

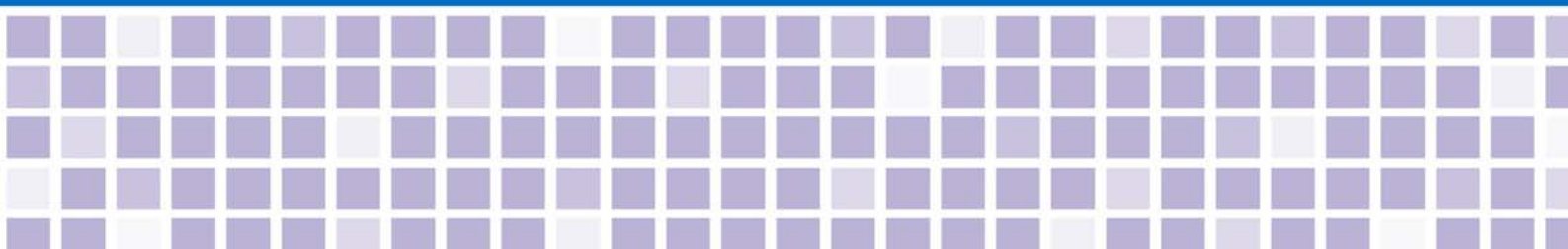


Healthier Connections

Corporate Communications & Engagement Strategy
to support the delivery of **HealthierLives**

2008 to 2011

Refreshed December 2009



Contents

	Page
Executive Summary	4
1 Corporate Aims and Objectives	6
2 How good is our Communications and Engagement?	8
3 Marketing and Campaigns	14
4 Internal Communications	20
5 SWOT Analysis	22
6 PEST Analysis	23
7 Communications Objectives and Principles	24
8 Engaging All Objectives and Principles	26
9 Clinical Engagement	30
10 Target Audiences	32
11 Taking this Strategy Forward	34
Key Deliverables:	
Communications	37
Engagement	38
12 Communicating in a Crisis	41
13 Managing Performance	42
14 Finance and Resources	43
15 Appendices:	
Stakeholder Mapping and Analysis	A
Initiative Plans	B
Crisis Communications Action Plan	C
Key Achievements – Communications and Engagement 2009	D
Information (where held) required to be routinely communicated by the PCT in compliance with the Model Publication Scheme (Freedom of Information Act 2000)	E



Executive Summary

NHS North Yorkshire and York (North Yorkshire and York Primary Care Trust (PCT)), working with local Practice-based Commissioning Consortia, is the single commissioner of NHS services in North Yorkshire and York and in 2009/10 is the guardian of over £1.2 billion of public money. This means we have a major role to play in the health outcomes and aspirations of nearly 800,000 people who live across North Yorkshire and York.

The way we engage and communicate with all our stakeholders is a critical factor in support of the delivery of the goals within our strategic plan, our strategic initiatives and our associated projects. The results in section two show that we start this from a strong base and have made excellent progress. However, there is a great deal of work to do if we are to deliver on our objective to secure world class healthcare for the people we serve.

This strategy sets out how communications and engagement actively supports the delivery of these ambitious plans, both at a strategic and maintenance level to ensure locally owned, high quality and financially stable NHS services across North Yorkshire and York to fulfil our role as the local leader of the NHS.

Our starting reference point is the NHS Operating Framework for 2010/11 which states:

'Delivering high quality services with better value depends on PCTs taking innovative approaches to their relationships with patients and the public. We know there is more to do to give patients the high quality care they deserve. We need significant expansion of the measurement of patients' satisfaction with individual services, so staff can understand and improve the service they provide to patients. Patients' views will be reflected in Quality Accounts and patient feedback on all services will be available on NHS Choices by December 2010. In addition, payment through the Commissioning for Quality and Innovation (CQUIN) scheme will require a patient experience element.'

Similarly, the NHS Constitution gives patients the right to be involved, directly or through representatives, in the planning of healthcare services; the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services. Indeed Section 242 of the consolidated NHS Act 2006 places a duty on all NHS Trusts, PCTs and Strategic Health Authorities to make arrangements to involve patients and the public in service planning and operation, and in the development of change proposals.

Effective public and patient engagement is at the forefront of being able to develop world class, patient centred health and social care for everyone in North Yorkshire and York.

As such it is important that we are the lead organisation that values the opinions of patients, stakeholders and the wider public equally and, thus, seeks the active engagement of the community in its decision-making processes.

To achieve this ambition NHS North Yorkshire and York needs to be regarded by the public as an organisation that shares information in an open way; welcomes participation by all sections of the community in the planning, development and delivery of healthcare services; listens to comments, suggestions and complaints and learns from them; reacts positively to public opinion wherever it can and explains clearly when it cannot; and is seen to be publicly accountable for its actions and decisions. Working with Local Authority Partners, co-commissioners and local NHS and Social Care Providers to understand local need and put the individual at the centre of decision-making is critical to these ambitions being realised.

This strategy is designed to support all elements of our business and is the responsibility of the whole organisation. All directorates and departments will take the lead on certain issues and all members of staff will contribute to the implementation of this strategy. Its main reference point is our recently agreed five year strategic plan from which we want to ensure that the best, most effective healthcare is available for the population we serve. Effective communication and engagement with the population is a critical component in the delivery of this strategic plan. We are committed to doing this transparently, explaining our actions simply and clearly in language everyone recognises, taking decisions that are clinically informed, based on the best evidence and placing quality of service at the centre.

Our population has told us what they think about the NHS in their community. Nearly 4000 people filled in our questionnaire and many others engaged in one to one conversations at the 24 market town roadshows during the summer. The feedback we received was that 77% of our population are satisfied with the current level of services, which is higher than the national average satisfaction rate. However, we can and must continue to develop the dialogue we have started with our community.

1 Corporate Aims and Objectives

What are we here to do?

With our partners and stakeholders we have defined six goals to respond to the key strategic issues for our population. We believe that if we focus on the delivery of these goals over the next five years we will make the biggest difference to our population and realise our vision of long and healthy lives.

The goals for the next five years are:

- Comprehensive services for our ageing population
- Reduce health inequalities
- Improved health and well being of the population through the promotion of healthy lifestyles
- Clinically and financially sustainable healthcare system
- Highest quality care in the right settings
- Strong partnerships focused on the individual

Our communication and engagement objectives are now linked to these goals and aligned with the following key issues set out in the strategic plan:

1. The population in North Yorkshire and York is changing, it is growing, ageing and becoming more diverse.
2. There is inequity in health outcomes. Overall the health outcomes in North Yorkshire and York are some of the best in the country, but we do have areas where outcomes are below average and this is usually tied to areas of high deprivation or rurality.
3. Our geography is mostly rural, which presents both opportunities for better health and challenges around access to services and social isolation.
4. There is a need for a greater focus on health promotion and education and disease prevention.
5. We need to be prepared to respond to our changing economic climate, specifically how and where we spend our money.
6. Due to economic and service quality drivers, we need to look at better ways to undertake joint and co-commissioning with partners.
7. There are increasingly higher expectations and standards of quality in all we do.
8. There is a greater focus on patients and individual needs and choice.
9. We need to ensure we have an appropriate mix of care providers.

10. As an organisation we need to improve our commissioning skills, especially to include the entire commissioning cycle.*

11. We need to have increased leadership skills, both internally and externally.*

*These issues are developed further in our Organisational Development plan, '**Healthier***lives*: A developing plan'.

2 How good are our Communications and Engagement?

Understanding the communications issues facing the organisation allows us to establish our focus for the next 12 months through our main communication strategy objectives and the various communication work plans that support our activity. One of the keys to our progress over the last 12 months has been our commitment to ensure our activity is targeted. Using local insight we are able to use the media and patient groups in the appropriate areas dependent on the message we want to convey. Examples of this include working with Radio York (whose audience is predominantly older) on winter, keep warm, keep well messages, and in order to maximise the coverage of stop smoking services we produced five versions of the same media release with quotes from local case studies and pharmacists. This ensures that the story is picked up by the local media and all opportunities are maximised.

The same is also true for engagement. Over recent years we have established a large database of patient groups and this allows us to focus our engagement to ensure we capture the opinions of the right section of the community. An example of this is the engagement conducted with people with learning disabilities with regard to their access to services. This allows constant review of the services specific to the client group.

What do we know already?

Public Satisfaction Polling

The annual NHS Yorkshire and the Humber public satisfaction survey gives feedback on the public's satisfaction and perception of the NHS. The survey also gave PCTs information on the view of local NHS services including GPs, Dentists and local hospitals. Over the last three years NHS North Yorkshire and York has performed well (see figure 1)

The 2009 survey has just been completed and results show an increase in the averaged mean score from 2008 to 78.1 out of 100.

2007		2008		2009	
NHSNYY	National Average	NHSNYY	National Average	NHSNYY	Regional Average
76.9	75	72.4	73.2	78.1	77.8

Figure 1

2008/9 World Class Commissioning Assurance Process (WCC)

The Yorkshire and the Humber NHS satisfaction survey also asked a number of questions relating to WCC competencies. The results for NHS North Yorkshire and York are positive with an improving score of 71.5 out of 100 against a regional average of 72.2. This also shows an improvement on 2008.

2008		2009	
NHSNYY	Regional Average	NHSNYY	Regional Average
67.5	68	71.5	72.2

Figure 2

Managing the Brand

The NHS imagery is one of the most recognised brands in the UK. The challenge is to maintain positive awareness through proactive media work and engagement with corporate stakeholders. Brand awareness of the role of Primary Care Trusts (PCTs) has not been particularly clear for the public and rather than recognising individual NHS Trusts and their subsequent responsibilities, patients and the public largely see just one NHS. Capitalising on this perception and to reflect the role as the local leader of the NHS, in December 2008 North Yorkshire and York Primary Care Trust became '*NHS North Yorkshire and York*'.

It should be understood that this is not a formal name change by way of Establishment Order, and so in order to meet legal requirements, where the NHS North Yorkshire and York logo appears in formal records such as the Annual Report and Accounts, the North Yorkshire and York PCT name will also appear within the document(s).

Across North Yorkshire and York during the last 12 months efforts to maintain the brand, through external and internal channels have proved successful especially in terms of proactive media management and stakeholder relations. This is reflected in the media analysis overleaf and in the feedback we received from stakeholders as part of the year one world class commissioning process. This has increased our presence in the local community which in turn will allow us greater opportunity to promote the goals and initiatives contained within the five year strategic plan '**Healthier/lives**' as all the initiatives require a degree of public and stakeholder engagement and a wider understanding of the strategic plan and how the local NHS will look over the next five years.

In order to maintain the high standing of the NHS brand during the challenging times ahead the organisation must be prepared not only to sustain a proactive agenda but also to robustly defend the NHS against unfounded criticism. This involves regular horizon scanning to ensure that the correct engagement is carried out at the correct time.

Media Analysis

In June 2008 the NHS Communications Board and the Department of Health started to track the press and media performance of all NHS organisations across the country. This system provides a nationally consistent evidence base for the comparison of organisational communications performance, and together with tracker polling and stakeholder interviews form the basic metric

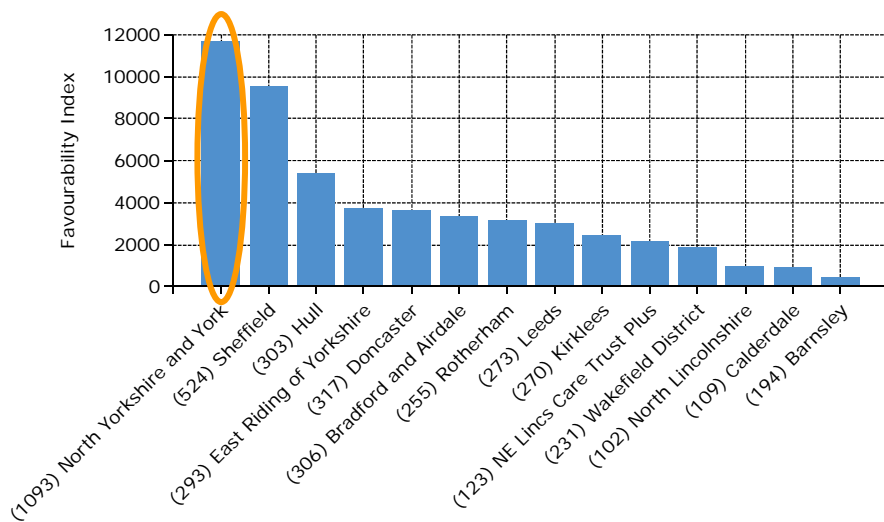
set used for the World Class Commissioning (WCC) competencies one and three.

Regionally NHS North Yorkshire and York's media influence and positive reporting levels have increased over the last 12 months as highlighted by the following graphs.

Based over the 12 months June 08 – June 09 NHS North Yorkshire and York was the highest rated PCT in the Yorkshire and the Humber region for positive coverage based on PCT performance only (figure 3 – page 10). When all acute providers are included we continue to perform well (figure 4 – page 11).

Favourability of PCTs - Yorkshire & Humber

June 2008 - June 2009, regional press, excluding Provider data

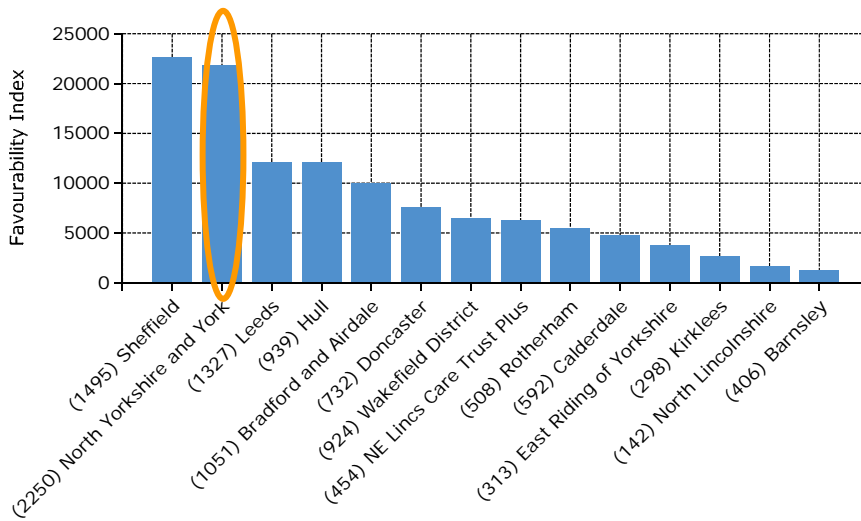


(x) Number of articles

Source: Millward Brown Precis

Figure 3

Favourability of each PCT - Yorkshire & Humber June 2008 - June 2009, regional press, including Provider data



(x) Number of articles

Source: Millward Brown Precis

Figure 4

Over this time the organisation dealt with difficult and high profile financial and commissioning decisions and the results show how through the media we have sought to change people's opinions. This high rating shows that there is a good perception of the local NHS and allows us to build public confidence. This is vital if we are to take forward the initiatives within the five year strategic plan especially initiatives three, four and six. All of which require significant engagement with the local population and one vehicle for this will be utilising the local media.

How do we engage in the right way?

Our experience and knowledge base from completed and ongoing reviews and engagement processes enables us to actively assess what works well and less well. Open feedback from critical friends within the voluntary sector, health scrutiny committees and partner agencies supports this feedback. Service user involvement in NHS North Yorkshire and York committees, working groups and partnership boards fulfil a similar role in ensuring appropriate ways to engagement.

Our extensive engagement to inform the shape of services commensurate to the health needs of Scarborough was critical in determining the location and focus of the additional services within the Equitable Access Centre located in Scarborough town centre. This became operational in October 2009. This demonstrates our commitment to tailoring services to address local need and in their 2009 commentary on annual health check North Yorkshire County Council's Scrutiny of Health Committee formally recorded that 'NHS North Yorkshire and York was correct to identify Scarborough as the area most in

need of the investment and commended our engagement process on this development.'

Joint Strategic Needs Assessments and ongoing engagement with communities of interest (ie Learning Disabilities, Mental Health and Older People's groups) provide established mechanisms for understanding the needs of different communities we serve. Working in partnership with other public bodies to further understand these needs is being developed through locality working. This includes, for example, closer engagement with the Local Strategic Partnerships across the nine local authorities serving the interests of the districts, towns and cities within North Yorkshire and York.

Engagement on specific community enhancing projects is also ongoing. This includes the new hospital for Selby in which the community continue to contribute to the design, appearance and future workings of the hospital. Our extensive work to support the recent review of services in the Hambleton and Richmondshire locality together with the ongoing clinical review of services across Scarborough, Whitby, Ryedale and the east coast are examples of our developing networks and intelligence about local health need.

HealthierLives, our five year strategy, is informed by our Health Factor engagement exercise and existing intelligence from the Joint Strategic Needs Assessments, previous public engagement exercises and our public health intelligence.



The Health Factor event in Scarborough.

During the summer the Health Factor visited over 20 locations across North Yorkshire. In total nearly 3500 residents of North Yorkshire and York took time out to comment on how they would like to see health services delivered in the future. Particular care was given to visit areas where we had previously had little contact such as Stokesley and Helmsley. We also visited areas with particular health needs, for example, Eastfield in Scarborough.

Alongside gaining views on local health services we also used the opportunity to promote the NHS Constitution and the 'right to choose'. Figures show that we promoted the 'free choice' message to over 20000 people over a four week period. Since the campaign figures show that local people choosing their place of treatment has increased.

National Recognition

Receiving national recognition for your communications and engagement activity enhances your reputation and credibility not only among similar organisations but also with your stakeholders.

During 2009 the organisation received commendation for its communications work. At the 2009 Chartered Institute of Public Relations (CIPR) PRide Awards for Yorkshire and Lincolnshire the team won the Gold Award (first place) for the category of Best Publication for its 2008/9 annual report entitled The Annual Reporter. The team was also awarded Silver (runner up) in the 'Outstanding In-House Public Relations Team' category.

Commenting on The Annual Reporter, the CIPR's judges said: "This was a fresh and readable presentation of material which can, in other cases, be deemed a dry subject matter by the target audience. All content was excellently written and completely relevant to the people to whom this information matters. A brave step for the PCT - which has resulted in a highly interesting and readable publication. A great way to position and highlight the responsible and forward thinking nature of the PCT."

The CIPR PRide Awards recognise excellence in public relations and communications across the UK. They accept entries from agencies and in-house teams in both the public and private sectors and NHS North Yorkshire and York was the only NHS organisation to be short listed in Yorkshire and Lincolnshire.

The organisation has also been recognised by the Association of Healthcare Communicators. It was awarded 'runner up' in the best public sector partnership working category in their 2009 awards for communications and engagement. This is for work around the new Selby hospital project.

3 Marketing and Campaigns

Over the last 18 months the Communications Team has been supporting directorates with marketing and campaign activity. As the organisation moves into the delivery phase of the strategic plan, a greater awareness of social marketing and the tools available will become more important as we seek to influence people to bring about behaviour change. For particular initiatives, for example, initiative six - Urgent Care, the need for a large scale social marketing/awareness campaign has been identified and resources allocated.

Campaigns and paid for marketing activity is only a small part of the delivery of the strategic plan initiatives and similar importance needs to be given to other elements of communications and engagement as highlighted in this strategy and the high level initiative work plans.

The ongoing campaign work, as part of delivery of the strategic plan initiatives, will build on our recent campaign work.

The Health Factor (August 2009)



As highlighted earlier, in order to establish a range of views to help inform the production of the five year strategic plan the organisation ran 'The Health Factor' tour. During August 2009 we visited over 20 places in North Yorkshire and York targeting a mixture of urban and rural locations. Supported by the 'choice' team promoting the NHS constitution and people's right to choose, senior members of staff from across the organisation together with members of the Clinical Executive spoke to hundreds of local people asking and recording their views on local health services.

The local population was asked also to complete a short questionnaire. A copy of the questionnaire was also sent to every household as part of the 'Your Guide to Local Health Services'.

In total nearly 3500 responses were received and the analysis of the feedback used to influence the themes identified within the strategic plan.

Waste Medicines Minimisation Campaign (from November 2008)

The Medicines Management Team at NHS North Yorkshire and York approached the Communications Team to develop a campaign that would change behaviour in patients and help them to reduce the amount of medicine that went to waste.

It is estimated that in North Yorkshire and York between £2 and £10 million of the prescribing budget was lost to waste in the year 2007-8. The Medicines Management Team first gathered insight into medicines waste including:

- Examples of “avoidable waste” such as stockpiling, unnecessary repeat prescriptions, etc;
- Profile of patients most likely to waste medicines i.e. those aged 50 and over ;
- How the medicines were ordered i.e. repeat prescriptions;
- Most common problems leading to stockpiling of medicines i.e. not being taken as prescribed but still being ordered.

The strategy was therefore to develop a campaign that would change behaviour in the target audience and reduce the amount of medicines that went to waste by at least 10%. Using this insight, the Communications Team devised a campaign targeted at the over 50s, who accounted for 83% of offending patients.

The communications channels below were selected to target the key demographic in places where they would most likely to have opportunities to see key messages of the campaign:

Channel	Description
Outdoor advertising	Advertising on buses across North Yorkshire and York
Direct marketing via leaflet campaign	All pharmacies in North Yorkshire and York handed out an A5 leaflet containing key messages with every prescription during the first month of the campaign. Example below.
Posters	A4 and A3 posters were distributed to venues across North Yorkshire and York e.g. pharmacies, GP surgeries, libraries, acute hospitals, special older people’s transport (Little Red Bus Company), council buildings, voluntary and charity partner organisations, care homes etc.
Media Relations	Media launch using local pharmacists in different localities in North Yorkshire and York as spokespeople for the campaign.
Website	Waste medicines campaign web page developed with key messages from campaign spokespeople and downloadable campaign poster for partner organisations: http://www.nyypct.nhs.uk/AdviceInformation/MinimisingMedicinesWaste/index.htm

Don't waste medicines

- Waste medicines cost the NHS up to £800 million a year.
- Once medicines are prescribed, they cannot be re-used and have to be incinerated – even if they are unopened.
- Tell your doctor or pharmacist if you are not taking your medicines exactly as prescribed.
- Don't order what you don't need – check your supply before ordering more.

For more information visit:
www.northyorkshireand york.nhs.uk **NHS** North Yorkshire and York

Key messages of the campaign were developed following consultation with a number of stakeholders including:

- The Principle Pharmacist at NHS North Yorkshire and York and her medicines management team;
- The Chair of the Local Pharmaceutical Committee and other committee members (all of whom are pharmacists).

The key messages that were developed aimed to inform the public about the scale of the problem, why so much medicine went to waste and what they could do about it.

They included:

- Waste medicines cost the taxpayer up to £800 million a year;
- Once medicines are prescribed they cannot be reused and have to be incinerated – even if they are unopened;
- Tell your doctor or pharmacist if you have stopped taking any of your medicines or take in a different way to that prescribed;
- Don't order what you don't need, check what medicines you still have at home before ordering;
- Discuss your medication with your pharmacist or GP on a regular basis.

Evaluation

Bus Advertising

For the four week period during which the bus advertising campaign ran (October to November 2008) around 2.8 million people had the opportunity to see the key messages of the campaign.

Direct marketing

275,000 A5 campaign leaflets were divided up between all the pharmacies in North Yorkshire and York during October and November 2008 (around 1,000 each) and pharmacy staff put one leaflet in every new prescription bag.

Media Coverage

Media coverage of the launch of the campaign generated around 820,000 opportunities to see and hear key messages of the campaign. The credibility of the campaign was reinforced thanks to the involvement of the Local Pharmaceutical Committee and the co-operation from local pharmacists in the campaign.

Cost-effectiveness

The Communications Team was given the brief to deliver the campaign within a budget of £12,000.

Final results

NHS North Yorkshire and York's Waste Medicines Minimisation Campaign is ongoing. The focus has now shifted from the over 50s in the general public to partnership working with colleagues in care homes and GP practices.

A snapshot analysis of the initial impact of the campaign has been undertaken by waste contractor SRCL, the healthcare waste company which disposes of waste medicines for NHS North Yorkshire and York. They measured how much medicine went to waste in May and June 2008 (before the campaign started) compared with the same period in 2009.

Snapshot study (based on waste collections from pharmacies in North Yorkshire and York)	Total number of units sent to waste
May – June 2008	160
May – June 2009	140
Reduction in waste	20 units or 12.5%

Final result: 12.5% reduction in waste medicine against target of 10%

Winter messages including Seasonal Flu vaccine

Each year the Communications Team launches a public relations campaign to convey key messages to the public in the run up to, and during, the winter period.

In 2008/9, the Communications Team concentrated on the following themes:

Theme	Media coverage - opportunities to see/hear based on circulation/listening figures of media
Getting ready for winter	658,382
Get the right treatment	148,000
Falls prevention	308,679
Seasonal Flu vaccine uptake	972,665
Keep warm, keep well	645,572
Awareness raising of COPD	42,337
TOTAL Opportunities to see/hear for winter campaign 2008/9	3,582,017

Evaluation

Across the whole of North Yorkshire and York, 76% of over 65-year-olds received a flu jab during the 2008/9 campaign - exceeding the national uptake for over 65s in England which stands at 74.1%.

For those groups of people under the age of 65 considered to be at risk from flu, there was a 50.2% uptake of the vaccine in North Yorkshire and York compared to a national uptake of 41.7%.

The results for the 2009/10 campaign are not available at this time.

Choose Well (ongoing since December 2009)

Winter poses a huge strain on NHS emergency services as people become more prone to illness and accidents due to cold and icy conditions. Research suggests that up to 40% of those presenting at A&E departments could have accessed more appropriate treatment elsewhere.



During winter 2009/10, NHS North Yorkshire and York launched a campaign to raise awareness of the NHS services available and when they should be accessed; with the ultimate objective to ease pressures on NHS emergency services throughout the winter period.

The 'Choose Well' campaign adopted a national creative approach. Working up a local solution to meet our needs a number of communication tactics were employed which are summarised in the following table:

Activity	Description
Radio advertising	<p>A two-month radio advertising campaign was launched across three main local radio stations covering the majority of North Yorkshire and York.</p> <p>Six micro adverts were produced with each focusing on one particular NHS service (such as pharmacy) and what types of illness it was most suitable to treat.</p>
Media relations	<p>To give the story more appeal and considering the festive time of year, photoshoots were arranged with local Christmas pantos which displayed 'Choose Well' placards in a mocked-up accident scene.</p> <p>Calendar News picked-up the story and filmed the photoshoot with the cast of Harrogate Theatre's production of Aladdin. The piece also included an interview with NHS North Yorkshire and York's Associate Director of Public Health, Dr Phil Kirby.</p>
Leaflet distribution	<p>Batches of 300 'Choose Well' leaflets were distributed to every GP practice and pharmacy in North Yorkshire and York, along with a branded leaflet rack.</p>
Banner stands	<p>A number of eye-catching 'Choose Well' banner stands were produced for display</p>

	in A&E outpatient waiting areas.
Website	A dedicated 'Choose Well' section was created on the NHS NYY website which gave details of the types of NHS services available in the area. Visitors to the site were directed to this section using a visual banner on the website homepage.

Budget

The total budget for the campaign was £25,000, of which £4,000 was provided by York Hospitals NHS Foundation Trust and Harrogate and District NHS Foundation Trust.

Evaluation

Radio advertising – potential reach of 248,000

Media relations – approximate reach of media coverage based on readership statistics:

- Calendar = 450,000
- York Press = 33,045
- Scarborough Evening News = 13,626
- Harrogate Advertiser = 17,096
- Knaresborough Post = 5,000
- Ripon Gazette = 6,000
-

Leaflets – a total of 70,000 leaflets were distributed to 240 locations across North Yorkshire and York

Impact – weekly A&E admission figures are being monitored to see whether A&E departments are experiencing lower volumes of patients. Over a short term it is difficult to determine whether any impact stems directly from the campaign as there are many other factors, such as the weather, that can affect A&E activity. Under initiative six – urgent care, there is an identified requirement to deliver a more sustained marketing campaign based on the 'choose well' messaging. It will be important to establish a measure of evaluation.

4 Internal Communications

An organisation's true potential for growth and development is through the people who work within it. There is a wealth of expertise, ideas and enthusiasm and potential contribution at all levels and across all directorates which should be deployed effectively in the improvement and development of services. This is particularly relevant with the implementation of the strategic plan. If the organisation is to deliver staff must be fully engaged with the plan and its goals and initiatives. As part of the production of the strategic plan there is a section on ensuring staff take ownership of it.

Effective staff involvement, participation, partnership and communication involves effort from everyone who works for NHS North Yorkshire and York. Everyone has both rights and responsibilities in ensuring its success.

As already outlined - communication is not a "bolt-on-extra" - it is at the heart of the organisation, and is a key task particularly for everyone who has a responsibility for the supervision and management of staff.

The most effective communication and co-operation is achieved when staff are involved in decision making, benefiting from their input, skills and abilities and gaining their commitment, understanding and support to enable us to operate more effectively.

It is also the case that staff are our greatest ambassadors externally with stakeholders, partners, friends, family and neighbours, as well as being members of the public themselves. Effective internal communication will enable the organisation's goals to become a reality, resulting in a more committed and effective workforce. To assist colleagues in the delivery of this we are making a commitment to provide managers and team leaders with the tools to allow them to inform and engage their colleagues through the various channels available.

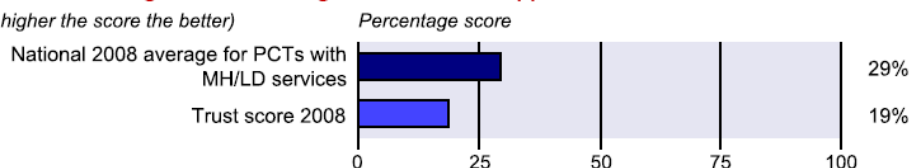
Staff Survey

One measure of assessing how colleagues feel about working for the organisation is the annual staff survey. For 2008 NHS North Yorkshire and York and its arms length body, North Yorkshire and York Community and Mental Health Services conducted one annual staff survey. In 2008 850 staff were asked their views and 62% responded - an increase of 4% on 2007. The questions in the 2008 survey differed slightly from 2007, however, the four main areas of concern are outlined on the next page:

BOTTOM FOUR RANKING SCORES

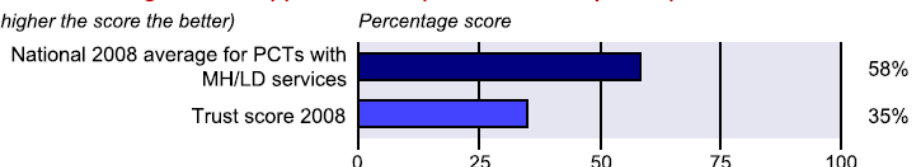
! KF14. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



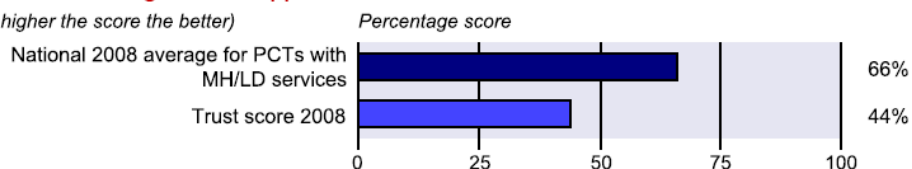
! KF15. Percentage of staff appraised with personal development plans in last 12 months

(the higher the score the better)



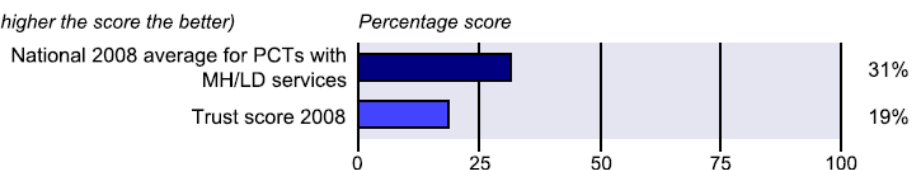
! KF13. Percentage of staff appraised in last 12 months

(the higher the score the better)



! KF29. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



Following the results of the survey an action plan has been developed to address areas of concern. This plan is discussed with senior staff and staff representatives. The survey for 2009 has been completed and sent to all members of staff instead of the usual sample of 850. Results are due in spring 2010. Further details on the staff survey and appropriate actions are included in the Organisational Development Plan 2010-2015.

5 Strengths, Weaknesses, Opportunities and Threats (SWOT) facing the organisation – communications and engagement

Strengths	Weaknesses
<ul style="list-style-type: none"> • Five year strategic plan clearly outlines work programme moving forward • Well developed relationships with extensive and engaged local media • Comprehensive communication project plans • Positive proactive agenda • Excellent media favourability • Good public satisfaction rating • Well developed performance management tools • Well established relationships with voluntary and community groups • Well developed relationships with the two Scrutiny of Health Committees and other political leaders • Active and well engaged communities on local health issues – apathy not an issue • Well developed relationships and partnership working with Local Authorities • Experienced and highly respected communication and engagement team with confidence in ability to do robust engagement exercises 	<ul style="list-style-type: none"> • Large number of media outlets can affect media metrics • High profile requests for drugs and devices not routinely commissioned • Challenging political environment • Limited use of new technology to facilitate greater interaction, engagement and influence • Securing the input of seldom heard/hard to reach groups • Financial resource limitations for communication and engagement activities can hinder effectiveness • Structured approach to localised engagement via PbC and patient groups (including seldom heard groups) still in its infancy • Limited resource and capacity to deliver localised, systematic and innovative engagement processes across a large geographical area, with distinct communities
Opportunities	Threats
<ul style="list-style-type: none"> • To further enhance the reputation of the local NHS through re-branding/image of organisation and continued arms length separation of 'community and mental health services' • Large number of media outlets – opportunity to localise positive coverage • Emerging importance of web-based communications to reach audiences • Opportunity for local NHS organisations to work more closely in order to maintain NHS brand and reputation • Opportunity to work more closely with partners to share resources and maximise efficiencies • To embed social marketing principles with regard to creating a 'well' NHS • Developed locality focus to enhance existing partnerships and engagement activities, including shared intelligence with partners to further understand local need • Developing relationships with political leaders and local opinion formers and support social cohesion • In-house survey tools and expertise, including web-based packages (linked to quality agenda) and other new technology • Becoming the local leader on effective and integrated engagement and communications across our health economies 	<ul style="list-style-type: none"> • Large geographical area • Reputation of local NHS damaged by local provider/s • Challenging financial climate both local and national • Adverse reactions to change proposals or challenges to the status quo • Meaningful communications and engagement marginalised by speed of change in light of managing reactive workload • Balancing the challenges of meaningful engagement against the political realities of reputation management of the organisation • Challenging relationships with stakeholders exercising statutory powers out with agreed protocols and principles of public life • Impact on relationships from local political environment and forthcoming General Election • Reduced engagement team resulting from Commissioner and Provider separation • Diminishing role of traditional media outlets

6 Political, environmental, social and technological factors (PEST) affecting the organisation – communications and engagement

Political	Environmental
<ul style="list-style-type: none"> • Implementation of NHS North Yorkshire and York’s five year strategy (Healthier/lives) • World Class Commissioning Assurance Framework • Healthy Ambitions • Care Quality Commission standards. • Hambleton Strategic Reviews • Stakeholders – particularly media and politicians • Changing financial environment within the public sector • High profile Scrutiny of Health Committees • Two-tier local government structures across North Yorkshire • Unitary Authority in York • Active LINks and neighbourhood management teams 	<ul style="list-style-type: none"> • Staffing – staff based across number of office sites • Balance between visible communications activity and public perception of how money spent – value for money • Strategic outputs – ensuring NHS North Yorkshire and York is not competing with itself for media space (eg, different departments doing PR activity in a vacuum) • Partnership – not competing with partners but working with them to get maximum PR for activities and initiatives (and joint reactive statements) • Distinct rural and urban communities with distinct priorities and needs
Social	Technological
<ul style="list-style-type: none"> • Increasing public expectations of services – particularly in relation to access, standards, drugs • Changes in population – increases in armed forces personnel and families • Small but increasing ethnically diverse population – migrant workers, travelling community • Large rural areas – not aware of local NHS issues • Difficulty in gaining views from seldom heard groups 	<ul style="list-style-type: none"> • Increase in social marketing – using techniques and approaches to bring about behavioural change • Use of email for immediate and accessible communication with partners and stakeholders • Web based – directing stakeholders towards web based information including near time patient experience • Implementation of Community Of Interest Network (COIN)

7 Communications Objectives and Principles

Our strategic objective is to successfully communicate the organisation's ambition to be seen as the local leader of the NHS provision across North Yorkshire and York using the organisation's goals and initiatives as set out in 'Healthier/lives' the organisation's strategic plan as the basis for communicating the long-term vision of service delivery, modernisation and financial well-being to all stakeholders at a level appropriate to their needs.

Principles

Our approach to communications is based on the following principles:

- Working with stakeholders and partner agencies (see **Appendix A** for details) to ensure communication takes place in an open, honest and timely fashion in line with the organisation's policy on equality, diversity and human rights;
- Making announcements internally before they are made externally wherever possible;
- Ensuring that stakeholder engagement is proactive and based on need for information;
- Working in a proactive way with colleagues within the local health and social care community including NHS Yorkshire and the Humber (Strategic Health Authority), GP representatives, hospital trusts, the voluntary sector and local authorities, to ensure all possibilities for partnership working are explored and promoted. Through agreed joint working protocols, seeking to maximise all opportunities to promote service redesign and patient care;
- Speaking and writing professionally and clearly and ensuring equal access to all while being sensitive to the needs and abilities of all participants in terms of language and mode of communication. Wherever possible all documents should be written in line with Plain English guidance, www.plainenglish.co.uk;
- Ensuring that the organisation's communications comply with current legislation and regulation. Information to be published as part of the Freedom of Information Publication Scheme is as accessible as possible and will continue to maintain and develop the Publication Scheme in line with policy and requests for information. Likewise that the requirements of the Data Protection Act 1998 and Department of Health Policy are met, including notifying patients of what their information will be used for, and how and when it will be shared;

- Ensuring continuous improvement in the communication process through performance management in line with the NHS Yorkshire and the Humber guidance.

Maintaining and Creating Greater Brand Awareness

As outlined earlier maintaining and creating a greater awareness of the NHS brand will be key to delivering the organisation's strategic objectives over the next five years. As an organisation we will have to work with all providers to ensure they protect the NHS brand and maximise all opportunities to promote the work of the NHS across North Yorkshire and York. This includes working together on joint initiatives such as the '*Choose Well*' urgent care agenda and privacy and dignity. NHS North Yorkshire and York also has a greater role in ensuring that providers protect the NHS brand. Working with them when potential negative issues arise to ensure mitigation plans are in place. Maintaining positive brand awareness can also be discussed as part of the regular contract management boards.

During 2010 NHS North Yorkshire and York will be looking to refresh certain aspects of visual identity including the website and intranet. This refresh will reflect the position of the organisation as the local leader of the NHS.

Delivering communication functions

Alongside delivering the communication elements of the strategic plan there are a number of operational requirements of the communications function including media management, internal communications, corporate documents, web management and design and print.

In order to ensure resources are allocated effectively between delivering the strategic and operational functions a communications work plan is reviewed and updated on a weekly basis.

8 Engaging All

Mission and Goals

Our mission statement is to commission the highest quality health services that reduce health inequalities; empower individuals to manage their own health and create seamless care with our partners.

To support this mission our strategy has six key themes to support effective and meaningful engagement. These themes reflect our responsibility as the local leader of the NHS, both as a commissioner and system leader for the organisations who provide health care for the population of North Yorkshire and York:

- To actively listen and learn from comments, suggestions, concerns and complaints from patients, carers, the public and their representatives; using this feedback to inform local health care need and our future commissioning intentions to meet this need;
- To develop and support mechanisms by which all sections of the community can participate in the planning, development, co-design, commissioning and quality checking of local healthcare services;
- To recognise, understand and develop positive relationships with the different communities we serve, including localities, communities of interest and areas of specific health need;
- To respond promptly and clearly to public opinion, ensuring clarity on where views can be heard and the outcomes from all engagement activity;
- To be transparent, open and publicly accountable for our actions and decisions;
- To embed the principles of involvement in the organisation including the commissioning cycle, clinical leadership, quality measures, business planning processes, performance and contract management arrangements, and in the evaluation of the impact of service change.

Our five year strategic plan is informed by our understanding and insight of the health needs and aspirations of the communities for which we commission services and with which we continue to engage to inform the delivery of this strategy. Our work with partners on the Joint Strategic Needs Assessments and a renewed focus on locality working with partner organisations will continue to inform this insight on local health needs.

A fully engaged process is designed to support improved health outcomes by ensuring high levels of health literacy and ownership, with confidence in and support for local health services. This is about being accountable to all sections of the community for everything we do. To achieve this requires working in productive partnerships with patients, service users, carers, patient representatives and all communities across North Yorkshire and York. This will support the work with our providers to transform patient pathways. These are ones that are arranged around our patients and describe the entire

pathway of care; rather than pathways that are specific to a service and the organisations that provide them.

Our partnerships with other public bodies providing services, commissioning services and actively engaging with local communities is key to ensuring an inclusive and collective approach to understanding the needs of all sections of the community. Corporate linkages to ensure statutory duties relating to Equality and Human Rights, effective performance management of our service providers and year-on-year improvements in the quality of services available to our communities need to be grounded in effective public engagement.

Patient Experience

The Operating Framework for the NHS in England and Wales 2009/2010 states: “The Patient Experience is the final arbiter of success for the NHS”. The Operating Framework for 2010/11 takes this even further with the focus on payments for quality.

This covers the quality of care and the delivery of patient-centred care, focusing on the compassion, dignity and respect with which patients are treated and the ease with which all patients are able to access services. Importantly, this takes into account the need to promote quality and patient-centred services for all sections of society and irrespective of age, gender, sexual orientation, race, disability and religious belief.

Understanding the experiences of patients and ensuring that our providers deliver patient-centred services requires all health care providers to engage with patients and their carers in the co-design and development of services. As a commissioner and system leader we will ensure that providers continue to assess that their services are appropriate and responsive. Crucially, this needs to include the involvement of patients and patient feedback to inform the future design, development and delivery of all aspects of health care.

As part of the quality framework we are now actively working with our providers on raising the bar on patient experience. Commissioning for Quality and Innovation (CQUIN) payment framework, the Quality Framework and effective contract management processes present real opportunities to ensure that improving the patient experience is the final arbitrator on the quality of local health care services. Through effective systems, contract management processes and incentives, the goal is to secure year on year improvements in the levels of patient satisfaction with all local health care provision.

Working with Partners

The geography and complexity of North Yorkshire and York makes effective partnership working essential to understanding the needs and aspirations of the communities we serve. The Joint Strategic Needs Assessments are an essential means by which we collectively understand these needs. Local Strategic Partnerships, joint commissioning plans and integrated approaches

to service provision give effective drivers for joint approaches to community engagement.

Effective engagement and empowerment will enhance the environment where we, our partners and our providers, can innovate to ensure the best care for the people of North Yorkshire and York. This will support our work across clinical alliances and networks and help to tackle the diseases that will impact most greatly on the lives of, for example, our ageing population. Our engagement, social marketing and campaigns will be key in empowering individuals, helping them to care for themselves and manage their own diseases.

We are committed to working in partnership with the local population, our partners and staff to shape and deliver our strategy. Wide and comprehensive engagement has been a key focus in the development of our five year strategic plan and builds on our work to date in working, particularly at locality level, in developing services with a local flavour that respond to local need.

Delivering engagement functions

The strategic plan development has been supported by a comprehensive engagement plan and over the summer of 2009 we have:

- Launched the Health Factor, a county wide road show that visited over 20 market towns and centres across the county asking the local population what aspects of health were important to them. A total of **3212** responses were received during the summer of 2009, from surveys attached to the Your Guide, the Health Factor leaflets given out at a number of events and road shows, and the Health Factor on-line survey.
- Held events in each of our localities aimed at developing and validating the strategic plan with stakeholders. Over 100 stakeholders attended the events representing the voluntary sector, health care professionals, partner organisations, provider organisations and council members.
- Worked with Practice-based Commissioners, our Clinical Executive and the wider clinical community in developing our goals, objectives and initiatives to ensure clinical leaders were at the forefront of development. This included a Clinical Strategy workshop with over 50 clinicians inputting and advising on the development of initiatives to support strategy delivery.
- Facilitated a “Big Tent Event”, where we brought together executive teams from our health and social care system, to debate the challenge ahead and agree how we should respond as a health and social care system. This has been fundamental in shaping our strategic intent.
- Presented to a variety of specific stakeholder forums, to elicit their views including Overview and Scrutiny Committees, Local Involvement Networks (LINKs), Local Strategic Partnerships and other community groups.

An example of where we have listened and acted upon community concerns is on access to NHS Dental provision across North Yorkshire and York.

In local and regional surveys, access to NHS dentistry has been identified as the key concern about local NHS services. This has been evident also through constituency issues raised by local MPs and local authority councillors.

Access to NHS dentistry has featured on the work programmes for the respective Health Overview and Scrutiny Committees of North Yorkshire County Council and City of York Council. There have also been localised 'hot spot' areas of concern (examples being Leyburn and Hawes in the Richmondshire area and Whitby and Scarborough on the East Coast) where we have undertaken specific engagement and communication activities to listen, respond and act on local issues.

The dental helpline and allocations process is currently delivered by the Patient Advice and Liaison Service who facilitate regular briefings to both Overview and Scrutiny of Health Committees.

NHS dentistry was recently rated as 'a strength' by local residents in an independent patient satisfaction survey commissioned by NHS Yorkshire and the Humber.

Our engagement is an ongoing process as our strategy and key deliverables within it emerge.

Our change in management focus with the introduction of locality directors who provide executive leadership in the localities of York; Scarborough, Whitby, Ryedale; Craven and Harrogate; and Hambleton and Richmondshire and Selby, brings this into sharper focus. The opportunity to work across public sector partners to share resources and expertise through joint approaches to engagement is accentuated by the current and projected financial environment across North Yorkshire and York.

As a signatory to the COMPACTS (*a framework to promote and support partnership working between the Voluntary and Community Sector (VCS) and public bodies*) for the City of York and North Yorkshire County Council, we are committed to working within agreed codes of conduct with voluntary and community groups supporting service users. This includes codes of conduct for community engagement, designed to ensure adequate and appropriate processes are used for effective community engagement.

Agreed working practices with Overview and Scrutiny of Health Committees for the City of York and North Yorkshire County Council are based respectively upon productive working arrangements within accountability frameworks. Similar processes have also been developed for the Local Involvement Networks (LINKs) covering the City of York and the county of North Yorkshire.

9 Clinical Engagement

As an organisation NHS North Yorkshire and York considers clinical engagement to be fundamental in delivering the Strategic Plan 2008 – 2013. The decommissioning of services and the service redesign that is required to meet the needs of the local population must be led and supported by clinicians and as such they are both stakeholders and gatekeepers.

Clinical engagement provides an opportunity to foster dialogue with all clinicians to develop possible solutions and ideas for enabling and encouraging both internal and external clinical engagement.

The business of the Directorate of Clinical Engagement and the work of the Clinical Executive (CLE) continues to drive clinical engagement throughout all the mainstream business of NHS North Yorkshire and York. With Practice-based Commissioners (PbC), the Clinical Executive has been influencing the development of the strategic plan since inception. A number of workshops and events have been held in order to look at priorities for the organisation in the strategic plan, address the health outcomes and lead on key pieces of work around unplanned care, improving health and tackling clinical variation.

The Clinical Executive's work is organised around the strategic initiatives and its members work with clinicians and Commissioning managers through networking to ensure that clinicians have a clinical voice and are able to influence NHSNYY business. The networks are being further developed by the work of the Clinical Engagement leads on the Clinical Executive. There is further development planned to identify clinical champions throughout the whole of the healthcare community who will provide a network of expertise and knowledge across all strategic initiative areas.

The Clinical Executive team will further develop the Clinical Leadership and Engagement strategy to ensure that clinical engagement continues to be the mainstream business of the commissioning process.

Practice-based Commissioning across North Yorkshire and York continues to develop. There is clear evidence of the aligning of local consortia business to strategic initiatives in the strategic plan. PbC groups have developed Clinical networks within localities and have clinical leads for the strategic work stream and initiative areas. Demonstrable improvements have been seen in PbC with chairs now working with the organisation as co-commissioners in tackling clinical variation and performance and contract issues with secondary care.

The Integrated Commissioning Executive (ICE) is a vehicle to ensure that the organisation has a transparent commissioning process. PbC and the Clinical Executive have voting right on this committee which is a sub-committee of the board.

In order to ensure the further development of clinical engagement the CLE will:

- Develop a work plan for clinical executive communications and engagement - building on the clinical engagement and leadership strategy;
- Ensure that clinicians are involved in the strategic initiative developments and associated projects;
- Build an extensive network of clinical champions across primary care, the provider arm, independent contractors and secondary care to provide a wealth of expert knowledge and experience in the redesigning of services;
- Ensure that clinicians understand the vision, values and objective of the clinical engagement and leadership strategy.

10 Target Audiences

Stakeholder Analysis

The organisation's stakeholder analysis (Appendix A) identifies the key characteristics, needs and interests of our stakeholders. It sets out the benefits and risks associated with effective engagement and our understanding of the key priorities for these stakeholders. These are defined as: patients and public; our own staff (including clinical and non-clinical); partners and providers; the political, social and historical landscape; government and NHS regulators; and the media.

The analysis of stakeholders is an ongoing process, designed to inform strategic planning and ensure comprehensive approaches to specific engagement activities. It acknowledges the roles of local opinion formers and representatives of the communities for which we commission services for; our partners, both as fellow commissioners and also as public bodies serving the interests of local communities; and support to our providers as a source for understanding and responding to local health care needs.

Challenges and Risks

Our commitment to active engagement is driven by the positive impact of effective engagement to improve the quality of local NHS provision.

Our challenge is to ensure that engagement processes do make a difference. To do this each must be undertaken with transparency and integrity, being tailored to the particular circumstances for each engagement activity. Processes need to treat participants with respect and keep them informed on outcomes and next steps resulting from their contributions.

Where difficult decisions need to be made (i.e. decommissioning an existing service because of changes in clinical practice) the rationale, evidence and options for change need to be shared in an open and accessible way. This is to ensure that stakeholders, as a minimum, have a clear understanding and ownership of the issues and rationale that informs our decision-making. Failure to meet these challenges risks the perception that decisions have already been made and 'lip-service' is being paid to engagement processes.

Other risks include balancing decisions about clinically safe and efficient services against locally accessible services (that are popular with local stakeholders); ensuring that all stakeholders are engaged in a timely and equitable way; that plans for consultation on service change do not raise undue concern or undermine confidence in existing services; and that engagement methods are appropriate and inclusive.

Our leadership role will support providers in meeting these challenges through the use of effective and meaningful engagement processes. This will effectively monitor and inform our patients' experience of local services.

How do we Inform, Listen and Learn?

NHS North Yorkshire and York seeks and develops formal and informal relationships with appropriate agencies and organisations. This includes established networks with local infrastructure organisations; the recently established, active and fully functioning Local Involvement Networks (LINKs) for the City of York and North Yorkshire county, respectively; voluntary sector groups, patient interest groups and community of interest groups; the nine Local Strategic Partnerships and their task groups covering the two-tier and unitary Local Authority structures; our eight Members of Parliament and local political and civic leaders across our nine local authorities; our joint work on developing Joint Strategic Needs Assessments; together with our work with other NHS bodies, key partners and other commissioning bodies.

Links into existing partnerships and networks for older people, children and young people, mental health services and services for learning disabilities enables NHS North Yorkshire and York to inform, listen and learn with a range of service users.

This work is informed by mutual understanding of engagement and involvement processes that inform strategic priorities, local health needs, commissioning processes and care pathway development.

Working with those seldom heard

The social, economic and demographic profile of North Yorkshire and York continues to change. Our commissioning challenge is to both understand the needs and to respond to the health aspirations for all sections of the communities we serve.

Our engagement, therefore, needs to go beyond the 'frequently heard' to understand the needs of those within the community who are often marginalised, do not have a readily heard voice and frequently experience the worst health outcomes.

Our shared statutory duties under the Equality Bill give the opportunity for further collaborative approaches on engagement with partners through existing and emerging networks. Forums such as the Harrogate and District Minority Ethnic Forum and the Ryedale Together Group, together with engagement initiatives through the Local Strategic Partnership Task Groups will be important vehicles for taking this forward. Linkages to specialist workers with communities of interest will also be maximised.

11 Taking this Strategy Forward

Supporting the initiatives within 'HealthierLives'

Delivering effective communications and engagement within an increasingly challenging financial environment presents a number of real management challenges for the organisation. To ensure that we remain on the 'front foot', the strategic plan and our commissioning intentions present the key priorities for health care in North Yorkshire and York.

'HealthierLives' outlines six strategic initiatives. Communications and engagement activity will be key to the success of all the initiatives; however three have been identified as requiring more dedicated focus. These include:

- Initiative three: behaviour change
- Initiative four: self care
- Initiative six: urgent care

The Communications and Engagement team will support delivery of these initiatives with dedicated communication and engagement plans to ensure that specific strategies are in place to support the actions developed.

The Governance structure and business development processes reflect this approach by their alignment to the strategic plan. This is supported by an Organisational Development Plan to secure appropriate capacity and skills matched to robust planning processes, including a revamped Commissioning Cycle.

Our focus on quality will ensure that real patient experiences fully inform our understanding of the performance of our main providers. It will provide proactively useful patient feedback to secure ongoing service improvements. A Programme Board for Quality supported by a Patient Experience Working Group is the vehicle for taking this forward.

Planning for Action – The Project Approach

In order to ensure effective delivery it is important that there is a robust approach to delivery through project management. All of the work undertaken must be able to be linked back to the strategic plan and aligned to the core World Class Commissioning (WCC) competencies. It is also important that any project plans are reviewed regularly and highlight potential risks and possible mitigating factors.

As a commissioning only organisation the communications and engagement functions must develop a greater support function and link directly to key projects. To support this aim the Communications and Engagement team have established key deliverables for 2009/10 and 2010/11. These are outlined on pages 36-39. Each deliverable has been risk assessed and linked to the relevant World Class Commissioning (WCC) competencies.

Alongside these key deliverables, high level communication and engagement plans have been identified for each of the six initiatives within the strategic plan. These plans will be continually developed and refined as the projects within the initiatives develop (Appendix B).

The Communications and Engagement team does not have the resource to be involved in every project from the beginning and project leads need to start the communications and engagement process on their own, seeking advice from specialists at various points along the process. To enable this approach a specification has been developed highlighting what colleagues should do when establishing a project and what they can expect from the Communications and Engagement team. A number of training sessions should also be run to support this approach.

Quality, Innovation, Productivity and Prevention (QIPP)

QIPP is a new approach within the NHS to successfully deliver national and local service and quality objectives within the anticipated constraints in future funding.

Made up of four interlinked elements: Quality, Innovation, Productivity and Prevention, which together will enable the NHS to deliver on its vision for change and improvement, whilst maintaining the quality and range of services people want and need.

As outlined in the strategic plan, QIPP will be interwoven into the initiatives to ensure that the four elements highlighted above form part of our strategic approach.

This approach does sometimes mean challenging the norm and the organisation needs to be prepared to ensure that substantial and sustained engagement with all stakeholders is carried out explaining the benefits of QIPP

Better Care Better Value (BCBV)

One element of QIPP is ensuring patients have access to treatments that provide them with the best possible clinical outcome whilst providing the local taxpayer with value for money.

To that end, as a responsible commissioner, it is important that we commission services that are based on nationally recognised clinical evidence that is used across England. Better Care Better Value (BCBV) is a national programme that sets out clinically based evidence for a number of procedures and highlights if these should be routinely commissioned. Based on the BCBV initiative, NHS North Yorkshire and York has begun a process for ensuring our commissioning intentions are based on strong clinical evidence.

This is not a measure designed to make financial savings, as any savings made from our not routinely commissioning these procedures is small compared to our overall budget. This is about commissioning services responsibly which will provide the best outcome for patients.

It is also important to stress that we are not stopping any procedures. For treatments which we do not routinely commission, clinically determined guidelines are in place. Where the clinician believes the patient would benefit from a treatment not routinely commissioned they always have the option to request treatment through the individual funding request panel.

BCBV means sometimes changing a pathway that has existed for some considerable time which can be difficult for those involved with that care pathway. A separate comprehensive communications and engagement plan has been devised and is being actioned in order to ensure the right 'clinically effective' message is conveyed.

Achieving Key Deliverables

Key Deliverables – 2009/10 – 2010/11 Strategic/Operational Communications	Risk Against Completion	Link to WCC Competency	Link to Strategic Initiative
Support the goals and objectives of the organisation’s strategic plan ‘ Healthier/lives ’ and ensure development of WCC competencies linked to communications e.g. local leader of NHS.	Failure to deliver against WCC competencies	1 A/B – 3 – 4	All initiatives
Ensure full engagement with stakeholders and wider public with regard to Quality, Innovation, Productivity and Prevention - Better Care, Better Value (BCBV) and the promotion of evidenced based commissioning.	Opposition to national BCBV initiative	2 – B/C – 3 3 – A - 3	All initiatives
Actively supporting carbon reduction strategy – primarily internally focused	Failure to meet national reduction target without effective engagement	1 – A/B/C	-
Develop communications toolkit to allow project leads/managers to engage and develop communications processes at appropriate junctures.	Communications not integral part of organisation’s business planning – potential risk to reputation	1 A/B – 3 – 4	All initiatives
Maintain and develop proactive media agenda/public communication of local NHS business to ensure favourability and impact metrics (set by DH) set NHS NYY as a consistently high performer.	Damage to reputation	1 A/B	-
Continued reactive media management – to protect reputation and manage organisation’s response to ongoing issues such as pandemic flu.	Damage to reputation. Failure to deliver against obligations under lead responder	1 – 3 A/B– 4 A	-

Develop further communications role as local leader of the NHS including developing management of providers in North Yorkshire and York.	Not seen as local leader of NHS	1 A/B	All initiatives
Enhance the visual identity/brand awareness of NHS NYY to reflect commissioning only organisation and position as local leader of the NHS.	Not seen as local leader of NHS	1 A/B	All initiatives
Maximise promotional opportunities with regard to public health campaigns/initiatives – including greater use of social marketing techniques.	Failure to drive prevention agenda forward	1 A/B – 3 – 4 A/C – 5	3
Progress work on stakeholder and clinical engagement to ensure that all opportunities to gauge views, raise awareness and involve in decision making process are maximised.	Not seen as local leader of NHS – Damage to reputation due to lack of clinical engagement	1 A/B – 3 – 4	1-5
Use external audit to ensure internal communications are fit for purpose and following audit amend, if required, internal communication processes.	Lack of ability to demonstrate progress as employer of choice – Damage to internal reputation	1 A/B	-

Key Deliverables – 2009/10 – 2010/11 Engagement	Risk Against Completion	Link to WCC Competency	Link to Strategic Initiative
Actively support all elements of the strategic plan to deliver effective engagement on all strategic initiatives to ensure projects are determined locally and follow due process.	Limited engagement resource to support all wider initiatives, local projects and statutory processes when required.	Supports all elements of WCC through strategic plan	Initiatives 1,2,3,4,6,7
Ensure full engagement with stakeholders and wider public with regard to Better Care, Better Value (BCBV) and the promotion of evidenced based commissioning.	Opposition to national BCBV initiative + political pressures	2 – B/C – 3 3 – A - 3	Initiative 4, 6, 7
Actively support the development of locality working with Associate Directors and other key players, including PbC leads.	Shift to more locally focused and responsive commissioner not achieved	2 – B/C – 3 3 – A - 3	All initiatives
Develop a toolkit for commissioners on stakeholder and community engagement to support service change and WCC competencies.	Commissioning processes not joined-up or fully resourced to understand local need	3 – B - 3	All initiatives
Support embedding commissioning processes through community engagement partnership work with Local Strategic Partnerships and other engagement outlets.	Duplication of engagement activities and loss of credibility	2 – B/C – 3 3 – A - 3	All initiatives
Develop processes for triangulating all sources of patient and public feedback to inform future commissioning priorities and Quality indicators.	Lost intelligence on future need and providers not achieving performance measures	3 – B - 2	All initiatives
Inform the development of key performance indicators to assess the	Performance Indicators not	3 – B - 3	All initiatives

<p>impact of patient and public feedback on commissioning intentions and Quality outcomes.</p>	<p>needs led or achieved by providers</p>		
<p>Develop and actively manage a live stakeholder database, to include localised intelligence on key issues and opinion formers.</p>	<p>Inadequate engagement on delivery of strategic initiatives</p>	<p>3 – B - 2</p>	<p>All initiatives</p>
<p>Support continuous dialogue with partners and opinion formers around progress of key strategic issues as part of a pro-active approach to open engagement.</p>	<p>Local population not fully engaged on health care needs</p>	<p>2 – B/C – 3 3 – A - 2</p>	<p>All initiatives</p>
<p>Maximise the use of SNAP (survey) technology and web-based techniques for wider engagement with partners, patients, public, staff, providers, clinicians and other stakeholders.</p>	<p>Absence of appropriate tools + expertise for effective engagement</p>	<p>3 – B - 2</p>	<p>All initiatives</p>
<p>Work with Public Health, Performance, Quality, Strategy and other partners to utilise social marketing + ‘insight’ to secure targeted engagement and feedback.</p>	<p>Areas of high need not being addressed re prevention agenda</p>	<p>3 – B - 3</p>	<p>All initiatives</p>
<p>Develop agreed techniques to further demonstrate the impact of engagement activities on strategic initiatives and Quality indicators.</p>	<p>Commissioning intentions not tailored to local need or Quality indicators reflecting actual patient experiences</p>	<p>3 – B - 3</p>	<p>All initiatives</p>

12 Communicating in a Crisis

Communication is key to the organisation's ability to respond quickly and appropriately to any major untoward incident occurring within our boundaries. It is identified as an important component in NHS North Yorkshire and York's Emergency Plan.

As the lead health organisation for emergency planning across the county of North Yorkshire and as a Category One responder under the Civil Contingences Act (2004) we have a duty to 'warn and inform' the public. We aim to take an active role in emergency planning preparedness and to ensure close links are maintained with communications leads in the county's acute hospital trusts, neighbouring PCTs and ambulance trusts, as well as with the Health Protection Agency, Strategic Health Authority and non-health agencies including the police, fire service and unitary, district and county councils. We also actively participate in regional groups such as the North Yorkshire Local Resilience Forum (NYLRF).

Swine Flu

As the local leader of health services NHS North Yorkshire and York is the lead organisation for the management of the swine flu pandemic. This includes the management of communication messages. During the first wave the organisation has learnt lessons with regard to communication mainly involving communications flows. As a result a number of processes have been refined to remove duplication.

NHS North Yorkshire and York has a crisis communications protocol (Appendix C). This does not replace the organisation's formal Emergency Plan which is activated on declaration of a major incident. Specific communication plans are also drafted and updated in respect of major identified risks such as pandemic flu and winter planning.

13 Managing Performance

How we evaluate and performance manage our communication and engagement outputs is vital if we are to plan a trajectory for improvement and ensure delivery of the strategic plan outputs. The organisation needs to be able to adapt and amend project plans based on evidence and insight. Knowing how we have performed also gives us key information about whether our outputs are linked to the organisation's core business objectives and meet WCC competencies; if not, we can refocus as appropriate.

As part of the assessment for World Class Commissioning we will be evaluated through the public satisfaction polling, national media evaluation and the 360 degree stakeholder survey. Much of this monitoring judges us as the local leader of the NHS and as such the performance of those we commission services from affect our performance. As such we have to develop a much stronger role in the performance management of providers on communications and engagement. This is particularly strong on patient experience linked to the Commissioning for Quality and Innovation (CQUIN) payment framework. Individual providers should be performance managed through existing channels such as contract management boards. NHS North Yorkshire and York should be assured that action plans are in place if performance needs improving.

A key element of the performance management framework is to ensure we understand and influence on-going improvements in our patients' experiences of local services. Benchmarking and use of the Quality Framework is an important arena for demonstrating that services are tailored to local need and the expectations of the communities for which we commission services.

With regard to communications the organisation would expect providers to ensure plans are in place to mitigate against any negative coverage.

We also continuously monitor our own performance through, for example, robust local media monitoring, regularly reviewing communication and engagement work plans and through the agreed performance monitoring framework (Appendix E). This framework covers a number of areas ranging from the total of positive media releases issued each month to what our key stakeholders think of how we operate at a local level. In turn, the results of this annual performance review feed into the development of the communication and engagement work plans.

Our World Class Commissioning assessment is an important vehicle for understanding how well we engage with stakeholders and local communities. People's understanding of the quality of local health care and the assurance that local services meet local peoples' health needs presents important evidence between perceptions and actual experience of health care.

14 Finance and Resources

Delivering the initiatives identified within the strategic plan will require engagement and communications resource. Our business processes now incorporate resources to ensure the inclusion of effective communications and engagement to deliver our strategic initiatives. Dedicated non-pay corporate budgets remain in place to cover the cost of statutory annual productions (such as the annual 'your guide to local health services') and annual maintenance costs.

Similarly, revised business processes necessitate individual directorates or service areas resource campaigns, engagement activities and information sources to deliver their strategic and operational initiatives. As such, each project and work plan will incorporate a budget for communications and engagement, with specialist support and advice on projects provided by the communication and engagement specialists.

15 Appendices

Stakeholder Analysis – Appendix A

Initiative Plans – Appendix B

Crisis Communications Protocol - Appendix C

Key Achievement 2009 – Appendix D

Performance Monitoring Framework Appendix E

Appendix A - Basic Stakeholder Analysis

Stakeholder group	Characteristics	Needs and interest	Potential	Risk
<p>Patients and Public</p> <p>Current & former patients and service users and carers & support workers</p>	<p>Central to everything we are about. Taxpayers and citizens. Recipients of good quality NHS provision. Engaged and knowledgeable on NHS issues.</p>	<p>Appropriate and timely information to make informed decisions about their health. Knowledge on where to get help & information. Guidance on how to make comments or take forward concerns if things do not go well.</p>	<p>To share good experiences and be ambassadors for what works well. To provide valued and ongoing feedback. To be co-producers of quality services. To use first hand experiences to shape future services.</p>	<p>Impact of complaints and negative feedback through press and local politicians. Cynicism and negative responses to proposed changes to status quo. Misinterpretation of key messages. Balancing the views of often heard voices against those seldom asked.</p>
<p>Voluntary, community and faith sector groups</p> <p>Communities of interest (older people, children & young people, BME groups, people with disabilities, mental health service users, lesbian, gay, bisexual &</p>	<p>Have influence and understanding. Good networks & trusted. Some groups small in number & not well established. Not a comprehensive coverage or co-ordinated voice.</p>	<p>To have confidence in local services through good experiences & good customer service. Able to feedback, influence and shape services. Listened to and treated with dignity and respect.</p>	<p>Providers as well as co-producers of services. Skilled to participate in decision-making processes. Ability to challenge and support locality agenda</p>	<p>Ensuring that a broad range of views are secured. Significant groups overlooked. Speed of change negates genuine involvement Not COMPACT compliant.</p>

Stakeholder group	Characteristics	Needs and interest	Potential	Risk
transgender, travellers & homeless)				
<p>Political & Opinion Formers</p> <p>MPs x 8 Constituencies:</p> <p>City of York Selby Vale of York Ryedale Scarborough & Whitby Harrogate Borough Richmond Skipton</p> <p>Local Authority leaders (9) City of York (Unitary) North Yorkshire CC (County) Ryedale (District) Scarborough (Borough) Hambleton (District)</p>	<p>Significant number of senior opposition MPs; Several MPs not seeking re-election; Some marginal constituencies with potential for high-profile campaigns; Number of local MPs with active interest in NHS issues.</p> <p>Influential and visible political leaders; High profile allegiance to existing NHS provision: Local leaders for</p>	<p>Regular and timely information to understand & be kept informed on local issues: Understanding the strategic direction, political context and 'behind the headlines'. Campaigning for local services & constituent concerns.</p> <p>To be seen as local leaders; Regular and timely information to understand & be kept informed on local</p>	<p>Able to influence positively and publicly-champion local health issues; Champion health economy wide issues; Positive support for local health care facilities; Champion key public health messages.</p> <p>Champion and resource whole system issues; Influence positively local health issues; Provide independence</p>	<p>High profile and influential; Immediate access to local media; Impact re forthcoming general election; Party politicisation of health issues; Politicisation of single patient issues.</p> <p>High profile and influential; Immediate access to local media; Party politicisation of health issues; Politicisation of a single</p>

Stakeholder group	Characteristics	Needs and interest	Potential	Risk
Richmondshire (District) Craven (District) Harrogate (Borough) Selby (District)	community voices Part of 3-tier Local Government with limited joint services/structures (Unitary/County/District & Borough structures) - active partners on strategic planning	issues; Understanding the strategic direction, political context and 'behind the headlines'; Campaigning for local services; Active partners in delivery and commissioning of services;	(i.e. chairing public meetings); Source of contacts and influence within other organisations; Political influence at locality, sub -regional and regional level. Conduit into communities, local knowledge & empowerment	patient issue.
Scrutiny of Health Committees (2) North Yorkshire County Council City of York Council	Active and engaged in local health issues; Provide real challenge on all service change proposals; Issue led, rather than in-depth scrutiny re health outcomes (NYCC); Strong political leadership.	How to influence, be valued & effectively scrutinise; Timely and informative responses to concerns of constituents; To be seen as local leaders on NHS issues.	Able to influence positively and publicly-champion local health issues; Champion health economy wide issues; Positive support for local health care facilities & campaigns	Potential to delay progress of disputed change proposals (i.e. OSC referrals to IRP) Polarisation of issues High profile and influential; Immediate access to local media;

Stakeholder group	Characteristics	Needs and interest	Potential	Risk
<p>Media Editors and journalists of media outlets at:</p> <ul style="list-style-type: none"> • Local level e.g. York Press, Stray FM etc. • Regional level e.g. Yorkshire Post, BBC Look North • National level e.g. national broadcasters and newspapers, magazines and health journals 	<p>Highly engaged with the NHS and NHS Trusts due to health being high on the media agenda</p> <p>Hold NHS organisations to account</p> <p>Make enquiries on a daily basis</p> <p>Submit Freedom of Information requests regularly</p> <p>Attend board meetings</p> <p>Champion patients</p> <p>Can be vociferous</p>	<p>High levels of interest in the NHS and NHS services</p> <p>Need clear, concise and timely information about NHS services</p> <p>Responses need to fit to their timescales (often same day)</p> <p>Focus on patients' experiences – regularly negative ones</p>	<p>To transmit messages about the NHS to a large number of people</p> <p>Messages can be positive or negative</p> <p>Negative messages can damage reputation and public confidence</p> <p>Potential to escalate an issue from local level to national level</p> <p>Bring issues to the attention of public at large and key stakeholders including ministers and the Department of Health</p>	<p>To reputation with negative issues</p> <p>To public confidence in services</p> <p>Increased levels of scrutiny from politicians and government</p> <p>Some patient stories pose a potential risk to patient confidentiality</p>

Stakeholder group	Characteristics	Needs and interest	Potential	Risk
<p>Local Involvement Networks (LINKs) x 2</p> <p>North Yorkshire LINK York LINK</p>	<p>Maturing organisations with new stat. powers covering health & social care. Membership mixture of new and old local activists.</p>	<p>Need to establish themselves as influencers on quality, future need & performance.</p>	<p>Able to influence positively and publicly-champion local health issues. Champion health economy wide & public health messages. Act as a conduit to further understand patient/carer experiences and need.</p>	<p>Capacity and membership skills to develop positive relationships. Polarisation of existing networks. Over-representation of members for particular areas, age groups etc.</p>
<p>Town Councils, Parish Councils, Area Committees, Parish Forums and Neighbourhood Forums (500+)</p>	<p>Locally focused with limited remits</p>	<p>To address and lead on very local issues</p>	<p>Conduits to further understand local need on issues with health impact</p>	<p>Failure to engage on local issues.</p>

Stakeholder group	Characteristics	Needs and interest	Potential	Risk
<p>Partners:</p> <p>Practice-based Commissioning Groups</p> <p>Local Medical Committees and other professional bodies</p> <p>Staff providing services</p> <p>Staff commissioning services</p> <p>Staff in partner agencies</p>	<p>Re-establishing roles as local commissioners; GP-led, with wide engagement of peers</p> <p>Strong leadership and respect of professional peers</p> <p>Day-to-day delivery of services. Known and trusted by patients and partners. Have a desire to do things well (and will be critical when things are not done well).</p>	<p>Clinical leadership and shapers of local services. Regular information to enable them to fulfil their roles and duties.</p> <p>Representing the interests of their professional bodies.</p> <p>Understanding of the key objectives and strategic direction of organisation.</p> <p>How they can influence, be involved and be valued.</p>	<p>Key ambassadors for the organisation.</p> <p>Committed to providing good patient centred services tailored to local need.</p> <p>Can influence positively and validate service improvements. Support clinical leadership.</p> <p>Shared values on how to improve patient care.</p> <p>Strong understanding of patient experiences.</p> <p>Capture intelligence re: patient feedback.</p>	<p>Understanding of wider agendas.</p> <p>Negative as well as positive impact on peers.</p> <p>Public criticism of change proposals.</p> <p>Professionally focused approach.</p> <p>Understanding of wider agendas and priorities.</p> <p>Reputation of organisation if negative experiences around patient care.</p> <p>Conflicting priorities and professional/organisational boundaries.</p>

Stakeholder group	Characteristics	Needs and interest	Potential	Risk
Providers:				
Other NHS Trusts (5)	Strong providers with defined communities and local identities	To respond to need and provide high quality services	Shared strategic direction and understanding of local need	Potentially conflicting priorities around future investments
Independent Contractors (GPs, Dentists, Pharmacists, Opticians)	Joint providers and commissioners	To understand our key priorities and challenges	Source of intelligence on local need and experiences	As above
Independent Providers	Delivering local and specific services	To understand their links into our objectives (i.e. health and wellbeing agendas)	Source of intelligence on local need and experiences	As above
Voluntary Organisations (as providers)	Understand needs of local communities			
Local Authorities (as social care providers x 2)		Joint Strategic Needs Assessments to inform future need	Mutual support on shared priorities	

Appendix B - Communications and Engagement to support delivery of the strategic initiatives

The tables below outline the high-level communication and engagement objectives and activities to support delivery of NHS North Yorkshire and York's strategic initiatives as contained within '**Healthier lives**'. It should be noted that each initiative and corresponding project will have a dedicated communication and engagement plan developed prior to roll-out. At that time it will also be vital to establish and fix any budget associated to the projects.

As there are some common themes running between initiatives, it should be noted that there will be some cross-over between communication and engagement activities and strategic initiatives. Also, some communication and engagement activities planned for 2010/2011 will contribute to delivery of all strategic initiatives. For example, plans to revamp the corporate website will pay dividends for communicating all initiatives; as will the introduction of new staff and patient publications.

Internal communications with staff will also run across all strategic initiatives. This will take the form of briefing sessions, video briefings via the staff intranet and updates included in internal bulletins and newsletters. Pro-active and open engagement with key stakeholders will also be critical to ensure the effective delivery of strategic initiatives. Where this involves a service change that is deemed to be significant and requiring a full statutory consultation exercise, then project plans will need to reflect and build in these processes. Use of the SCAP (Service Change Assurance Process) will be critical to ensure full compliance with Section 242 of the NHS Act 2006 and the Duty to Involve.

Initiative	Key themes	Objective(s)	Communication and engagement activities
1. Community infrastructure	<ul style="list-style-type: none"> • Develop an infrastructure to support patients closer to home • More patients to be cared for in the community than in acute settings • Pathway redesign • Support those with Long Term Conditions (LTCs) using Telehealth • Equality 	<ul style="list-style-type: none"> • Ensure staff are informed of the initiative • Raise awareness of the drive to give patients access to healthcare closer to home • Increase demand for Telehealth amongst patients with a LTC • Convey a sense of cohesion across the health and social care network • Alleviate perceptions of health inequalities • Work closely with provider communication teams to ensure a consistent message • Promote the benefits of telemedicine 	<ul style="list-style-type: none"> • Talking heads of the SRO explaining the impact of the initiative for staff • Also produce talking heads for impact on patients • Produce telehealth case studies for each locality to demonstrate the tangible benefits of Telehealth for patients will LTC • Work collaboratively with local authorities and third sector organisations to communicate a full-circle service • Pro-active briefings of OSCs, political leaders and communities of interest to ensure consistent delivery of key messages and ownership of • Involvement of patients, carers and patient groups in re-design work • Proactively communicate examples of reducing health inequalities/bringing care closer to home (ie pathway re-design) • Regular meetings with provider and acute communications colleagues • Case studies and proactive communication of telemedicine (pending outcome of pilot)

Initiative	Key themes	Objective(s)	Communication and engagement activities
2. Dementia	<ul style="list-style-type: none"> • Preparing for an ageing population – managing more dementia patients in North Yorkshire and York • Implementing a joint dementia strategy 	<ul style="list-style-type: none"> • Ensure staff are informed of the initiative • Raise awareness of the need to re-design NHS services in response to an ageing population • Provide real examples of how we will cope with increased numbers of dementia patients • Provide reassurance to those who care/may need to care for dementia patients 	<ul style="list-style-type: none"> • Build on communication activities used to support initiative 1 to communicate an integrated health and social care network • Gather demographic statistics to demonstrate the ageing population and use as a basis for implementing the joint dementia strategy • Use real dementia patient case studies to communicate a ‘before and after’ joint dementia strategy • Support close liaison with key opinion formers and voluntary groups in the development and delivery of the strategy • Ensure messages provide reassurance to those who care/may need to care for dementia patients

Initiative	Key themes	Objective(s)	Communication and engagement activities
3. Help people to change their behaviour	<ul style="list-style-type: none"> Improving health outcomes through talking obesity, alcoholism, smoking, teenage pregnancies, low numbers of Chlamydia screening and breastfeeding 	<ul style="list-style-type: none"> Raise awareness of new initiatives that support people to lead a healthier life Instigate a change in attitude and behaviour towards key health outcomes 	<ul style="list-style-type: none"> Liaise with public health team to develop a timeline of activities to support each health outcome. Tie-in with relevant national campaigns and awareness days Use viral and social marketing techniques to target younger audiences with messages around Chlamydia screening and teenage pregnancy Facilitate use of engagement networks with Local Authorities & other partners to engage with communities of interest Create stronger links with youth sector and link with their outreach work to support local initiatives Explore advertising opportunities in social venues such as pubs, clubs and leisure facilities Develop a microsite targeted at young people offering health advice in a fun and interactive way Utilise the recently established communications group to ensure integrated approach to sexual health communication activities

Initiative	Key themes	Objective(s)	Communication and engagement activities
4. Self care and management of disease	<ul style="list-style-type: none"> • Help people to manage their own condition/disease • Introduction of health checks for people aged 40-74 without existing Cardiovascular disease (CVD) • Care pathways for patients with LTCs and implementation of Telehealth 	<ul style="list-style-type: none"> • Provide patients with the information they need to manage their own condition • Raise awareness of health checks amongst 40-74 year-olds 	<ul style="list-style-type: none"> • Production of materials to support the introduction of health checks • Link with activities detailed in initiative 1

Initiative	Key themes	Objective(s)	Communication and engagement activities
<p data-bbox="188 347 620 448">5. Clinical networks and alliances</p> <p data-bbox="188 520 577 603">To be determined as part of project plan</p>			

Initiative	Key themes	Objective(s)	Communication and engagement activities
<p>6. An urgent care system</p>	<ul style="list-style-type: none"> • Creating an urgent care system with a single point of access • Ensure patients have access to the right level of treatment at the right time 	<ul style="list-style-type: none"> • Understand why patients access specific services over others • Raise awareness of NHS services and what they can treat • Reduce the number of inappropriate A&E attendances 	<ul style="list-style-type: none"> • Gather insight into why people access specific NHS services over others – ie what makes people immediately want to go to A&E? • Share insight on previous engagement activities to inform key messages, including patient experiences of existing service provision • Better understand the demographic make-up of our local population – ie pockets of LTCs, elderly, young people, etc • Pro-active briefings of OSCs, political leaders and communities of interest to ensure consistent delivery of key messages and ownership of • Look at which services (such as pharmacy, walk-in centre, etc) are considered less by patients and develop a communications plan to promote that specific service • Continue to promote the Choose Well message but localise further to make information more relevant for local communities • Work collaboratively with provider communications colleagues to ensure an integrated and consistent approach

Crisis Communications Protocol – Appendix C

This protocol relates to major incidents that would severely disrupt the organisation's business continuity and would have a major impact on providing health services to the public.

Examples include public health issues (e.g., flu pandemic), clinical negligence, food scares, employee negligence and disaster scenarios such as fire, flooding and terrorism.

This protocol supports the organisation's Major Incident Plan.

As the lead health organisation for the North Yorkshire and York areas, the organisation would be expected to take the lead on communications under its obligations as part of the North Yorkshire Local Resilience Forum (see Appendix A) unless directed otherwise.

1.0 OBJECTIVES OF CRISIS COMMUNICATIONS

- Contribute to the maintaining of business continuity by providing clear, useful and timely messages to all relevant stakeholder groups
- To maintain or restore public, patient, staff and stakeholder confidence
- To minimise financial and reputational losses
- To restore normal operations as soon as possible

2.0 OPERATIONAL TASKS

2.1 Formation of Crisis Management Team (CMT)

A small team of senior executives should serve as the organisation's strategic CMT. The team should include:

- The chief executive (as chair);
- Board directors who are able to make decisions quickly on their operational areas;
- A senior communications professional.

2.2 Identify a Spokesperson

Within the CMT, identify the most suitable spokesperson for the organisation. This would usually be the chief executive. It is important that all communications come from the same spokesperson to create consistency of messages and reassurance to stakeholders. Any identified spokesperson should be media trained in advance. They should also receive a refresher briefing ahead of any public interviews/statements from the senior communications professional on the CMT.

2.3 Communications Protocols

In line with the organisation's commitment to the North Yorkshire Local Resilience Forum, establish which (if any) other organisations are involved in the crisis and who is the lead organisation i.e. organisation, police, health protection agency, local authority, fire and rescue service, hospital.

Make contact with communications teams in other relevant agencies and open the channels of communication. Make sure the appropriate partner organisation is providing the organisation with the most up to date information. This is paramount for robust decision-making and to provide consistent and accurate outgoing messages.

3.0 IF NHS NORTH YORKSHIRE AND YORK IS THE LEAD ORGANISATION IN THE CRISIS

The Golden Rule: the lead organisation in the crisis should be the primary, authoritative source of timely, factual and trustworthy information¹.

3.1 Acknowledge the issue quickly

If NHS North Yorkshire and York is involved in the crisis – it needs to acknowledge this within hours if not within the hour of the first news report on the subject.

Failure to do this will have the following results:

- Media organisations will approach other people/organisations for comment and speculation which could lead to inaccurate and damaging information being given as fact.
- The public will view this at best as defensive stonewalling and at worst as tacit admittance of guilt.

3.2 Gather information and prepare statements

NHS North Yorkshire and York needs to be the primary source of information in the crisis to avoid an information vacuum for stakeholders and media seeking speculation.

Information should be from robust sources, checked back with those sources and never left to interpretation.

The CMT should reprioritise staff in order to assist with information gathering and aid crisis communications.

The Communications Team will prepare statements and Q&As, identify key messages and tailor them to relevant audiences. Statements given verbally or in writing should cover people, environment, property and money (usually in that order).

¹ Central Office of Information, 2008

3.3 Communication methods (who gets to hear what and when?)

It is essential that information reaches the right audiences at the right time. Therefore NHS North Yorkshire and York's communications team should identify the most appropriate methods of communication for the specific audiences.

Steps should be taken to inform staff and stakeholder organisations of crises and the organisation's response to them as priority. This is to try and avoid the 'information vacuum' where the media suddenly becomes the most authoritative conduit for information, and rumour and speculation can take over-becoming destructive.

The table below gives an outline of what methods might be appropriate:

Audience	Method
Staff	<p>Emergency internal cascade system using face to face briefings from managers/team leaders</p> <p>Senior managers have emergency contact details</p> <p>Detailed information to be circulated using confidential email or fax distribution</p>
<p>Key stakeholders</p> <p>For example: Department of Health, Ministers, MPs NHS Trusts on patch SHA Local authority Police</p>	<p>Immediate briefings via phone followed up in detail by confidential email or fax distribution.</p>
Public and patients	<p>Via the media, emergency information contact numbers, organisation's own website, face-to-face from Trust staff.</p> <p>For the media, the Communications Team can use: Press release and statements In person/telephone briefings Press conferences when demand is high</p>

3.4 Use the media to your advantage and monitor their output

Media organisations will be highly vociferous in competing for the organisation's time and attention as well as with each other in order to get an up to date picture of the crisis. They should not be viewed as a nuisance as they can reach thousands of people very quickly - they are critical to achieving crisis communications objectives especially for public and patients.

The organisation's communications team should:

- Always have an up to date situation report for the media and repeat key messages to ensure consistency in order to provide reassurance
- Make the key spokesperson available for interview where possible. At the very least put the key spokesperson's name on written statements.
- Monitor the output of media organisations to make sure that there is no misreporting or distortion of fact. Correct inaccuracies in the media before they proliferate and become fact.

Note: Thanks to their public service remit, local BBC outlets have a commitment to providing crisis information to the public. They can reach thousands of people very quickly via radio, television and their websites.

The organisation will NEVER be unavailable for comment. Therefore the communications team will provide media organisations with an out-of-hours contact so that updates can be provided as necessary. This out-of-hours contact would usually be the senior communications professional from the CMT.

3.5 Interviews and Press Conferences

If the crisis relates to a particular location, media organisations will converge on that location. Therefore the organisation's spokesperson (supported by a member of the Communications Team) should be available for interview at that location.

The rest of the Communications Team will relay information to the team on location and will continue to respond to enquiries and requests.

If the crisis becomes very high profile it may become necessary to arrange a press conference to satisfy demand. It may be necessary to procure a neutral location (such as a hotel) for this activity.

3.6 Content of messages and legal issues

Through statements and interviews, NHS North Yorkshire and York:

- Should show concern and/or regret for the crisis;
- Reassure the public it is acting fast and responsibly;
- Remind people about its good track record (if appropriate);

- Continue to repeat what is to be done in the short term to alleviate the crisis;
- Announce an investigation (if appropriate);
- Provide background briefings.

The public and the media want a human face to provide reassurance at a time of crisis. However both often start looking for someone to blame during the throws of a crisis. Therefore the organisation should never:

- Prematurely admit liability – any crisis would require an investigation;
- Prematurely apologise for the crisis (unless it is clear and necessary);
- Speculate on the cause of the crisis;
- Blame other organisations or individuals.

APPENDIX a (Part of Main Appendix C)

North Yorkshire Local Resilience Forum

The North Yorkshire Local Resilience Forum is made up of key regional organisations including police, fire and rescue, health, local authority and environmental agencies. The Forum has a Communications Group which has agreed a protocol for media handling in the event of an emergency. To supplement this a 'mutual assistance policy' is also in place with partner agencies. Under this policy press office staff are able to be drafted in to offer support with particular issues where the lead agency requires assistance, for example:

- If the emergency is ongoing over a number of weeks;
- If communications staffing levels within the lead organisation are normally low;
- If communications staffing levels within the lead organisation have been affected by the incident (e.g. half of the team have been affected by 'flu);
- Where communications activity levels are acutely high and require extra resource;
- Where activity will require communications input outside normal working hours or around-the-clock;
- If more specialist support or advice is required.

This approach would not only be invaluable in terms of physical resourcing; enabling organisations to undertake all the communications duties necessary during the emergency/incident; it also recognises local expertise and transferability of skills. Whilst this would not be the initial point of the exercise, should the mutual assistance policy be activated, it would also offer a professional development/insight opportunity for local communications professionals.

Appendix D

Key Achievements – Communications and Engagement 2009

- Ranked top in terms of media influence (June 08 – June 09) across Yorkshire and the Humber,
- Production and execution of waste medicines campaign,
- Effective management of swine flu communications and engagement ,
- Nationally recognised communications and engagement work with regard to Selby Hospital Community Project,
- Extensive and targeted engagement to inform the shape of the Scarborough Equitable Access in order to meet the health needs of a significant area of deprivation and unmet health need,
- Wide and targeted engagement to inform the shape of services across the Hambleton and Richmondshire area, covering unscheduled care; services for children and young people; stroke care; and mental health services,
- Big Health Days to engage with people with a Learning Disability who access local services,
- Health Days specific for new migrants workers living and working in the Harrogate to support their understanding of local health care provision,
- The Health Factor Tour which engaged with 3500 people over a two month period to inform the strategic plan,
- Produced and distributed 'Your Guide to Local Health Services' to every household in North Yorkshire and York. A booklet listing information about local health services together with useful health advice;
- Production of award winning annual report 2008/9 – 'The North Yorkshire Reporter'.

Appendix E - Information (where held) required to be routinely communicated by the PCT in compliance with the Model Publication Scheme (Freedom of Information Act 2000)

The model publication scheme has been prepared and approved by the Information Commissioner www.ico.gov.uk .

It commits an authority to make information available to the public as part of its normal business activities.

The information covered is included in the classes of information mentioned below, where this information is held by the authority. Additional assistance is provided by the Information Commissioner's Office (ICO) to the definition of these classes as detailed below.

The classes of information will not generally include:

- Information the disclosure of which is prevented by law, or exempt under the Freedom of Information Act, or is otherwise properly considered to be protected from disclosure.
- Information in draft form.
- Information that is archived, out of date or otherwise inaccessible
- Information that would be impractical or resource-intensive to prepare for routine release.

The method by which information published under this scheme will be made available

Where it is within the capability of a public authority, information will be provided on a website. Where it is impracticable to make information available on a website or when an individual does not wish to access the information by the website, a public authority will indicate how information can be obtained by other means and provide it by those means.

In exceptional circumstances some information may be available only by viewing in person. Where this manner is specified, contact details will be provided. An appointment to view the information will be arranged within a reasonable timescale.

Information will be provided in the language in which it is held or in such other language that is legally required. Where an authority is legally required to translate any information, it will do so.

Obligations under disability and discrimination legislation and any other legislation to provide information in other forms and formats will be adhered to when providing information in accordance with this scheme.

Charges which may be made for Information published under this scheme

The purpose of this scheme is to make the maximum amount of information readily available at minimum inconvenience and cost to the public. Charges made by the authority for routinely published material will be justified and transparent and kept to a minimum. Material which is published and accessed on our website will be provided free of charge. Charges (e.g. for actual disbursements for provision in other formats) may be made subject to a charging regime specified by Parliament and are as detailed in our current Publication Scheme guide to information available from the Advice and Information pages of the PCT website:

www.nypct.nhs.uk/AdviceInformation/AccessToInformation/docs/PublicationScheme/NYY%20PCT%20FOI%20Publication%20Scheme%20Vers%20%20%20%20-%20updated%20061010.pdf

Information not published under the Publication Scheme

Information held by a public authority that is not published under this scheme can be requested in writing, when its provision will be considered in accordance with the provisions of the Freedom of Information Act.

Please note:

- **The expectation is that the information that falls within the Scheme is routinely made available via the website. Where (exceptionally) only available on application, the information must be readily available and provided outside of the Freedom of Information process within 5 working days or less.**
- **Directorate FOI Leads are responsible for ensuring that the information as specified in the Publication Scheme is made available via the PCT website and the FOI Officer is notified of any additions or changes so that the Scheme can be updated.**

Info Class	Publication Scheme Requirement & Information Commissioner's Office Expectations
1.0	<p>Who we are and what we do [Organisational information, structures, locations and contacts]</p> <ul style="list-style-type: none"> • We would expect information in this class to be current information only
1.1	<p>How we fit into the NHS structure</p>
	<p>Given the nature of the NHS it is expected that information will be provided that explains how the organisation fits into the local and / or national NHS structure. Both outline and detailed information about the role and responsibilities of the authority should be provided.</p>
1.2	<p>Organisational structure</p>
	<p>Corporate governance information including details of board members and other key personnel. This will also include an explanation of the internal structure of the authority and how the structure relates to roles and responsibilities.</p>
1.3	<p>Lists of and information relating to organisations with which the authority works in partnership</p>
	<p>It is expected that this information need be only sufficient for the purposes of identifying the relationship between these bodies and the authority.</p>
1.4	<p>Senior staff and management board members</p>
	<p>Identification of, responsibilities of and biographical details of those making strategic and operational decisions about the provision of the authority's services. Any biographical details that are not work related should be published only with consent.</p>
1.5	<p>Location and contact details for all public-facing departments</p>
	<p>If possible, named contacts should be given in addition to contact phone numbers and email addresses.</p>
2.0	<p>What we spend and how we spend it [Financial information relating to projected and actual income and expenditure, procurement, contracts and financial audit.]</p>

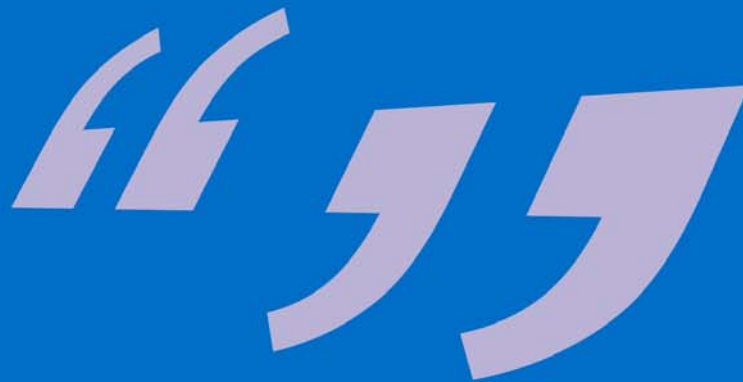
Info Class	Publication Scheme Requirement & Information Commissioner's Office Expectations
	<ul style="list-style-type: none"> We would expect as a minimum that financial information for the current and previous financial year should be available. We would expect information to be available not only for the authority as a whole but also, where appropriate, for directorates or departments as cost units.
2.1	Annual statement of accounts
2.2	Budgets and variance reports
	In conjunction with annual accounts, financial information in sufficient detail to allow the public to see where money is being spent where it is or has been planned to spend it and the difference between one and the other. Annual timescales should be used, together with shorter periods where practicable, e.g. half yearly, quarterly.
2.3	Financial audit reports
2.4	Standing financial instructions
2.5	Capital programme
	Information should be made available on major plans for capital expenditure including any public private partnership contracts.
2.6	Staff and Board members' allowances and expenses
	Details of the allowances and expenses that can be incurred or claimed. It should include the total of the allowances and expenses paid to individual senior staff and management board members by reference to categories. These categories should be produced in line with the department's policies, practices and procedures and will be under headings like travel, subsistence and accommodation.
2.7	Staff pay and grading structures
	This may be provided as part of the organisational structure and should indicate, for most posts, levels of pay rather than individual salaries.
2.8	Funding (including endowment funds)
2.9	Procurement and tendering procedures
	Details of procedures used for the acquisition of goods and services.
2.10	Details of contracts currently being tendered
	This will include OJEC adverts and other contracts currently available for public tender.

Info Class	Publication Scheme Requirement & Information Commissioner's Office Expectations
2.11	List and value of contracts awarded and their value
	We do not expect that all information about all contracts however small to be included in this scheme. We would normally expect there to be ready access to information about contracts that are large enough to have required a tendering process in accordance with financial regulations.
3.0	What are our priorities and how are we doing [Strategies and plans, performance indicators, audits, inspections and reviews]
3.1	Annual Report
3.2	Annual business plan
3.3	Targets, Aims & Objectives
3.4	Strategic Direction document (5 year plan)
3.5	Performance against targets (KPI) / performance framework
3.6	Clinical governance
3.7	Care Quality Commission (previously Healthcare Commission) – Annual check
3.8	Audit reports
3.9	Service User Surveys
4.0	How we make decisions [Decision making processes and records of decisions] <ul style="list-style-type: none"> • We would expect information in this class to be available for at least the current and previous three years.
4.1	Board papers – agenda, supporting papers and minutes
	We would expect management board minutes and the minutes of similar meetings where decisions are made about the provision of services, excluding material that is properly considered to be private, to be readily available to the public.
4.2	Patient & Public Involvement Strategy (PPI)

Info Class	Publication Scheme Requirement & Information Commissioner's Office Expectations
4.3	Public consultations (for example, concerning closures/ variations of services)
	Details of consultation exercises with access to the consultation papers or information about where the papers can be obtained. The results of consultation exercises.
4.4	Internal communications guidance and criteria used for decision making i.e. process systems and key personnel
	Where access to internal instructions, manuals and guidelines for dealing with the business of the authority would assist public understanding of the way decisions are made these should be readily available. We would not expect information that might damage the operation of the authority to be revealed.
5.0	Our policies and procedures [Current written protocols, policies and procedures for delivering our services and responsibilities].
5.1	Policies and procedures relating to the conduct of business and the provision of services
5.2	Policies and procedures relating to human resources (inc. Race, Disability, Age & Gender, Equal Opportunities)
5.3	Policies and procedures relating to recruitment and employment
	Codes of practice, memoranda of understanding and similar information should be included. A number of policies, for example equality & diversity, and health and safety, will cover both the provision of services and the employment of staff. If vacancies are advertised as part of recruitment policies, details of current vacancies will be readily available. Procedures for handling requests for information should be included.
5.4	Standing financial procedures
5.5	Standing orders
5.6	Complaints and other customer service policies and procedures
	Standards for providing services to the department's customers, including the complaint procedure. Complaints procedures will include those covering requests for information and operating the publication scheme.
5.7	Data protection/ Information governance/ Caldicott Guardian
	This will include information security policies, records retention, destruction and archive policies, data protection (including data sharing) and patient confidentiality policies.

Info Class	Publication Scheme Requirement & Information Commissioner's Office Expectations
5.8	Estate management
5.9	Charging regimes and policies
	Details of any statutory charging regimes should be provided. Charging policies should include charges made for information routinely published and clearly state what costs are to be recovered together with the basis on which they are made and how they are calculated.
6.0	Lists and registers [Information contained in currently maintained lists and registers] <ul style="list-style-type: none"> • We expect this to be information contained only in currently maintained lists and registers.
6.1	Any information we are currently legally required to hold in publicly available registers
6.2	List of main contractors/ suppliers
6.3	Assets registers and Information Asset Register
	We would not expect organisations to publish all details from all asset registers. We would expect some information from capital asset registers to be available. If the authority has prepared an information asset register for the Re-use of Public Sector Information Regulations 2005, it should publish the contents.
6.4	Any register of interests kept in the authority
6.5	Register of Gifts & Hospitality provided to Board members and senior personnel
6.6	Disclosure Log
	Where a disclosure log is produced indicating the information that has been provided in response to requests it should be readily available. Disclosure logs themselves are recommended good practice.
7.0	The services we offer [Information about the services we offer, including leaflets, guidance and newsletters.] <ul style="list-style-type: none"> • In general, this will be an extension the first class of information, 'who we are and what we do' as it will

Info Class	Publication Scheme Requirement & Information Commissioner's Office Expectations
	detail the services that the organisation provides. The starting point would normally be a list or lists of the services that fall within the responsibility of the organisation, linked to details of those services.
7.1	Clinical services provided and / or commissioned
7.2	Non-clinical services
7.3	Services for which the authority is entitled to recover a fee together with those fees
7.4	Patient information leaflets and other booklets and newsletters
7.5	PALS
7.6	Advice and guidance
7.7	Corporate communications & media releases



It is really important to us that we know what you think about this document; does it meet what you expect from us, what else would you like to see? Please send any comments to feedback@nyypct.nhs.uk or write to:

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