

CHRE's Strategic Communications Plan (2009 – 2011)

1. Introduction

Our strategic communications plan 2009 - 2011 underpins our strategic plan 2008/09 – 2010/11 and business plans for 2009 - 2011. Effective communications with our external stakeholders (including the public and patients)¹, is essential to achieve our goals.

The purpose of this Strategic Communications plan is to:

- Outline our mission, vision and values to external audiences
- Reinforce our brand and raise our profile within our stakeholder networks²
- Support our operational and business aims
- Identify, establish and set out the means to secure an influential position with our key stakeholders
- Clarify our positioning with all our stakeholders
- Work effectively with our external suppliers.

2. Background

- Our corporate brand guidelines and website were first implemented in 2007. In Q4 2008, we are continuing to build our brand identity by reviewing and updating the brand guidelines and website
- We produced guidance publications in 2007 for the sector, including a series of publications on 'clear sexual boundaries between healthcare professionals and patients'
- We managed an event with the Department of Health in April 2008 entitled 'The future of regulating professionals – the patients' perspective'
- Communications tasks were outsourced until we appointed an in-house Public Affairs Manager in June 2008.

¹ In this document the word 'patient' includes service users and carers.

² Strategic plan 2008/09 – 2010 – 11 (section 3: mission, vision and values)

3. Actions taken in 2008

In June – December 2008 our focus has been to create foundations that will position us to deliver stronger communications messages to a wider network of stakeholders through the period 2009 - 2011.

Our approach to communications follows an evolving strategy, starting from implementing some basic structures in 2008, to working to strengthen our relationships with many stakeholders during 2009 – 2011.

We have adopted a pragmatic approach, identifying our goals and developing our vision of becoming excellent communicators by planning our work in a systematic way. We have also considered how we can best extend our limited resources by proposing methods in this plan to continuously develop all our staff to become better communicators.

Please see the CHRE communications model in Appendix A which demonstrates how we intend to chart our progress from 2008 to 2010.

4. Objectives of our 2009 communications plan: achieving the three key 'R's' of communication.

Our plan supports the '**three R's of communications**'.

- Foster improved **R**elationships by:
 - Making our work more responsive to the interests of the public and patients in the regulation of health professionals.
 - Driving cultural change within by encouraging and supporting staff to work collaboratively with patient and public representatives.
 - Supporting the development of Council members, so that they understand their role in promoting our profile with external stakeholders.
 - Identifying, establishing and fostering relationships with new stakeholder groups for our mutual benefit.
 - Managing relationships with existing stakeholders so that they feel valued, excited and involved in our work.
- Increased **R**ecognition: firmly establishing our distinctive identity to support our values of delivering:
 - Accessible, high quality, reliable, timely and customer-friendly information; pre-planning and publishing our consultations, publications and events.
 - Preparing for adequately, and managing high-profile or sensitive issues that are likely to attract considerable public and media interest.

- Using quality standards to deliver external communications to many stakeholders, rather than just a few, by effectively making increased use of electronic communications. For example, our website will deliver facilities for online consultations and we will make wider use of remote conferencing facilities.
- Considered use of our **Resources**: mobilising our limited resources by fostering a culture where good communications becomes integral to everything we all do. In our communications we will use the following principles:
 - Demonstrate good use of public funds to deliver high quality communications.
 - Develop protocols, processes and concise briefs for external suppliers, so that they understand our requirements and work productively with us to achieve them.
 - Develop, maintain and clearly communicate consistent standards for internal and external communications.

5. Our principles for good communications:

We aim to give accurate information to external audiences in a timely fashion, using all our communications channels. We can do so by ensuring that our communications are a true reflection of our values. For example we aim to be:

- **Open, transparent, accountable and honest:** about our decision-making and activities and will never knowingly mislead
- **Accessible and timely:** we strive to be friendly, polite, quick and helpful in our dealings with stakeholders. We will publish our consultation programme at the outset of every quarter to enable our partners (including public and patient representatives) to anticipate and plan their participation in our work
- **Equality and diversity:** Our website, publications and events will be based on our equality and diversity principles and our policy will also be issued to third party suppliers to ensure that they understand our values and work with our guidelines
- **Clearly branded:** All our communications will conform to our corporate brand guidelines. We will write documents in accordance with guidelines and templates issued in our style guide to ensure a consistency of communications across the organization

- **Excellent, consistent, influential, proportionate:** We will develop our project planning tools so that consultations are held with a diverse network of people
- **Engaging:** We plan to capture the attention and imagination of external audiences when developing content for our publications, website and publicity materials, making the content exciting and accessible to all target audiences
- **Agile:** we will gather and assimilate new information quickly to anticipate and react to changes taking place in the wider regulatory market (in Europe and elsewhere). This will enable us to position our work as ‘thought-leaders’ in the regulation of health professions.

6. We achieve these values by:

- **Thinking of the needs of our stakeholders (including patients and patient representatives) in all the four countries:** ensuring that all our stakeholders, including public and patients in England, Northern Ireland, Scotland and Wales, are considered when planning communications initiatives.
- **Keeping our internal stakeholders informed of developments before going public:** we ensure that we brief Council members and staff of our plans prior to publishing information in the public domain.
- **Responding to media enquiries within agreed and negotiated deadlines:** we deliver appropriate and helpful information to media enquiries, negotiating reasonable deadlines and taking steps to be transparent about our work.
- **Planning proactive media management early:** we plan our projects by taking publicity into account in the early planning stages, thereby identifying proactive media opportunities to develop our approach with targeted media contacts.
- **Involving patients and the public in our work:** we use a patient-involvement check-list in planning all projects, ensuring that patient and public considerations are taken into account in our proposals at an early planning stage.
- **Effectively communicating what do to encourage interest and involvement:** pre-planning helps us to publish forthcoming consultations, publications and events.
- **Using ‘plain English’ in all our communications:** we develop summaries of our documents for non-expert audiences in ‘plain English,’ also offering multiple choice responses for feedback, in

accordance with our patient and public action plan and style guide.

- **Meeting the requirements of the Welsh Language Act 1993:** we developed a Welsh Language Scheme 2009 that is published on our website following approval by the Welsh Language Board in early 2009.
- **Enabling third party suppliers to reflect our values:** our corporate brand guidelines and style guide are sent to suppliers to ensure their compliance with our brand and formats. We advise suppliers on our principles of best value for money.
- **Adopting quality standards for communications:** we will follow good practice guidelines for accessibility when our new website is implemented in Q1 2009. For example we use:
 - international electronic standards (W3C and WAI).
 - arial font sizes of no less than 12. points
 - we offer text versions of HTML pages and re-sizing tools on our website, enabling viewers to alter text sizes to suit their individual needs.
 - colours are continuously reviewed so that we meet good practice guidance for those with visual impairments
 - videos are sub-titled to provide those with hearing disabilities to access our communications materials
 - we select venues for meetings and other events that are fully compliant with the Disability Discrimination Act (DDA).

On our other communications we will offer:

- equality and diversity tick-sheets to determine accessibility to facilities when selecting external event locations.
 - invite special requests prior to events to cater for reasonable needs of guests.
 - consider the four countries and equality and diversity issues when planning events and publications.
 - think of clarity and accessibility when preparing documents for patient and public audiences.
- **Being one step ahead of the game:**

We consult widely, within the professional regulation sector and outside of it to promote thought-leadership. Wider consultation will enable us to anticipate and respond quickly to changing social, economic, legal, political, environmental and financial changes, in the UK and Europe.

7. Equality & Diversity – being more accessible to all:

Our Equality and Diversity Policy determines that our communications are clear, accessible, and in appropriate formats and languages.

- Our Equality and Diversity policy is available to view on our website
- In our work with patients and the public, we will aim to include representation from hard-to-reach groups. We will post advertisements in publications and websites across the four countries, including publications specifically that are directed at ethnic minority and other hard-to-reach communities.

8. Responsibilities for managing the communications plan

The success of our communications plan is dependent on making it a living culture. All our Council members and staff have a responsibility to communicate according to the standards outlined in our corporate brand and style guidelines.

Additionally, on occasions, staff and Council members may be required to represent us as spokespersons on specialist subjects. Our responsibility is to identify and support our spokespersons, thereafter providing them with the skills and capacity to represent us externally. We do this by:

- Delivering robust learning and development programmes to enable better handling of media interviews, speeches and public speaking.
- Providing tools, templates and technical systems that support good communications including a fully functional website, a contact database, standard templates for communications and a remote conferencing suite to minimise unnecessary face-to-face meetings when not absolutely essential.
- Providing centrally coordinated communications support, including professional communications advice when required, together with systems and processes that streamline our communications.

9. Key communications responsibilities:

The Chair of the Council:

- Is our key ambassador and promotes our reputation. Our Chair will also perform duties as our spokesperson at events and conferences and may be called upon to speak to the media when the Chief Executive is not available or when it is more appropriate. The Chair therefore has access to advanced media training and interview support (if required), and specific interview rehearsals prior to media interviews.

Council members:

- Approve our communications plan and associated action plans.
- Approve our communications spends.
- Scrutinise progress and performance against action plans.
- May act as ambassadors in external networks.

The Chief Executive:

- Reviews our communications plan and associated action plans.
- Approves policies, principles and quality standards of communications.
- Is our key spokesperson and public representative, speaking to the media and other stakeholders, giving interviews, briefings and chairing events and meetings.
- Approves press releases and statements.
- Raises our profile, outlining our unique selling propositions with parliamentarians and other influential partners through effective influencing and networking.

The Director of Policy and External Relations:

- Manages relationships with key stakeholders, especially the devolved administrations and European Union organisations.

The Public Affairs Manager:

- Proposes a communications plan and associated action plans.
- Is responsible for identifying key spokespersons.
- Manages communications and media development for Council and staff.
- Owns the development and management of technical systems to support better communications, e.g. a corporate website, a central contact management system, media and parliamentary monitoring services.
- Develops and coordinates the implementation of our communications plan and all associated action plans (including patient and public involvement or other stakeholder programmes).
- Provides focused and expert communications advice to the Council and Chief Executive on media management (including crisis management).
- Facilitates relationships with the media and parliamentarians.
- Monitors, evaluates and reports on progress against associated communications action plans to Council.
- Owns and organises our patient and public involvement programme.

- Is responsible for structuring briefings for the Chief Executive and for facilitating improved relationships with select parliamentarians and the media.
- Advises the Chair, Chief Executive and senior management team on the appropriateness of making public announcements against a background of external public or media developments.
- Supports our teams in the delivery of quality events, facilitating excellent evaluation and feedback.

Our heads of teams:

- Incorporate the communications plan and associated action plans into team plans, policies and processes.
- Ensure that planning projects includes consideration of media and public and patient impacts at the outset, facilitating proactive media management and public and patient involvement.
- Contribute towards the development of an up-to-date stakeholder map and action plans.
- Promote the use of communications policies, guidelines and templates for improved communications as per our corporate brand guidelines and style guide.
- Translate corporate guidance and advice into teams' communications plans.
- Are responsible for ensuring that all teams are familiar with, and comply exactly with our revised corporate brand, style guidelines and our communications plan.
- Ensure that all teams update sections of our website and contact database, manage good stakeholder relationships (including relationships with patients and the public) and provide support for our e-newsletter, events, seminars and other regular publications.

Our staff:

- Incorporate our communications plan, corporate brand guidelines and style guide into their plans, policies and processes.
- Ensure that our communications standards and principles become an integral part of all activities.
- Support the communications plan by providing up-to-date content for the website, e-newsletter, the database, our events and other regular publications.

10. Key targets to measure communications success:

The broad aims and objectives of this communications plan have been translated into measurable targets in individual annual plans . All our communications should help to deliver one or more of these targets.

- **Target 1**

To measure and increase Council Members', patients', our external partners' and staff satisfaction with our communications.

- **Target 2**

To increase awareness levels and positive coverage of our role in professional regulation with the media, in patient networks and with key parliamentarians.

- **Target 3**

To deliver measurable improvements in the quality of communications over all channels, year on year.

- **Target 4**

To increase recognition of our brand with all our partners, regionally and nationally.

- **Target 5**

To deliver communications to all our stakeholders, monitoring our reach through stakeholder maps and contact plans.

11. Monitoring and evaluation of the communications plan

The communications plan (and associated appendices), will be reviewed once a year by our Council. We will measure the effectiveness of our plan through:

- Feedback at events, seminars and on our website.
- Monitoring of 'hits' on our website.
- Reviewing our media coverage.
- Events successfully delivered against an agreed calendar of public events.
- Publications successfully delivered against an agreed publications list.

13. Appendices

- Appendix A: Summary view of our communications plan
- Appendix B: CHRE's Welsh Language Scheme 2009

Operational plans:

- Appendix 1: Publicity action plan 2009
- Appendix 2: Internal communications action plan 2009
- Appendix 3: Media action plan 2009
- Appendix 4: Patient and public involvement action plan 2009
- Appendix 5: Stakeholder action plan 2009

Appendix 1: Publicity action plan 2009

Focus	Actions:	Timeline:
<ul style="list-style-type: none"> • Corporate brand 	<ul style="list-style-type: none"> • To be updated and re-issued. A more accessible design and style of language will be developed to better engage with patients and the public 	<ul style="list-style-type: none"> • End of 2008
<ul style="list-style-type: none"> • Style Guide 	<ul style="list-style-type: none"> • The style guide will provide an outline on consistent language and formats for external communications 	<ul style="list-style-type: none"> • End of 2008
<ul style="list-style-type: none"> • Promotional suite 	<ul style="list-style-type: none"> • We will commence work on a creative, distinctive promotional suite of publications to reinforce our brand, making our identity easily recognised and engaging 	<ul style="list-style-type: none"> • Q4 08/Q1/Q2 09
<ul style="list-style-type: none"> • Publications 	<ul style="list-style-type: none"> • A planned programme of publications will be identified and published by teams at the start of each quarter. We will publish a quarterly 'publications calendar' on our website 	<ul style="list-style-type: none"> • Q1 2009 onwards
<ul style="list-style-type: none"> • Events 	<ul style="list-style-type: none"> • We will publish quarterly public events calendar on our website in 2009 	<ul style="list-style-type: none"> • Q1 2009 onwards
<ul style="list-style-type: none"> • Consultations 	<ul style="list-style-type: none"> • We will publish our programme of consultations at the start of each quarter 	<ul style="list-style-type: none"> • Q1 2009 onwards
<ul style="list-style-type: none"> • Website 	<ul style="list-style-type: none"> • Our new website offers the facility to conduct online consultations and to announce future work. We will comply with good practice guidelines for accessibility on electronic and print communications and make information available in accordance with the Freedom of Information Act 2000 	<ul style="list-style-type: none"> • Q1 2009
<ul style="list-style-type: none"> • E-newsletter 	<ul style="list-style-type: none"> • We will introduce an e-newsletter to regularly update stakeholders of our work 	<ul style="list-style-type: none"> • Q2 2009

Monitoring and evaluation

Our external relations plan will be reviewed regularly by defining whether activities identified in the action plan are delivered to quality standards and against agreed timeframes.

Appendix 2: Internal communications action plan 2009

Focus	Actions:	Timeline:
<ul style="list-style-type: none"> Two-way communications and staff motivation 	<ul style="list-style-type: none"> We will hold monthly meetings where all staff can contribute items to the agenda Where necessary, use will be made of “away-days” to increase staff inclusion in all work and to increase staff morale 	<ul style="list-style-type: none"> Ongoing When appropriate
<ul style="list-style-type: none"> Fostering a ‘no surprises’ approach 	<ul style="list-style-type: none"> The Chief Executive will issue a “fast news service” via email to Council members and staff, with briefing notes on matters of significant public or media interest 	<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> Communications training and support 	<ul style="list-style-type: none"> New staff will have induction meetings with the Public Affairs Manager 	<ul style="list-style-type: none"> Ongoing
<ul style="list-style-type: none"> Communications systems and tools 	<ul style="list-style-type: none"> Staff will receive training on the use of the website and database. They will be guided by standard communications guidelines and templates 	<ul style="list-style-type: none"> From Q1 ‘09
<ul style="list-style-type: none"> Informal communications 	<ul style="list-style-type: none"> Email and notice-boards in communal areas 	<ul style="list-style-type: none"> Ongoing

Review and monitoring

Our staff and Council members currently have easy access to the Chair or their managers to suggest better ways of working or to address concerns, but we will continue to explore new ways with our Council and staff to improve our internal communications further in 2009.

Appendix 3: Media action plan 2009

Focus	Actions:	Timeline:
<ul style="list-style-type: none"> • Develop check-lists to facilitate team planning for proactive media work. 	<ul style="list-style-type: none"> • Review and refine check-list with one team 	<ul style="list-style-type: none"> • End of 2008
<ul style="list-style-type: none"> • Introduce the check-list system across all teams 	<ul style="list-style-type: none"> • Use feedback from one team to refine the check-list process, rolling out a planning process so that proactive media involvement is considered at the outset of all project 	<ul style="list-style-type: none"> • End of Q1 2009
<ul style="list-style-type: none"> • Use a “no surprises” approach for public coverage 	<ul style="list-style-type: none"> • Staff and Council are briefed on news items before press releases are issued 	<ul style="list-style-type: none"> • Ongoing
<ul style="list-style-type: none"> • Select and support key media spokespersons. 	<ul style="list-style-type: none"> • Key communicators, e.g. the Chair and Chief Executive can have interview rehearsals and support prior to interviews – this training will be facilitated by the Public Affairs Manager 	<ul style="list-style-type: none"> • Q1 2009 onwards
<ul style="list-style-type: none"> • Working with target media contacts. 	<ul style="list-style-type: none"> • Quality trade press • Building better relationships with some national and regional papers • Holding media events to outline and update forward plans for 2010 	<ul style="list-style-type: none"> • Q1/2/3/4 2009. • Q2/3/4 '09 & Q1 '10 • Q1 2010

Monitoring and evaluation

The media plan will be reviewed regularly by defining whether actions identified in this action plan are delivered to quality standards and against agreed timeframes. Additionally, all teams will plan for media coverage at the outset of projects - the impact of this new activity on media coverage will be monitored for its effectiveness at the end of this financial year.

Appendix 4: Public and patient involvement (PPI) plan 2009

We propose using a four-tier approach:

Tier 1: developing a diverse network of public and patient representatives.

- In 2008 we are putting in place the technical systems to support increased co-operation with wider groups of patients and public in the four countries.
- In the latter part of 2008 and in Q1 2009 we will invite online website registrations to our patient and public network, advertising regionally and in specialist publications to reach people from the four countries and some minority and hard-to-reach communities.
- We will create leaflets on professional regulation, our role in professional regulation and the benefits of belonging to our PPI programme in Q1 2009. We will issue information leaflets to those who register on our PPI network.
- All teams will use the check-list system in their projects to consider patients and the public when planning projects. Where there is a PPI aspect to be included in a project, this will be written into proposals made to Council.
- We will deliver internal training programmes for staff and Council members to support good quality patient and public involvement in Q1 2009. We will follow this up throughout the year with updates where required, developing and transferring skills as we acquire increased expertise in this field of work.
- All teams will examine documentation prior to distribution to patient and public audiences, ensuring that the language is written in plain English and that jargon is avoided. Teams will produce clear and simple summaries of complex documents, requesting feedback in the form of multiple choice answers. Our style guide will deliver guidance to staff on writing for patient and public audiences.

Tier 2: increasing participation in our patient and public work.

- For all members of our PPI network we will provide training which may be in the form of information leaflets, interactive website training or face-to-face meetings.
- If we require some PPI members to meet face-to-face on a regular basis, we will outline our policy on expenses and allowances, which will be in line with the practice of similar organisations. Our policy on payments will be published on our website.
- We may conduct consultancy or research to increase our understanding of public perceptions of professional regulation,

also learning how to attract and retain more people to our patient and public network.

- We will conduct seminars and research to enable us to promote better patient and public engagement in the future.

Tier 3: onward management of our PPI plan

- We may utilise some or all of the following methods to develop and progress our PPI programme, always seeking to pursue the goal of excellence in this area of work:
 - Consultancy
 - Research
 - Collaborative work with regulators and their PPI schemes.
 - Collaborative work with established patient and public representative groups across the four countries.
- We will hold public events, seminars and other programmes that involve patients and public in our work.
- Our remote conferencing facilities have the potential to encourage increased participation by PPI representatives in our public meetings.
- We will liaise with leads of PPI schemes within and outside the professional regulatory sector to ensure that our PPI scheme remains continuously updated.
- We will work with regulators where appropriate to share good practice on patient and public involvement.
- We will set up a 'PPI think-tank', working with stakeholders in health and other public sectors and the devolved administrations who have developed expertise in this area. In this way we will work towards continued development of our own programme.

Tier 4: monitoring our PPI plan

- Our PPI plan will be reviewed annually by our Council to ensure that it is updated and there is flexibility to consider and implement regular improvement. We may invite members of our PPI network to participate in a review of our plan once a year.
- We will share ideas for good practice with our other partners as well as learn from their experiences.
- We will share common themes from regional PPI meetings with attendees of all our regional events, thereby ensuring that PPI contacts in the four countries have the ability to review issues that are common to everyone.

Patient and Public Involvement Action Plan:

Focus	Actions:	Timeline:
<ul style="list-style-type: none"> • Building a patient and public database and a website for online consultations 	<ul style="list-style-type: none"> • The contact database and website will be implemented and tested at the end of 2008 for staff input in early 2009 	<ul style="list-style-type: none"> • Q4 2008/Q1 2009
<ul style="list-style-type: none"> • Implementing structures to support more efficient networking with patient and public contacts. 	<ul style="list-style-type: none"> • Data entry will be commissioned to refine the quality of personal records currently held in CHRE. We will comply with the requirements of the Data Processing Act 1998 for these records 	<ul style="list-style-type: none"> • Q4 2008
<ul style="list-style-type: none"> • Tier 1 	<ul style="list-style-type: none"> • Implementation 	<ul style="list-style-type: none"> • Q1/Q2 2009
<ul style="list-style-type: none"> • Tier 2 	<ul style="list-style-type: none"> • Implementation 	<ul style="list-style-type: none"> • Q1/Q2 2009
<ul style="list-style-type: none"> • Tier 3 	<ul style="list-style-type: none"> • Implementation 	<ul style="list-style-type: none"> • Q3/4 2009
<ul style="list-style-type: none"> • Tier 4 	<ul style="list-style-type: none"> • Implementation 	<ul style="list-style-type: none"> • Q3/4 2009/Q1 2010

Monitoring and evaluation

The PPI plan will be reviewed to determine whether deliverables identified in the action plan are delivered to quality standards and against timeframes identified. We will also:

- Use feedback forms at PPI events.
- Facilitate feedback through our e-newsletter and website.

Appendix 5: Stakeholder action plan 2009

Focus	Actions:	Timeline:
<ul style="list-style-type: none"> Identify current partners. 	<ul style="list-style-type: none"> Map relationships with partners to identify the frequency and use of communication channels 	<ul style="list-style-type: none"> Q4 2008
<ul style="list-style-type: none"> Confirm the level of our relationships with partners, aiming to maintain appropriate contact using all channels of communications. 	<ul style="list-style-type: none"> Refine the stakeholder map by identifying and including new partners Re-locate partners on our map to aid best practice communications Identify new influential partners and our key internal contacts, who will develop the relationships with them 	<ul style="list-style-type: none"> Q4 2008 Q4 2008 Q4 2008
<ul style="list-style-type: none"> Improving stakeholder relationships 	<ul style="list-style-type: none"> Advising partners if and when we will use new communications channels to reach them in advance, so that stakeholder perceptions of us remain positive. Examine existing communications, identifying opportunities where limited face-to-face communications may be replaced by more frequent online or video conferencing. 	<ul style="list-style-type: none"> Q1 2009 Q1 2009
<ul style="list-style-type: none"> Plan resource allocations, using the most efficient channels of communications 	<ul style="list-style-type: none"> Develop and agree forward contact plans with existing and new stakeholder groups, aiming to manage expectations at the outset. 	<ul style="list-style-type: none"> Q1 2009
<ul style="list-style-type: none"> Extend our profile in influential stakeholder networks. 	<ul style="list-style-type: none"> Speak at conferences or coordinate workshops to widen our position of influence in key networks 	<ul style="list-style-type: none"> Q1/2/3/4 2009

<ul style="list-style-type: none"> • Stakeholder events • Use our stakeholder e-newsletter to build relationships and invite feedback 	<ul style="list-style-type: none"> • We plan a conference in London in early March '09 • We will publish a forward programme of our other stakeholder events on our website • All our stakeholders will be invited to access our online newsletter and can deliver feedback on content through our website. 	<ul style="list-style-type: none"> • Q1 2009 • Q2 2009 • Q2 2009
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Review and monitoring

The stakeholder plan will be reviewed regularly by defining whether deliverables identified in the action plan are of quality standards and against timeframes identified.