



Are health de|lays justified?

NO, says Niamh Brennan who has criticised the Minister's inertia on implementing the findings of both the Brennan and Prospectus reports on the health services. Despite being published in June - over three months ago - two key appointments have yet to be made.



The Brennan Commission presented its report to the Minister for Finance on March 24 but its publication was delayed to June 18 to await completion of the Prospectus *Audit of Structures* report. By September 2003, two key appointments necessary to progress our recommendations had not been made.

Some have said Government reports in the past have gathered dust. Concerned about this, we included a separate chapter on implementation, with an addendum listing all 136 recommendations together with IT implications and timeframes.

Chairman of Implementation Committee

Critical to change in any organisation is an individual to drive the change. For this reason, we recommended that an independent person be nominated by Government to chair a high-level, well-resourced national implementation committee. We envisaged someone with experience of change management in other large organisations; someone of substantial character who would drive change and overcome resistance. The scale of change requires a full-time commitment from an independent

person; those working in the system are too busy with their normal duties anyway.

We recommended that the Implementation Committee would hand over to the board of the new Health Services Executive within two years which we think is reasonable. Those who say it will take ten years do not have the can-do, make-it happen attitude that is required for successful implementation.

Chairman of the Interim Health Service Executive

The Government indicated on June 18 last that: "An interim board of the health service executive will be appointed shortly." It is now three months since that statement was made and there is no evidence that the interim board has been put in place. The addendum to our implementation chapter shows that many of the 136 recommendations cannot start until the Health Service Executive is established. It is critical the interim board be appointed immediately - without this, the process of appointing the management of the Health Service Executive cannot begin. In the meantime, there's a risk that existing managements may put in place entrenchment mechanisms that may make change more difficult.

Current status of implementation

I understand that the Department of Health and Children has established 14 projects to move the reform agenda forward. These project groups are co-

chaired by Department officials and health board CEOs. I understand that steering groups, project managers and project teams drawn from existing health service staff are being put in place. These are in a two to three month planning phase. Just as our health services are highly fragmented (65 different agencies) and are inefficient as a result, this seems to me to be a very fragmented approach.

Of our 136 recommendations, we identified 52 as being capable of being implemented (or implementation started) immediately. My question is: How many of these immediate recommendations have actually been actioned since our report was presented to the Minster six months ago?

Niamh Brennan is Michael MacCormac Professor of Management at UCD and recently chaired the Brennan Commission.

YES, says the Department of Health and Children which believes that, since the report was published, the Minister has been busy preparing the groundwork for the changes, a task it considers essential to the future success of the reforms.

On June 18 last, the Government announced the largest reform programme since the establishment of the health board structure in the 1970s. Since then, the Department has not stopped working to support the implementation of the Health Service Reform Programme as a major priority. The Government's decision was based on two separate reports, which together propose a programme of change that will affect every aspect of the health system.

In line with the Government's decision, the first priority was to communicate the Government's vision to the 96,000 staff working in the health system, each of whom will have received the document outlining the Reform Programme. In the days immediately following the launch of the programme, the Minister and the

Secretary General met directly with staff in each health board. Since then, a communications process has been undertaken to inform and listen to feedback from the staff on the ground. At this stage, the consultation process has involved around 20,000 health service staff. This is a unique achievement. The report on this is being delivered on time and well within the three-month deadline.

Change cannot be achieved by dictate from the centre, it will require an enormous effort and belief on the part of all of those working in the system at present. The need for constant communication around a change process on this scale is well-acknowledged, and formed a strong recommendation in the *Prospectus Report on the Audit of Structures and Functions in the Health System*. The early feedback has been that this first

step in informing and seeking feedback from staff has been extremely well-received and will have dividends in the longer term.

In addition to this communications programme, the Department has been working closely with the Department of Finance and the CEOs of health boards to develop a framework for managing a programme of this scale and complexity. Work on a model of programme management is nearing completion. This will provide an overall structure within which individual projects can be planned and interlinked.

The Project Office for the programme has been established

The National Steering Committee and the interim Health Service Executive have yet to be appointed. However, the Minister is presently considering possible nominees and will bring proposals to Government shortly in consultation with the Minister for Finance.

The Government's decision identified what needed to be changed in the health system. Since this, the Department has been ensuring, in consultation with all the stakeholders, that we are appropriately organised to implement the change. We will be moving rapidly into implementation activities in the coming weeks.

A major lesson on change is that the easy part is getting the technical side right, the difficult side is getting the people involved committed to the change. If this is not done well, the change only gets compliance without any ownership of the change.

The Minister and the Department are convinced that the preparatory work currently nearing completion is well worth getting right and is key to the future success of the reform programme. In today's complex world, that old Irish saying about a good start being half the work is still relevant to the management of major change: "Tusnu maith leath na hoibre." □

