

Communications & Engagement Strategy

NHS Cumbria

Corporate Communications and Engagement Strategy



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Executive summary

Executive Summary

Effective communication and engagement are at the heart of our business.

The Corporate Communications and Engagement Strategy sets out the overall framework of how NHS Cumbria intends to communicate with all its audiences over the next five years, in line with the Department of Health's (DH) World Class Commissioning requirements.

It has clear and measurable objectives which demonstrate our ambition to establish and maintain trust between the organisation and all its publics through honest dialogue.

The PCT has established a reputation as a fair and transparent organisation among most key stakeholders through our extensive consultations.

We know we have much more to do in building our communications systems and infrastructure to reach key audiences.

The strategy recognises that the lines of distinction between communications and engagement are increasingly irrelevant.

The reputation of NHS Cumbria is dependent upon an all-encompassing approach to the way it interacts with its audiences as the local leader of the NHS.

The reputation of NHS Cumbria is dependant upon everybody within the organisation and key partners playing an active role to help ensure that the NHS is credible and connected to its stakeholders.

Genuine two-way communication and engagement will become the bedrock for service change and commissioning.

We recommend this report to you as a work in progress which will become the basis of informed discussions throughout NHS Cumbria's network.

1 Introduction

This section confirms the purpose and scope of this strategy

The Corporate Communications and Engagement Strategy sets out the overall framework of how NHS Cumbria will ensure the development of more effective communication with all its audiences over the next five years and secure increased public and staff engagement in pursuit of the strategic objectives and priorities of the

“World class commissioners will actively steer the local health agenda and will build their reputation within the community so that they are recognised as the leader of the local NHS. They will seek and stimulate discussion on health and care matters and will be respected by community and business partners as the primary source of credible and timely advice on all matters relating to health and care services.”

Department of Health World Class Commissioning summary

PCT set out in the Strategic Plan, of which it forms part. As such, we will refine and develop it as we gain feedback and comment from partner agencies, individuals and communities (of place or interest) with whom we aim to communicate and whose engagement we seek.

This Corporate Strategy reflects the requirements of the Department of Health’s (DH) World Class Commissioning policy.

It sets out a framework which will be flexible enough to respond to the changing NHS landscape which is being developed locally, regionally and nationally as part of the *Our NHS, Our Future* review and as set out in *Healthier Horizons*.

This strategy is primarily relates to the NHS Cumbria in its role as a commissioning organisation and as

leader of the NHS community in Cumbria. It also has a continuing responsibility as a significant provider of community services and this corporate strategy encompasses this for as long as the provider functions remain a direct part of the organisation.

This corporate strategy provides a framework for communication and engagement in individual clinical care or lifestyle choices; in local service delivery and service development issues and in strategic and policy issues. It is a framework that addresses both internal and external audiences and relates both to organisational needs and to wider health outcomes. It is a framework that will shape and inform the full range of communications and engagement plans that will be developed for specific initiatives within NHS Cumbria and for specific localities, services or issues.

Key to improving communication and achieving increased engagement, both internally and externally, is gaining support and buy-in to the concept that both communication and

engagement are core parts of the mainstream responsibility and activity of all staff who are involved in:

- Influencing health behaviour and choices
- Delivering clinical care
- Commissioning or developing services
- Developing policies or strategies.

The specialist resources of the Communications and Engagement Teams are there to support, develop and resource aspects of the activity. However, strong communication and effective engagement is the outcome of good relationships, collaborative working and an informed organisation across all levels.

The reputation and effectiveness of NHS Cumbria is dependent on it consistently communicating and listening as we seek to develop a new relationship between the NHS and the people and communities we serve.

NHS Cumbria key aims:

* Work with others to improve health for the people of Cumbria

* Make the best use of available resources

* Achieve core standards and targets

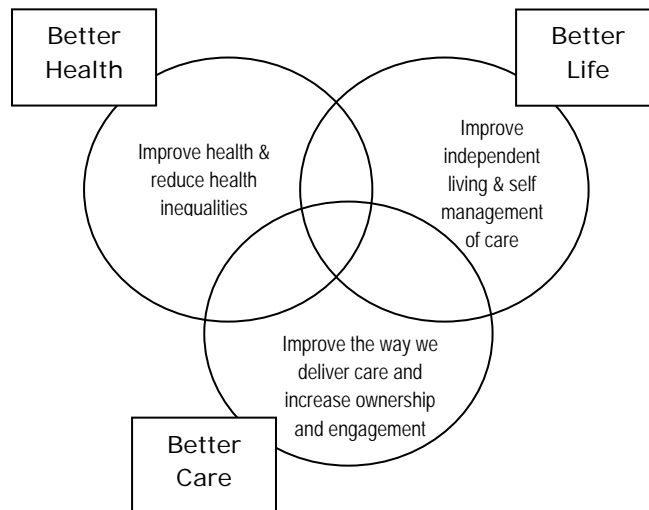
2. Strategic Approach

This section sets out the strategic context of this strategy and some of the key links to other plans and strategies within the PCT (2.1); it describes our strategic vision and the operational context for engagement of individuals (including staff and clinicians) and communities (2.2, 2.3 and 2.4)

2.1 Strategic Context

Our overall strategic intent is to secure the improvement of the health and well being of all people in Cumbria and to help them stay active, independent and in control for as long as possible.

To achieve this vision we have three key aims:



To achieve our vision, the Strategic plan sets 8 goals, covering 11 priorities (in bold).

Over the next 5 years, we will:

<p>Improve health outcomes and reduce health inequalities</p>	<ol style="list-style-type: none"> 1. Reduce premature mortality in cancer, especially lung cancer, where life expectancy in Cumbria is significantly lower than the national average. 2. Reduce premature mortality in circulatory diseases, especially coronary heart disease, where life expectancy is significantly lower than the national average. 3. Reduce health inequalities, especially the gap in life expectancy between the most deprived communities in Cumbria and the most affluent in the priority diseases of coronary heart disease and lung cancer. 4. Support people to lead healthy lifestyles and reduce smoking, obesity and alcohol misuse, which give rise to poor health (particularly coronary heart disease and cancer) and wider problems within our community. 5. Improve mental health and wellbeing.
<p>Improve quality of life, independent living & self management of care</p>	<ol style="list-style-type: none"> 6. Improve quality of life and independent living by supporting people, especially older people and those with long term conditions, to manage their own care and by increasing choice and personalisation of end of life care.
<p>Improve the way we deliver care</p>	<ol style="list-style-type: none"> 7. Bring care closer to people's home, improve access to services in communities, minimising acute admissions and stays, and improve unscheduled health care needs. 8. Provide improved and equitable access to specialist tertiary services.

We cannot achieve these goals by working unilaterally. We have to secure the partnership and engagement of other organisations and agencies and we have to secure the engagement of individuals and communities. This strategy provides an orientation and a means to develop the necessary communication and engagement at the heart of corporate processes. The aim is that we should develop a new relationship with partners and people and embedded within the core of the routine activity of all our staff. This will be underpinned by formal processes, embedded in the commissioning cycle, which consistently provide individuals and communities with the information and opportunity to share in the responsibility for achieving a healthier population within the full range of social, economic, technological and human resources of the County.

The delivery of the communication and engagement objectives to support the development of the new relationship in Cumbria requires organisational and personal

capacity and capability within the PCT, meeting the challenge of demonstrating transparency, information sharing, listening and responsiveness, whether in the context of clinical activity, service development or strategic decision making. The development of the necessary culture and skills is a core part of both the Organisational Development Strategy and the Workforce Strategy. The objectives for communications and engagement reflect, and are reflected in, the Governance Framework

The Communications and Engagement Strategy relates to the county as a whole and to the full range of our activity within it. In order to support the delivery of reduced inequalities, there will be a particular focus on those people and communities that have not traditionally been heard or involved. There are therefore essential links between this strategy and the Equality and Diversity Plan.

2.2 Engaging people and Communities

In the past the NHS in Cumbria, as elsewhere, has tended to place patient feedback on the margins and to engage with communities spasmodically, without clear evidence of feedback. Communication has often been erratic, defensive and partial. As a result there is a general cynicism about the NHS in general terms and the intentions of the policy makers – as demonstrated in the public perception surveys and by the public response in recent years to potential service changes within the County. At the same time the people of Cumbria have very positive experience of and feelings about their own GPs and local services, as demonstrated in the recent DoH and HCC surveys.

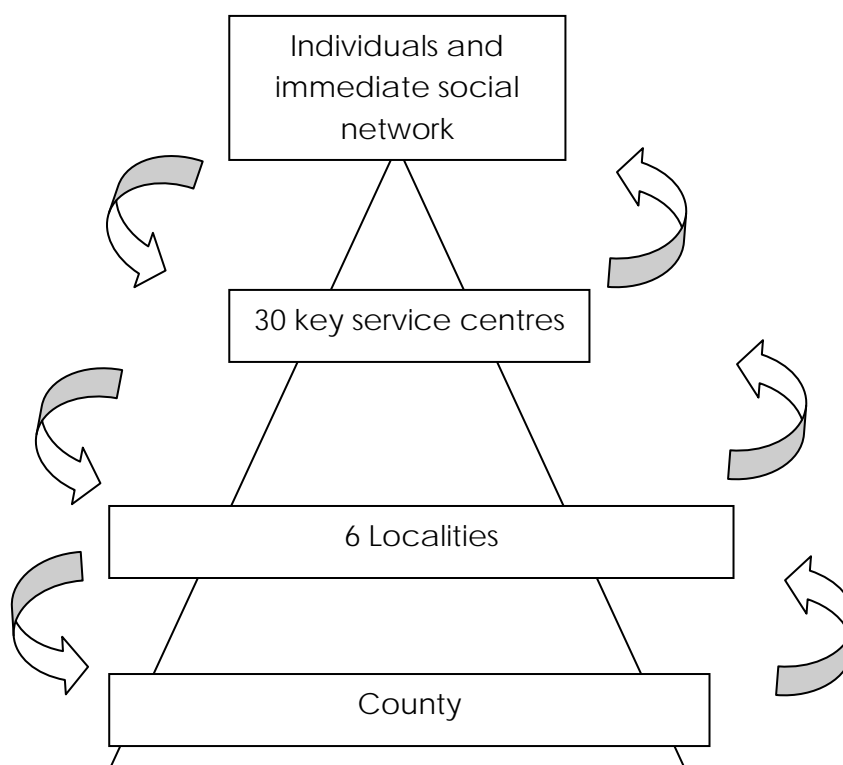
Our approach will build on the positive perceptions that people have of local front line services and build on the best of people's experience of the services. In doing so it will develop increasingly systematic and quantitative data to capture the reality of the experience of people who use health services and/or face challenges to their health and well-being. In doing this, it will focus particularly on connection with the direct, lived experience of people at local level, in their natural communities.

The front end of the strategy is therefore about connecting with individuals. We aim to ensure that they have the information they need in order to enable them to play their own part in promoting health, the early detection of ill-health and the self-management and care of illness. We also aim to ensure that there are feed-back mechanisms so that their perception of their experience directly informs the commissioning and delivery processes.

NHS Cumbria is:

- Building health and healthcare around individuals and their communities
- Building on the best of people's experience
- Connecting with individuals lived experience

To support and enable this we will seek to work through communication and engagement channels in the 30 or so natural communities [“key service centres”] that have been identified within the County. This in turn will be supported by communication and engagement developed within each of the six Localities and the whole approach underpinned by the use of County-wide channels and forums, in conjunction with our public sector partners, in the context of the Cumbria Strategic Partnership:



This communication and engagement approach aligns with the structure of NHS Cumbria, which is designed to ensure local (as well as clinically led) decision taking in commissioning and in the management and operation of the provided services. It is from the locality level that commissioning is shaping the local service system, within the framework of the County-wide strategy.

Six locality teams have been established, one in each of the county’s six districts (Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakeland). Each is led by an experienced local GP and supported by a locality commissioning manager. Our staffing resources are configured to provide a multi-disciplinary team for each locality.

The three public engagement leads already form part of these teams, with a key role to help them face outwards into the groups and communities in their area. The delivery of this strategy requires there to be a communication and engagement capability as part of the core capacity in each of the six localities.

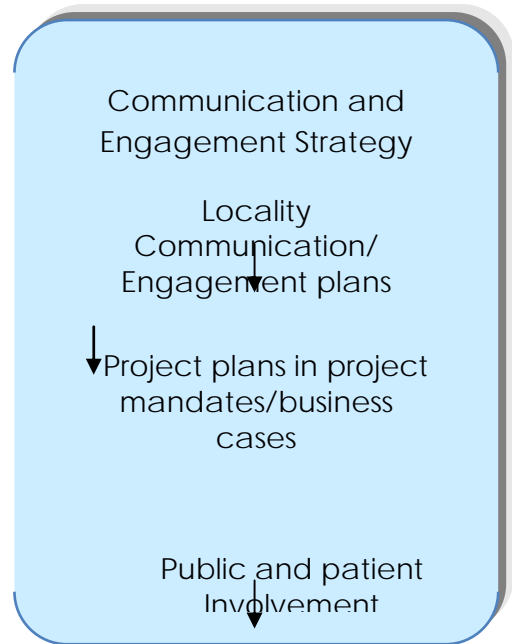
Public engagement plans are in place for each locality and regularly updated. Communication plans are being developed alongside these. These plans for the general

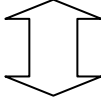
approach in each locality will support the focused activity in the context of specific initiatives.

It is around local communities and specific initiatives that the engagement process has a particular strength. The public are more readily directly involved when specifics are being explored in these terms. It is also then that their local knowledge and experience can particularly illuminate and inform options.

Communication and engagement plans will be part of the core requirement for project mandates submitted to the Professional Executive Committee (PEC) for initial approval and for business cases considered by the PEC prior to commissioning proceeding. In the event of any action being developed without this PEC approval process, there will be a requirement for there to be auditable evidence of appropriate communication and engagement.

In all cases the communication and engagement plans will be concerned with the **giving** and **receiving** of information:



<p>The NHS empowering people by sharing the information and knowledge within it</p>  <p>The NHS being empowered by accessing the information and knowledge which lies with those who are experts by experience, of place or condition.</p>

In addition, we will directly invest in building a community development capability. This will become an integral part of the commissioning processes in order to transfer knowledge and the capacity to respond (whether for health promotion or therapeutic objectives) into communities and neighbourhoods. It will build on the initial work being undertaken by the Community Development Workers in mental health and be developed partnership with the Community Unit of the County Council and other public sector partners.

The approach to public engagement will reflect the Charter for Engagement (appendix 1) and be integrated in the commissioning cycle as set out in appendix 2.

A performance monitoring process is being developed in order to provide assurance about the performance against the charter and we will explore with the new Cumbria Link how they can develop a contribution to that monitoring.

It is at a local level that the central issues of the relationship between the NHS and the population are played out – in both directions. It is local issues that engage and enthuse and it is now at local level that key decisions are made, with clear clinical leadership. The challenge is to develop the skills of clinical leadership so that they communicate and

engage individuals and communities, both with a current relevancy and in order to create future sustainability. This Strategy sets out a framework for this and locates this local and specific communication and engagement within a wider, overall approach.

2.3 Engaging staff and Clinicians

Effective outward facing communications and engagement is fundamental to the achievement of our objectives. This is dependent upon it being a reflection of an informed and engaged clinical community and staff –in the organisation and in key partner social care agencies.

The new arrangements for clinical leadership within NHS Cumbria set an important context for transforming this. There will be ever greater clinical engagement in our work, ensuring clinical colleagues can have real influence in the development of the local NHS and play a central role in communicating the vision to the public and partners.

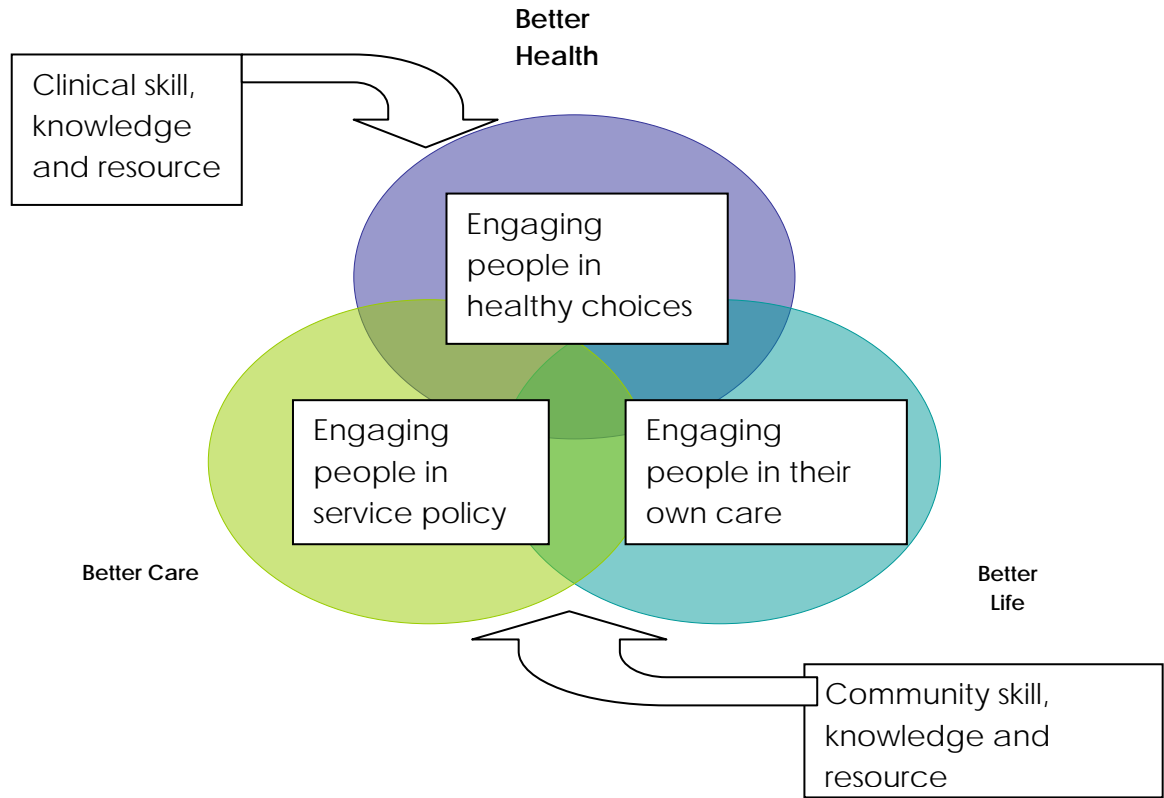
Alongside this, a priority within this strategy is the development of **internal communications** so that all staff feel that they understand and identify with our strategic goals; recognise their contribution to the achievement of those goals and feel valued in their work role.

The track record for internal communications has not been good, as evidenced by the initial clinical reaction to some of the consultation proposals in Closer to Home and as clearly demonstrated in the Staff Survey. There is a specific and immediate need for corporate initiatives in order to build on the emerging improvements internally, as a basis for more sustained, integrated communication with patients and the wider public. The key features of our Internal Communications strategy are set out in appendix 3.

2.4 An Integrated Approach (1)

The approach within the Organisational Development strategy will ensure that as clinicians move into leadership roles and as staff are better engaged, the direction of travel is to greater sensitivity to the needs of individuals and communities. This will be reflected in the communication and engagement activity at a local level and be built into the development of commissioning and delivery plans. As evidence builds of this happening in practice, it will enable more individuals and communities to feel that their experience and perception has been listened to, valued and utilised.

At the heart of our strategic approach is the integration of clinical knowledge and skill with the knowledge and skill that is held by individuals and communities:



3. Corporate Communication and Engagement Objectives

This section sets out the key, corporate objectives for communication (3.1) and engagement (3.2) as we develop the Strategic Approach set out in section 2.

A series of key corporate communications, engagement and marketing objectives are set out below. These cover both external and internal needs. They are in line with the four priorities for NHS Communications set out by NHS Management Board:

- Supporting delivery and better healthcare
- Engaging and leading the NHS workforce
- Building communications capability and capacity across the NHS
- Promoting the NHS brand and enhancing reputation

They also align with the implications of the Wanless “fully engaged scenario” and with our strategic intentions, set out above.

To create an organisational context and capacity for effective delivery we aim to:

- Develop the identity and place of the PCT in the social context of Cumbria
- Build confidence and credibility in the local NHS
- Support the integration of health in the wider social and community context of people’s lives
- Contribute to the growth of shared responsibility for health, wellbeing and healthcare in ways relevant to the Cumbria context

3.1 Communication objectives

Specifically in relation to **communication** at the corporate level we will:

- **Establish NHS Cumbria as the ‘local leader of the NHS’ by 2010** (evidenced through public opinion survey)
- **Strengthen collaborative approach with Cumbria County Council and key strategic partners** (evidenced by monitoring through “Newsflash”)
- **Focus the PCT’s corporate communications activities on its key aims through proactive planning and professional support** (evidenced through regular use quantitative internal and external communication monitoring from December 2008)
- **Implement new internal communications initiatives in order to increase staff satisfaction in the internal communications** (evidenced by a 15 per cent increase in the number of staff who regard the Trust’s internal communications as satisfactory by the 2010 staff survey)
- **Ensure all lead clinicians and managers in NHS Cumbria have undergone media training by April 2009** (evidenced by attendance)

- **Ensure a systematic approach to stakeholder corporate communications through the introduction of a weekly news meeting, forward-planning grid and news coverage monitoring from October 2008** (Evidenced through reporting)
- **Establish new corporate internet and intranet sites supporting the proactive use of new media** (evidenced by sites in place by July 2009 and reporting of new media initiatives)

3.2 Engagement Objectives

Specifically in relation to **engagement** we will ensure at the corporate level that:

- **Information is made available to assist people in the development of their sense of well-being and esteem** (evidenced by programmes approved by PEC, each with its own outcome and process assessment)
- **Information necessary to sustain or improve health is shared in ways that increasingly engage communities, particularly minority and disadvantaged communities and patient groups** (evidenced by annual monitoring process through Neighbourhood Forums and Strategic Partnerships)
- **The engagement of people and communities (of interest, condition or place) is seen as central to the core processes of service planning, clinical and service governance with year on year improvement** (evidenced annually by citizens panel; LINKs survey in each locality and audit of mandate/business case process based on the PPI in the commissioning cycle see appendix 2)
- **Opportunities for patients to feedback on their experience of services are routinely available and that the information is utilised for service improvement** (evidenced in data/reporting requirements incorporated in all PCT contracts and by monitoring by Patient Voice Group and Standards and Quality Committee)
- **Priority is given to supporting and enabling people to self manage – particularly in the context of long term conditions** (evidenced by the approval by the PEC of self management and “Staying in Control” programmes - each with its own appropriate outcome measure and by feedback surveys of condition groups)
- **That patient information is treated with respect** (evidenced by Patient Voice Group audit and monitoring of patient information development work)

These corporate objectives will be reflected in the communication and engagement plans that are an integral part of the commissioning and delivery processes. It is through the effective delivery of those plans that the evidence for our progress against the objectives will be developed. In the context of the strategic plan, each of the initiatives will bring with it its own communication and engagement plan; corporately we will

provide a context for that, support with its delivery and connection to other activity in order to develop the consistent practice and coherent messages that will be necessary for the above sources to produce positive evidence.

4 Delivery

In this section we outline our approach to identifying stakeholders (4.1) and summarises the way the various aspects of communication and engagement interconnect across the range of stakeholders (4.2). Our approach to the relationship with the Overview and Scrutiny committee is set out (4.3) and to Consultation (4.4) and Crisis/major incidents (4.5). The specialist resources available to support the various parts of the organisation in delivery of the strategy are summarised in 4.6.

4.1 Stakeholder Approach

The corporate objectives are there to reinforce and support the communication and engagement activity which is part of the responsibility of all staff and is integral to the commissioning process and to service development.

This broad range of communication and engagement activity, at various levels across the organisation, is based upon a recognition that we are handling a range of different kinds of message, with organisational or health improvement purposes, with different implications or outcomes, targeted at a range of stakeholders and often in conjunction with key partners, such as the County Council.

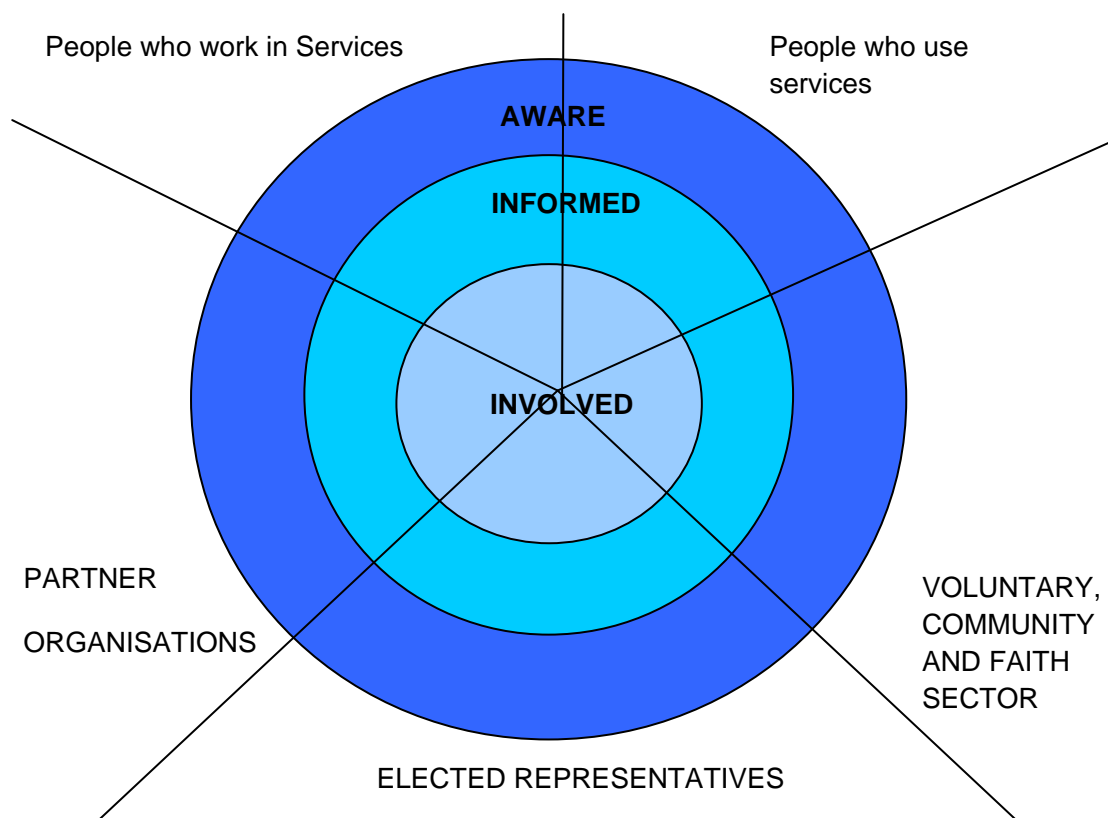
For some purposes, the target for communication or engagement is individuals. In other instances it may be populations at the level of local communities or the whole County. In still other instances it will be partner organisations – be they statutory organisations or bodies in the Voluntary, Community or Faith sector.

Across this range of stakeholders, we will be looking to communicate at any one of a number of levels. The following table summarises these. It applies at the level of individuals or communities (of place, condition or interest) or to the whole population.

LOW-----> EMPOWERMENT -----> HIGH				
Information sharing 1	Consulting 2	Involvement 3	Engagement	
			Capacity Building 4	Collaboration 5
General background to all levels of engagement	Seeking views and opinions to influence action/be taken account of in decisions	Directly Involving people in decision-making	Supporting individuals and groups to take direct responsibility	Working closely together in partnership – sharing rewards and responsibility

These different levels of communication and/or engagement are then matched to particular target populations, so that all relevant audiences are identified and mechanisms are devised that are appropriate to the specific initiative or area.

This framework illustrates the way that stakeholder groups are then differentiated:



The outline corporate Stakeholder register is summarised in Appendix 4. Detailed stakeholder maps are developed at county and locality level. They are refreshed and developed to meet the needs of particular initiatives or activities.

Recognising the particular challenge of accessing stakeholders that have felt they have no voice, we are developing a revised equality scheme and action plan based on the World Class Commissioning Competencies. This is intended to ensure that appropriately targeted and managed communication and engagement with minority and disadvantaged communities is built into initiatives from the outset. We have also established Service Level Agreements with AWAZ, Cumbria Disability Network and Gay Cumbria in order to support our development of corporate capacity in relation to minority communities. We are exploring with the Voluntary community and Faith sector the ways that we can utilise their skills and position in order better to connect with a wider range of communities.

The communication and engagement strategy relates to a wide range of messages, each of which has different tactical objectives. One, for example, may relate to reputation management of the organisation and another to complex behaviour change

by individuals. The following table provides *examples* of the way different messages and themes may be aimed at particular stakeholders and utilising different mechanisms and media:

	message	Key stakeholders	mechanisms	Media
individual	Looking after own health and care Experience of service Developing self management		Info giving ;social marketing Patient feedback /satisfaction surveys Complaints /PALs Patient education	Web, press, networks, campaigns Feed back/response opportunities by form, phone website etc Education programmes/resources "e-groups"
Service centre	Accessing services Utilising expertise of experience Integrating health care in social life	Parish Councils, Elected members	Consumer /attitude surveys Local advertising/social marketing	Neighbourhood forums community newsletters Community groups
Locality	Effectiveness/relevance of local care system Project proposals	District council Scrutiny LSP	Local engagement and communication plans Project mandates and business case	Local papers Voluntary community and faith sector
County	Strategy Reputation management Decisions that are sensitive to patient experience	CSP; OSC, public sector board, LINK General public General public	Statements Advertisement Consultation and monitoring	Radio, press Citizens panel Radio, press, website OSC, LINK, Patient Voice Group

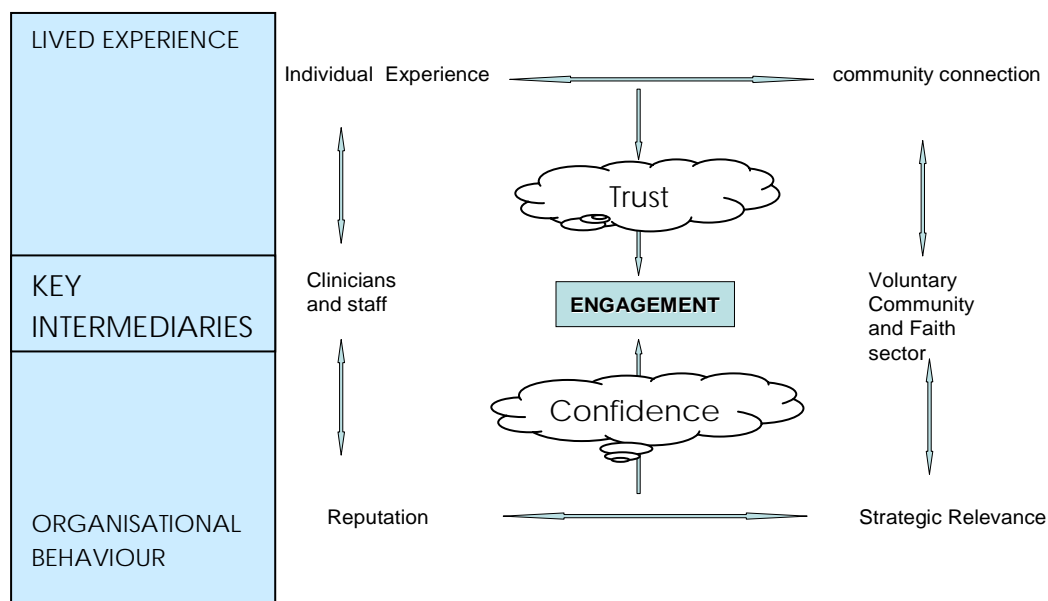
A core priority in the Strategic Plan is the development of self management and helping more people to take direct control of their initiatives. This requires a wide range of initiatives that support very direct engagement by people in their own care and also require clinicians to stand back, empowering the patient. We will be investing in a range of development and support programmes as part of the implementation of the Strategy. It is activity that is wholly in line with the principles and vision of this communication and engagement strategy. Each initiative will carry with it its own relevant communication plan and each will have within it, appropriate evaluation and feedback mechanisms.

The empowering of patients in the context of their self-management of their condition is an important contributor to the overall aims of this strategy and forms one of the contexts in which the new relationship can be developed and delivered.

4.2 An Integrated Approach (2)

This corporate strategy is designed to underpin the delivery of a wide range of communication and engagement activity across the organisation, reaching from individual patients being communicated with and engaged in their own care, through to the citizens of the county being communicated with and engaged in the health of Cumbria.

Our strategic objective is to secure the engagement of the population as patients, consumers and citizens and, in doing so, build up a new relationship of trust and confidence in the NHS. This requires us to integrate the wide range of activity in a mutually reinforcing way. As we do this, our staff are key intermediaries who can play a central role in both tacit and explicit communication. In addition, as we have indicated above, we see the Voluntary Community and Faith sector as representing another powerful intermediary who can mediate our messages into particular communities of place or interest. We are looking to develop vehicles for collaboration with the sector, through Cumbria LINK, Action for Health, the network of voluntary sector organisations involved in health and networks in particular parts of the sector.



4.3 Scrutiny

As a central part of the commitment to be accountable to the local population and to embed health issues within the local democratic and social context, we have sought to develop an effective working relationship with the Health and Well-being Overview and Scrutiny Committee of Cumbria County Council, as well as with the Scrutiny Committees of the District councils – a relationship led through the Locality commissioning Teams.. We will build on this going forward.

As part of this relationship we will continue to adopt a methodology utilising the local agreements on:

- Communications between the NHS and Scrutiny on the commissioning of health services at both County and District level
- A mechanism to determine whether individual service improvement proposals constitute a substantial change to current provision.

We will develop our approach to consultation on service change with the OSC and agree any specific consultation programme with them at an early stage. We will also maintain our commitment to deliver routine follow up reports following a consultation process and in a form and frequency agreed with the OSC in each case.

The critical challenge of the elected members who sit on OSC is one way we can both seek and listen to the views and experience of people who live in the communities we serve. We have demonstrated in recent consultation exercises that we will support the OSC in their scrutiny process and we will take account of their challenge to us and their recommendations.

We will look to the OSC for an annual feedback to the PCT Board on their experience of our use of the Committee and look to see year on year improvement.

4.4 Formal Consultation

We are committed to the highest standard of practice in undertaking formal consultations on strategy and service change. These responsibilities are set out in statute [Local Authority Regulations (health scrutiny) 2002; NHS Act 2006 and Local Government and Public Involvement in Health Act 2007]. There are also requirements set out in DoH policy guidance. Most recently “Changing for the Better: Guidance Leading Local Change” [May 2008] introduced three new requirements:

- PCTs should normally lead the preparation and consultation on service improvement proposals
- A business case setting out the clinical and patient benefits of service change should be approved by the Strategic Health Authority prior to consultation
- All new proposals for major service change must be subject to independent clinical and managerial assessment prior to consultation.

We are committed to meeting these requirements, in line with the Cabinet Office Code of Practice.

We are also a signatory to the Cumbria Compact which sets out how statutory and third sector (voluntary, community and faith) organisations in the County want to work together to improve services for local people. There are a number of Codes of Practice linked to the Compact, one of which is on Planning and Consultation. We are committed to complying with the terms of the Compact.

The responsibility for overseeing formal consultation processes within the Trust sits with the Corporate Affairs Directorate, led by the Director of Corporate Affairs.

It is our objective to ensure that formal consultation processes are in reality, merely the conclusion of planned series of engagement and pre-consultation activities. We will also ensure that whenever possible, the health engagement and pre-consultation activity will be embedded within collaborative approaches from other public sector partners. We will develop a collaborative approach within the context of the Cumbria Strategic Partnership and report annually on performance in line with it.

4.5 CRISIS COMMUNICATION

NHS Cumbria has a media handling policy in place to refer all media inquiries received by colleagues to the communications team. This team provides 24/7, 365 days a year cover to respond quickly and effectively to all media inquiries. Media training is being arranged for senior clinicians and managers.

An effective incident alert system is in place to enable a sharing of information with other members of the Cumbria NHS community and NHS Northwest

In terms of emergency planning, NHS Cumbria is a Category One responder under the Civil Contingencies Act (2004) and has a duty to 'warn and inform' the public. We must make the public aware of the risks of emergencies and inform the public at the time of an emergency, providing them with appropriate advice. This responsibility is exercised through membership of the Cumbria Warning and Information sub-group, hosted by Cumbria County Council, which acts as the communications function of the Local Resilience Forum and oversees the local Emergency Media Plan. The role of communications is also set out in the Trust's Major Incident Plan. Specific local communications plans are also drafted and updated with regards to identified major risks such as pandemic flu.

4.6 Supporting Delivery

Communication and engagement is the responsibility of all staff across the PCT. It lies at the heart of the core purposes of the organisation and is a necessary condition for the delivery of the Strategic Plan and demonstrating the competencies of World Class Commissioning. A "Tool Kit" is currently being prepared in order to provide practical guidance and resources for staff across the organisation. Appropriate media training is being provided for leading clinicians and for those who may find themselves as speaking to the media on behalf of patients. Other training will be provided as needs are identified.

In order to support staff and to develop and maintain a coherent strategic approach, NHS Cumbria has established a small professional Communications and Engagement team. It is planned that the core capacity will be enhanced through recruiting additional

staff on a short term basis for specific tasks and by commissioning project or campaign activity to support particular initiatives, this often being done in conjunction with relevant teams or services.

Communications and Engagement is led by the Director of corporate Affairs. Reporting through the Deputy Director: Communications & Public Engagement, the core Team includes:

Communications Unit:

Head of Communications

Communications Manager

Internal Communications Officer

External Communications Officer

New Media Manager

Public Engagement Unit:

Locality Team leader

Locality Engagement leads x2

Complaints and Project Manager

Complaints Officer

PALS Officer x 2

Additional capacity to scope and support the development of social marketing and to assist with commissioning social marketing activity from external agencies will commence (for 6 months in the first instance) in September 2008.

There is a recognised need to provide enhanced communication support to the locality teams and options for the delivery of this are being considered as a priority.

The capacity to deliver specific projects and campaigns will be sourced as required from external providers. Similarly support to monitoring, evaluation and feedback will be commissioned on a project by project basis.

Www and related digital communications are envisaged as having a central role in delivery of the strategy. However, it is judged that the current Trust websites are not fit for purpose and an initial project to totally rebuild these sites has been scheduled for 2008/9.

The project scoping will identify exact resource requirements. Although the development of the sites will be largely undertaken in-house, there will be the need for an on-going “web-master” role.

5. Evaluation

This section summarises our approach to evaluation of the communication and engagement activity and its outcome

Evaluation will be built into engagement and communication plans on a project and locality basis and indicators have been referred to above in relation to specific objectives within this strategy.

We have also committed to develop a range of feedback measures with the Scrutiny Committees, the new Cumbria LINK, and (through the Action for Health Network) with third sector organisations which provide a voice for individuals with experience of conditions, services or places and as part of the social capital of communities. Through these, we will undertake an annual monitoring and reporting process in order to map, year on year, performance of our communication and engagement. This will be reported to the Board.

In support of this, the Communications and Engagement Team, working with patient and community groups, will build an approach to evaluation which reflects the 10 public touchstones identified by the SHA:



The approach as it is developed will utilise a wide range of mechanisms as indicated below:

	Patient feedback	Patient surveys	GP surveys	Community Feedback	VCF feedback	Formal Consultations	Media coverage	Focus groups/citizens panel
Personalised care	X	X		X	X			X
Healthier lifestyle		X	X	X	X		X	X
Informed technologies		X	X		X			
Involved in decisions	X	X	X	X	X	X	X	
Improved patient experience	X	X		X	X			
Seamless care	X	X	X	X	X	X	X	X
Closer to home		X		X	X	X	X	X
Longer healthier life	X	X	X	X	X		X	X
High quality clinical care	X	X	X	X	X		X	X
Financial balanced and high performing NHS				X	X		X	

As development work on a performance management matrix is further developed with partners, it will form an appendix to this strategy.

6. Risk assessment

The Risk assessment for this Corporate Communication and Engagement Strategy in terms of key external threats has identified the following:

RISK	MITIGATION
Political	
Pace required for delivery is inconsistent with open engagement and communication	Ensure open and honest communication on flexible and adaptive basis with clarity about constraints and reasons for them
Change of national government and/or policy on role of PCT; World Class Commissioning and priorities.	Design communications strategy and tactics to be adaptable to changing needs. Allow for regular (annual and quarterly) reviews
Local political change	Build strong engagement with political system at county and local levels
Economic	
Wider economic circumstances impact on PCT commissioning plans	Ensure effective and open communication built on strong local engagement
Budget pressures impact upon commitment to invest in communications and engagement capability.	Focus resources on media management and digital communications with low operational costs. Reduce reliance on high-cost traditional communications including printing and advertising. Develop strong partnerships with key partner agencies.
Capacity of corporate communications and engagement team inadequate to cope with period of rapid development and change.	Use of external consultancy/support on short term contracts. Develop collaborative approach with key partners
Lack of capacity and to maintain meaningful evaluation programmes to track effectiveness of communications and engagement programmes.	Embed indicators in mainstream metrics. Develop collaborative approaches. Commit additional budget for internal and/or external research capability.
Social	
Failure of organisation to honour commitment to place people and their communities at the centre and to develop appropriate culture for engagement and communication	Support key stakeholders; ensure open and transparent reporting; demonstrate value of engagement/cost of non-engagement; mobilise champions
Failure to ensure the language of NHS and World Class Commissioning accessible to public.	Plain English and best practice communication
Technological	
Historic problems with Cumbria NHS ICT infrastructure and rural broadband widths impact upon digital communications initiatives.	Current ICT project to rationalise provision. Design digital communications to match ICT provision.

APPENDIX 1

Charter for Good Engagement

NHS Cumbria is committed to the following principles in its engagement activity.

We will be:

• Clear, Accessible and Transparent

People in all parts of the organisation are clear about what engagement means, have a shared understanding of its purpose and be clear about the difference between working for and working with patients and the public.

There is clarity about the objectives of engagement, its rationale, relevance and connection to organisational priorities.

It is clear to the public what we are doing and why and how their views will feed into the decision-making processes.

Transparency is evident across the governance processes and it must be easy to find out what decisions have been taken and the reasoning behind them.

Patients and the public have the support they need to get engaged.

• Honest

We are straight forward about what can change and what is not negotiable – and the reasons why.

We find out and use what is already known about people's views and expectations.

We share the information and knowledge so people can understand the issues.

• Inclusive

We identify the right people to involve and make special efforts to reach out to the people who are "easy to ignore."

We avoid sectional interests and enable a wide a range of views to be gathered and taken into account when decisions are made.

We work in partnership with other statutory and third sector organizations whenever possible.

- **Proportionate**

We match the level of activity and means of engagement to the issue and context.

- **Responsive**

Our decision-making practices are responsive to the concerns of local people and we are able to demonstrate openly how these have been considered and responded to in the decisions made.

- **Sustainable**

We aim to develop relationships over a period of time with continuity on both a personal and organisation level, building trust and increasing empowerment.

- **Pro-active**

We are pro-active and comprehensive in our approach to engagement and consultation, upfront about difficulties that may need to be addressed and committed to finding constructive solutions.

- **Appropriate**

The model(s) we select for engagement for any particular initiative will be appropriate to the initiative and the intended purpose/outcome of the engagement.

- **Focus on Improvement**

Engagement is to be a means of improving health and health care, not a problem to be solved

We will demonstrate what has changed as a result of engagement activity.

We will ensure that engagement is directly linked to corporate decision-making.

We will support staff and equip them with the necessary skills

The board, the chair, the chief executive, directors and clinical leaders will provide leadership and demonstrate commitment to full engagement.

APPENDIX 2**Public Engagement in the Commissioning Cycle**

Point in cycle	Communication and Engagement activities
Assess needs	<p>Obtain information from:</p> <ul style="list-style-type: none"> • local communities (Overview & Scrutiny Committees [OSC], local strategic partnerships) • service users/carers (past surveys, canvassing condition-related groups) • local interest groups (ASC 50+, PCT Patient Voice Group, Foundation Trust members) • third sector organisations (Cumbria Action for Health) • Cumbria Local Involvement Network (LINK) • relevant health/social care professionals
Review current service provision	<p>Undertake stakeholder analysis identifying:</p> <ul style="list-style-type: none"> • who you need to engage • level of engagement (awareness, informed/informing, involving, partnership) <p>Provide information, to include:</p> <ul style="list-style-type: none"> • clear outline of project • clear definition of issues on which input sought <p>Review existing feedback:</p> <ul style="list-style-type: none"> • patient surveys, PALS/complaints <p>Decide on appropriate mechanisms to provide more feedback, could involve:</p> <ul style="list-style-type: none"> • workshops, focus groups, face-to-face interviews, questionnaire survey, rapid appraisal, patient narratives, e-consult
Decide priorities	<p>Establish forums for debate, could involve:</p> <ul style="list-style-type: none"> • establishing a service reference group to scrutinise process • use of existing forums • commissioning a third party to convene forum(s) • lay representatives on commissioning working groups • working through LINK
Re/design service	<p>Continue to provide information:</p> <ul style="list-style-type: none"> • agree communications plan <p>Continue to involve forum(s)</p> <p>Wider engagement as re/design issues clarified:</p> <ul style="list-style-type: none"> • trigger point for specific pieces of work • input into options/care pathways <p>Formal consultation process if/ when required</p> <ul style="list-style-type: none"> • OSC s <p>Provide feedback on outcome of re/design service</p> <ul style="list-style-type: none"> • OSC • LINK • other stakeholders

	Evaluate how public engagement has “made a difference”
Shape of structure of supply	<p>Continue to involve service users/carers and other stakeholders where appropriate in:</p> <ul style="list-style-type: none"> • development of service specification • introduction of patient experience metrics into contracts • selection of preferred provider
Managing performance	<p>Continue to involve service users/carers and other stakeholders where appropriate</p> <ul style="list-style-type: none"> • in setting local standards • formal auditing of new/redesigned service <p>Use feedback on patient experience in as part of continuous improvement cycle:</p> <ul style="list-style-type: none"> • PALs/complaints • patient surveys/feedback forms

Jed/ppi in the commissioning cycle project managers v2/01 September 2008

Appendix 3

Internal communications strategy: Synopsis**Executive Summary**

The main premise of the strategy is that Cumbria PCT needs to maintain a robust internal communications programme that is capable of sustaining the organisation and its people through a period of continuous change as it seeks to achieve the ambitious objectives set out in its strategic plan.

This will require us to maintain a transparent and open approach to information and communication within the organisation. The strategy aims to engage all managers and staff and to sustain trust in the communications process. It will promote two-way communication, with staff given the opportunity to feed back their views and pose questions.

The strategy recognises that the lines of distinction between internal and external audiences are often blurred and that messages targeted at staff are the same as those intended for the wider world of stakeholders and the people of Cumbria.

It is also recognised that the internal communications programme has a number of challenges and risks, notably the wide geographical spread of employees, the developing context of change within the Trust and the limit on communications resources.

Tactics concentrate upon oral communications, partly through the embedding of a new Team Brief system and staff roadshow, and upon digital media. A new intranet site and e-newsletter programme will be developed to give wide access to information for staff who are widely scattered across the county. These approaches will continue to be supplemented by the use of traditional, print-based media.

The co-ordination and leadership of the programme will be through the Trust's enhanced Corporate Communications Team and, in particular, the new dedicated post of Internal Communications Officer. The Corporate Team will work closely with the newly-formed Internal Communications Group, which has representation from every district and department.

The communications team will seek to make messages accessible to staff through the use of plain English, where appropriate, and through the use of visual, creative approaches.

Clear and measurable objectives and outcomes have been set, with the principle measures of staff awareness and understanding being tested in the annual staff survey.

Communications tactics

Communicating effectively with staff who are dispersed in small teams across a wide geographical area sets particular challenges. It is proposed that these are met principally through a mix of face-to-face and digital communications.

99% of PCT staff have internet access, though some do not make effective use of this capability.

This approach (with relatively little reliance upon traditional, print-based communication) will be effective and cost-efficient.

Oral communications

- Roadshows

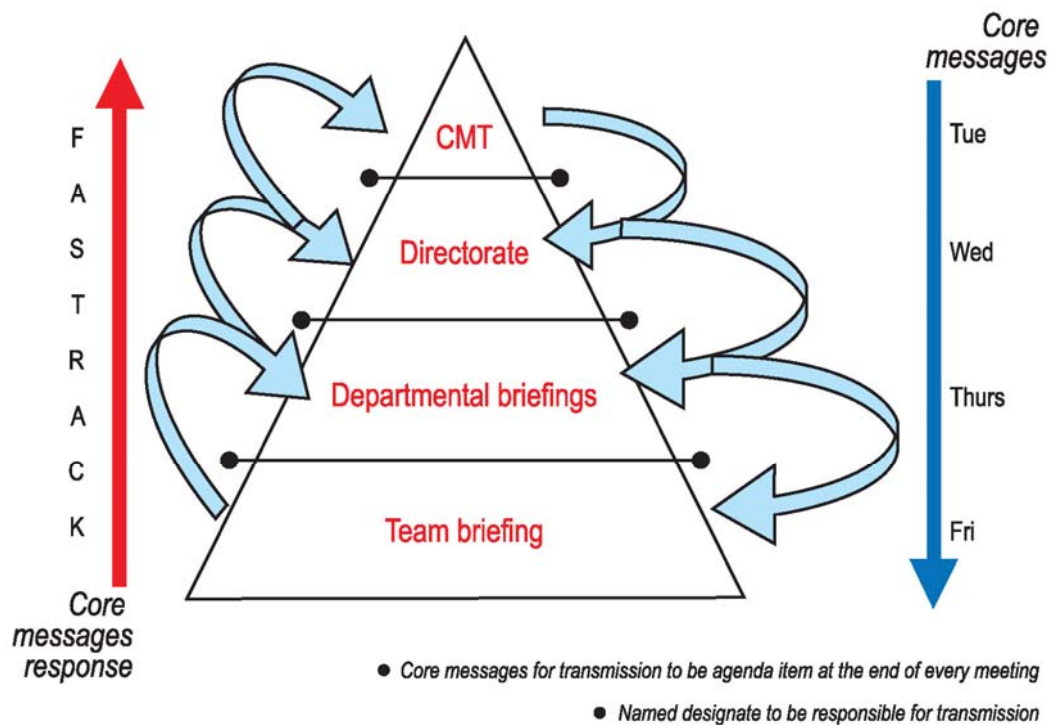
Chief Executive's Roadshows to be held on a regular basis, provisionally every six months.

- Team briefing

The Communications Team will work with Organisational Development and HR to develop a new, monthly team briefing with a rigorous approach to effectively cascading information and encouraging feedback. Consider training in delivery of Team Briefings.

The following model for team briefings is being adopted, with information rapidly cascaded through the organisation within four days of Corporate Management Team meeting and responses fed back for the following week's meeting.

PCT Communications Cycle [The Transceiver]



Digital communications

- Intranet

The intranet site is being redeveloped as part of an integrated approach to www-based communications for external and internal audiences. This major project will require several months work, so a refresh of the existing site has been undertaken in the short term.

- e-newsletters

Two regular e-newsletters are now produced, one for all internal audiences (bi-weekly) and one for GPs (monthly).

- Audio and video

Monthly pod-casts will be developed, using a question and answer format, accessed on the intranet, principally with the Chief Executive but also other senior management team members where appropriate.

- Digital point of display

Plasma screens located in staffrooms and/or reception areas will also be used to display pod-casts and other multimedia, including national or regional NHS information.

Print-based communications

- Internal campaigns

To complement the electronic communication, selected high impact, visual campaigns will be undertaken using strong graphics or imagery with short and punchy text to get across direct messages to staff about important issues or initiatives. Campaigns will make use of posters, literature, roll-up stands and promotional items, but will also be communicated via intranet, e-newsletter, team briefing etc.

- Staff guide

A simple, pocket-size guide to the Trust, key people and points of contact will be published in hard copy and electronic formats.

Appendix 4

Stakeholder Register

The outline stakeholder map shown below details internal and external audiences

Regulatory	Internal	Health partners
<ul style="list-style-type: none"> - Department of Health - Strategic Health Authority - Healthcare Commission - Professional bodies - Health & Wellbeing Overview & Scrutiny Committee - LINK 	<ul style="list-style-type: none"> - Board of directors - Senior management team - PEC - Locality commissioning groups - Care stream boards - Other managers - Trades unions - Commissioning staff - Provider staff - Independent contractors 	<ul style="list-style-type: none"> - Other Cumbria health trusts: board members, senior managers and staff - North West Ambulance Service - Public health partnership - Independent providers - Other NHS providers
Other partners	Other influencers	Public
<ul style="list-style-type: none"> - County Council: elected members; senior managers; relevant staff - Children's Services - Adult Social Care - District councils - Voluntary Community and faith Sector - Cumbria Police - Cumbria Strategic Partnership - Local Strategic Partnerships - Regeneration Agencies - National Park Authorities 	<ul style="list-style-type: none"> - Cumbria media - National media - Health sector media - Cumbria MPs - Cumbria MEPs - Other political groups - Parish councils - Schools head teachers - University of Cumbria - FE colleges - Major employers - Employer organisations - Libraries 	<ul style="list-style-type: none"> - all residents - visitors / tourists <p>Sub-groups:</p> <ul style="list-style-type: none"> - Patients - Older people - Vulnerable people - People with disabilities - People with learning difficulties - Parents - Children and young people - Minority communities