by relatives and staff when a patient is in ICU.

How to do it

- Provide education and information to patients and their families regarding the concept of patient diaries.
- Provide support to patients and families who engage with this method of gathering information.
- Provide diaries for patients participating.
- Ensure the GDPR policy is adhered to regarding diaries.

Advantages

- Diaries help patients to understand their illness.
- Patient diaries will instil a sense of being listened to and their experiences acknowledged.
- Patient diaries also help staff to understand the patient's experience.

Disadvantages

- Cost of diaries may be an issue for some services.
- Staff need time to assist with diaries.

Resources needed – Low

- Purchase diaries
- Staff time.

PANEL DISCUSSIONS

The purpose of a panel discussion is to spark conversation between a group of healthcare experts, so that the audience can learn from their discourse and interaction.

How to do it

The panel discussion format is usually the same: 3-5 subject matter experts gather on stage or in front of the camera to discuss a specific topic and offer differing perspectives. The panellists share facts or personal experiences, express opinions, and answer audience questions. There is always a moderator to keep the momentum going, facilitate the discussion, and manage questions from the audience.

Ideally, a panel discussion should:

- Be thought-provoking and insightful.
- Present diverse perspectives on an issue.
- Educate, inspire, and spark the audience's curiosity.

A panel discussion should not be:

- A series of presentations by the panellists.
- Just a Q&A session with the audience.
- A repetition of the same points from different panellists.
- An unstructured discussion that careens off topic.

Tips for a successful Panel Discussion

Purpose: A clear purpose and outline for the discussion is essential

- Pin down your purpose: what do you hope to achieve with your panel discussion.
- Decide the format and tone of your panel discussion e.g relaxed chat/debate?
- Know your audience: what information/topic do they care about? What biases or assumptions might they have? What are their biggest concerns?
- Tailor your content to fit the needs of your audience.

Panellists: When choosing panellists, ensure

- they differ in profile and experiences so that they will be able to cover different angles and offer unique perspective.
- they have the right expertise to contribute to your discussion.
- they have the personality and confidence to capture the audience's attention.

Prepare your panellists:

- give them the questions in advance.
- inform them of the audience e.g age, health issue, what their biggest issues and challenges currently are; what so they hope to gain from listening to the discussion; what insights can they benefit from.
- Use an online question collecting tool before the event to ask the audience what they would like answered and incorporate them into the panel discussion. This will help the panelists use the right cases or anecdotes to tailor their answers for maximum reliability, impact and resonance.

Moderator: Have a strong moderator who can

- Manage the time and keep the conversation moving.
- Ensure all panelists contribute equally to the discussion.
- Keep the panelists on topic.
- Clarify/ explain jargon, terminology or concepts the audience may not be familiar with.
- Paraphrase or connect concepts to highlight the key takeaways and help the audience connect with the conversation of the panel.
- Facilitate the Q and A session.

Keep the audience connected to the discussion

The best panel discussions are audience focused.

- Use tools and techniques to encourage audience interaction in the discussion.
- e.g Q and A / Live polls.
- Use live polling to engage your audience, increase audience interaction and gain valuable insights.
- Get audience participation by asking them to submit questions through a Q and A platform and have the rest of the audience vote on which questions they want answered.
- Ask the audience to post their key takeaways from the panel discussion.

PANEL DISCUSSIONS CONTINUED

The purpose of a panel discussion is to spark conversation between a group of healthcare experts, so that the audience can learn from their discourse and interaction.

Advantages

- Panel discussions provide a variety of viewpoints through lively discussion giving the audience a broad insight to the topic being discussed.
- They can be more engaging than presentations, if well prepared and well moderated

Disadvantages

- Require panellists to be willing to participate and be prepped
- Require a strong moderator
- Require time to prepare and set up
- Require booking a venue if being done face to face

Resources needed – Medium

- Venue for in person panel discussion
- Expenses for panellists
- Strong moderator/ training for a moderator

PLANNING WORKSHOPS

Planning workshops are joint workshops attended by representatives of all the groups participating in a project with the aim of developing the project plan together. The project plan explains what activities need to be completed by when in order to meet the agreed objectives/ outcomes of the project. Planning workshops ensure that the parameters of the project are agreed upon by the patients as well as the staff.

The objective of the workshop is to develop and agree

- a short term plan where the focus is on the activities that need to be completed in the near term, e.g 4 weeks, as these should be known.
- a longer term plan which can be for the remainder of the project, or year one/year two etc – whatever timeframe is realistic.
- key activities, outputs and milestones and risks, issues, assumptions and dependencies for the project

How to do it

Arrange a workshop with all the relevant participants. The workshop needs to be held in a room which is accessible for all with suitable wall space that can be seen by all participants as the workshop must be interactive and the information needs to be captured on the walls. This can be done using post-it notes

Brown paper roll

This is used to create a time line that can be stuck on the wall (this should be prepared before the workshop as you do not want to waste time creating during the workshop). The paper is used to create strips across the wall. On each strip a number of projects / workstreams are listed on the left going down the page. The dates are listed evenly going across the page (note: make sure that there is sufficient room to add a number of items into each project / workstream under each date. If you have a large number of project / workstreams, add additional strips underneath when you place on the wall.

Post-it Notes (ideally larger size and different colours)

These are used to record the different activities / milestones (where possible document known activities / milestones ahead of the workshop and have them to the side of the timeline ready to place). The Post-it Notes are then placed on the timeline in the appropriate place. The action of placing some of the Post-it's will prompt a discussion of what can / cannot be achieved and flush out dependencies. Post-it Notes can be easily moved if and when a dependency is identified when planning subsequent projects / workstreams.

Where possible use different colour Post-it's for different project / workstreams to make them easy to distinguish. Use Post-It notes to capture risks, issues, assumptions and dependencies on flip charts Use sellotape to stick the Post-it Notes to the timeline so they do not fall-off when taking the timeline down. This ensures that you then can document what was agreed during the session without missing Post-it Notes.

Maintaining energy for the session:

People will start to lose energy, especially in long sessions. Make sure you have some healthy snack to give them a boost of energy when needed.

Advantages

This approach facilitates developing a project plan in a collaborative way with involvement from the appropriate stakeholders. Seeing the plan visually will make it easier for people to understand what needs to be achieved by when and allow barriers to be identified. Working this way is good for team spirit and helps ensure a feeling of common ownership – very important for success. This is a very powerful technique. Used correctly, it really can fast track the creation of plans.

Disadvantages

- Requires stakeholders to be willing to participate
- Requires time to prepare and set up
- Requires booking a venue if being done face to face

Resources needed – Medium

- Venue for in person planning
- Expenses for those attending
- Strong facilitator/ training for a facilitator
- Flip charts, Brown paper, post-it notes, blu tac, sellotape, pens

COMMUNITY FORUMS

The aims of a Community Forum are to provide the community with the mechanism to:

- receive information about healthcare services, developments and specific issues.
- provide input about experiences of healthcare or services received.
- discuss ideas about healthcare service improvements, bringing forward alternative viewpoints e.g discuss alternative policies or programmes, give feedback and refine proposals about, for example, the location of a new healthcare facility.
- work in partnership with healthcare staff in healthcare design, delivery and evaluation and policy creation, enabling the patient and public to achieve wider input into organisational decision-making and planning.

Therefore, Community Forums incorporate all 4 degrees of engagement. (See section 2).

Community Forums are somewhat similar to Focus Groups, but aim to involve a larger group of patients than focus groups and can include a small number of staff.

The staff members attending the forum should be flexible, prepared to listen and able to express themselves clearly and concisely.

How to do it

Forums can take the form of a one-off event but are usually more effective as a series of meetings at which the public and staff discuss matters of shared concern.

In implementing a Community Forum follow the Essential Steps Checklist (Appendix 10)

- Consideration should be given to the use of an external facilitator, which may enhance the effectiveness of the forum. Their role is to provide nondirective guidance in assisting the forum to come to decisions. Facilitators should ideally have a neutral role in relation to the matters being discussed. It is often helpful for facilitators to work with organisers to design the process beforehand, including formulating the agenda and suggesting forms of participation.

To maximise the involvement in, and thus the benefits of the Community Forum, the following points should be considered (in addition to Essential Steps For Meaningful Engagement Appendix 10):

1. Opening the Forum:

Depending on the topic of the forum, you may want to open with a guest speaker(s) formally addressing the group, providing information and sharing knowledge and ideas. This is a particularly useful approach for decision-making and planning forums.

2. Forum Process

Your process should provide consumers with information and the opportunity to ask questions at the beginning of the forum, and then the opportunity to participate in the development of further ideas or action plans through small group discussions.

3. Using a Facilitator

An experienced facilitator should be used. There should also be enough people with group experience to act as facilitators for the small group discussions.

Advantages

- A Community Forum provides the community with an established two-way communication platform with healthcare staff.
- A range of degrees of engagement methods can be conducted when the platform is established.

Disadvantages

- Can be threatening to staff.
- Boundaries may take some time to establish.
- High resource, requires high level of facilitator training to be successful for collaborative work.

Resources needed – Vary

- vary depending on the engagement activity being conducted within the forum.

COMMUNITY PARTNERSHIPS

Community Partnerships are structured cyclical planning processes with a specified role for the community in shared decision-making with healthcare providers.

Community Partnerships can take many forms. Essentially they involve the coming together of various community groups and organisations to implement or develop a specific initiative, for example, a substance abuse initiative.

Joint planning partnerships between the community and healthcare staff aim to combine resources to help tackle specific problems. These resources should not be limited to financial but should also include staff members and their expertise.

How to do it

Note: Partnerships may bring together organisations with differing histories, priorities and cultures. They may involve groups with different agendas and individuals with different goals and needs relating to their involvement in the partnership. Partner agencies may, or may not, therefore have a shared understanding of the goals, purpose or, indeed, partnership structures. Prior to implementation, it is essential that the healthcare organisation and the community partners are clear about how the partnership will work.

When establishing a Community Partnership, follow the Essential Steps Checklist (Appendix 10)

- Clarify your own aims and objectives in forming a partnership. What are you trying to achieve, and how will community partners assist?
- Identify the stakeholders in the project or programme. Consider who you really need as partners, and who would really want to be a partner.
- Before approaching potential partners, make sure you have support and agreement within your own organisation about working with others.
- Make informal contact with partners to find out about their attitudes and interests before putting out formal proposals.
- Communicate with your partners in language they will understand, focusing on what they may want to achieve.
- Plan the partnership process over time. Successful partnerships take time to establish formally.
- Use a range of methods to involve people in workshop sessions as well as formal meetings.
- Encourage ideas from your partners. Ownership leads to commitment.
- Be open and honest.

Joint Community Initiatives examples:

<https://www.hse.ie/eng/services/yourhealthservice/documentation/communityparticipationprimarycare.pdf>