North East Ambulance Service NHS
NHS Trust

Communications and Involvement strategy

2009/10 – 20011/12

Audience	Chief Executive and directors; non-executive directors, senior managers, assistant managers; team leaders; supervisors; Communications department, Local Involvement Networks
Purpose	The communications strategy will support the aims and objectives of the North East Ambulance Service NHS Trust.
Document Title	Communications and Involvement Strategy
Document status	Pending approval
Version	2.0
Review	To be reviewed following Monitor authorisation as Foundation Trust
Issue date	26th March 2009
Prepared by	Head of Communications and Public Involvement

Table of Contents

Page Number	Description
4	Introduction
4	Legal requirements
6	Aim of the communications & involvement strategy
6	Understanding the communication vision
7	Objectives to achieve the vision
7	Identifying our stakeholders
8	Influence/ Interest Matrix
9	Key messages
10	Message Management
11	Communications wheel
13	Responsibilities in the communication and involvement strategy
14	Monitoring and evaluation
15	**INTERNAL COMMUNICATIONS**
16	NHS Constitution
17	Message Management
18	Channels
19	Channel positioning
19	Briefing process
21	Leader and management engagement
23	**USER AND REPRESENTATIVE INVOLVEMENT**
24	Statutory requirements
26	National context and key drivers
28	Key principals of involvement
29	Aim of the patient and public involvement strategy
31	Methods of involvement
33	Reporting structure
33	Further guidance
34	**MEDIA STRATEGY**

Introduction

Greater emphasis than ever before is being placed on the importance of good communications by the NHS. It is recognised that good communications are essential to maintain public confidence and trust and to ensure the effective management of the reputation of the NHS.

For the past few years all major national policy documents have stressed the importance of good communications, including the value of good quality public information.

National and local surveys and public consultations have shown that people want more information about the NHS services.

Current national HR policy also outlines the requirement for excellent internal communications to help with managing change and promoting organisational development. Apart from improving morale, well informed staff can respond knowledgably about developments and so on when talking to people using Trust services and to people outside work.

Also, experience has shown that change is easier to manage when accompanied by good internal and external communications.
Alongside the greater emphasis on good communications, the North East Ambulance Service must involve patients, carers and the public in planning, developing proposals and decision making. This is not optional although there are many options available for how it is done depending on the particular circumstances.

Like many other processes, communications and involvement benefit from a structured approach and planning. This plan is intended to provide a high-level evidence of work undertaken and a mechanism for monitoring progress and making adjustments in the light of experience.

Communications and involvement plans must be approved by the relevant governing group (see below). It is intended that this plan is also shared widely with key partners. This will help to avoid surprises when communications or involvement activity is happening, to co-ordinate activity across organisations or agencies where necessary or appropriate, and to ensure that organisations or departments are prepared to respond to questions following a particular communication.

Legal requirements

The North East Ambulance Service has a duty to consult overview and scrutiny committees on any proposals it may have under consideration for any substantial

development of the health service in the area of the committees' local authorities, or on any proposal to make any substantial variation in the provision of such services. This duty to consult is set out in section 244 of the NHS Act 2006 (formerly Section 7 of the Health and Social Care Act 2001) and is additional to the duty to consult and involve patients, carers and the public as an ongoing process under section 242 of the NHS Act 2006 (formerly Section 11 of the Health and Social Care Act 2001).

What constitutes a "substantial development or variation" is not defined in the legislation but helpful guidelines are available in the region.

The duty to consult and involve patients, carers and the public as an ongoing process under section 242 makes arrangements for these stakeholders to be involved in the planning services; developing and considering proposals for changes in the way services are provided and the decisions that affect how services operate.

"Involving and consulting" has a particular meaning to discuss with patients, carers and the public the Trust's ideas, plans, experiences, and why services need to change, and how to make the best use of resources and so on. The accompanying guidance, "*Real Involvement*" sets out how to go about changing attitudes within the NHS and the way the NHS works rather than laying down rules for procedures.

In addition, the Freedom of Information Act means the North East Ambulance Service has a statutory duty to disclose information to the public on request. This includes documents which form part of the planning and decision making processes for the provision of NHS services. In the light of this, it is particularly important for NEAS to be able to demonstrate a planned and open approach to involvement and communications around key decisions or changes to services.

Other relevant legislation includes:

- Local Government and Public Involvement in Health Act 2007
- Independent Reconfiguration Panel best practice guidance 2008
- Judicial Review guidelines 2005
- Real Involvement: Working with people to improve health services, 2008
- Service Improvement: Quality assurance of major changes to service provision (DH: 2006)
- Overview and Scrutiny of Health guidance 2003 – new legislation and guidance expected in 2009/10.
- Cabinet Office code of practice on consultation 2008
- Local Involvement Networks guidance (DH: 2007)
- A stronger local voice (DH: 2006)

Aim of the communications and involvement strategy

Our communications vision is to create an environment in which our patients, their carers, our staff and stakeholders feel informed, support our values and understand the part they play in providing excellent out of hospital care. We will do this by building a strong sense of purpose and communicating the right things, in the right way to the right people.

Understanding the communication vision

"…create an environment" – this emphasizes the role of communications as a facilitator rather than as the function that 'does' internal and external communications. It also emphasizes the importance of culture, skills and climate as well as messages and processes.

"…feel informed" – this highlights the need to create processes and messages that effectively keep people informed, and that true success is whether they 'feel' informed, not whether we think they are informed.

"…support our values" – this is about engagement and the need for the strategy to focus on genuine two-way interaction which enables our patients and stakeholders to recognise the values of the Trust and every employee to live out these values.

"…understand the part they play" – this emphasizes the need for the strategy to work at individual level, so that people can see a 'line of sight' from their own role to the overall Trust objectives.

"…*building a strong sense of purpose"* - … aligning our communications to a vision to which everyone can relate (e.g. "*providing excellent out of hospital care."*)

"...communicating the right things, in the right way to the right people" – this sums up the desire for the communications strategy to get the basics right and to make sure the message is well managed, the channel framework is fit-for-purpose and the audiences are identified and catered for.

Objectives to achieve the vision

- **The Message** – To keep patients, staff and stakeholders informed of the direction, performance and activities of the Trust and to give them the information they need to effectively perform their roles

- **The Message** – To communicate clear, consistent messages across the Trust in a way that builds identity and a sense of common purpose

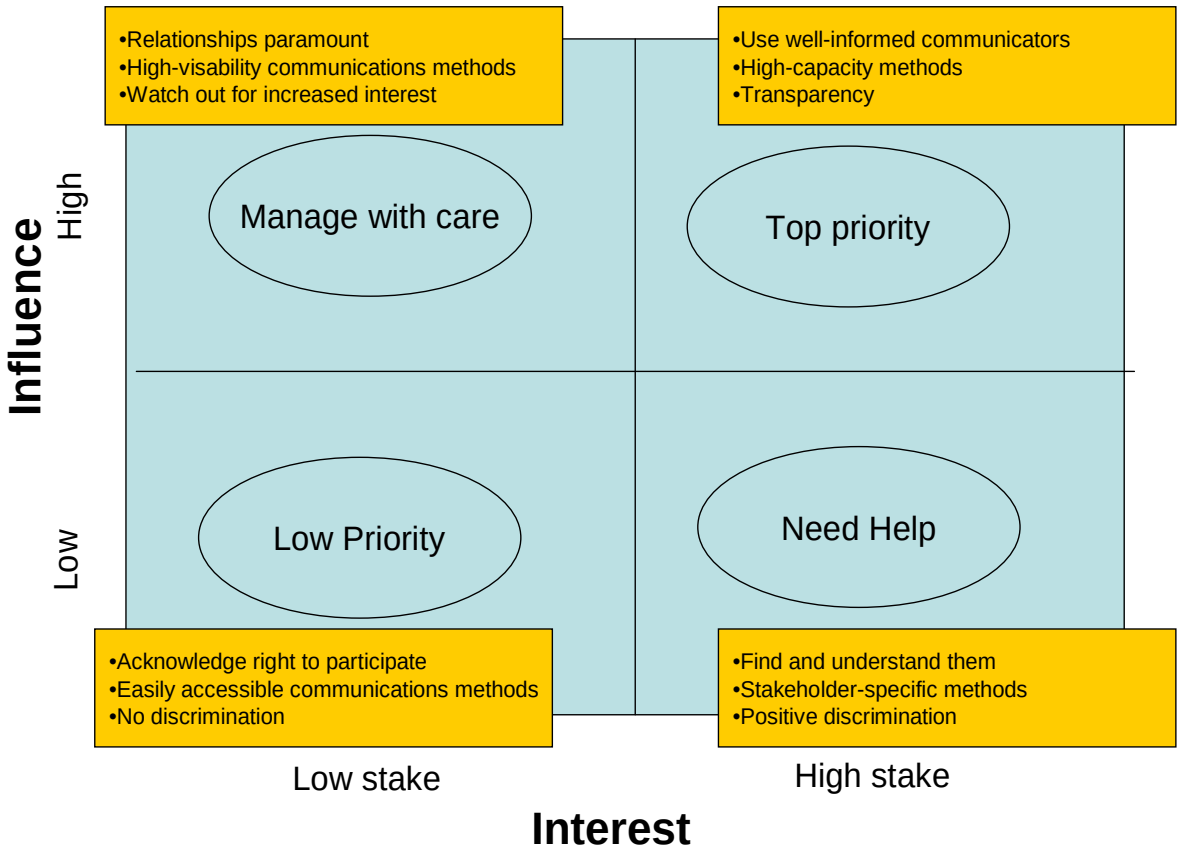
- **The Process** – To develop an effective channel framework which enables information to flow effectively to all stakeholders

- **The People** – To provide key communicators with the skills, support and tools to effectively carry out their communications responsibilities

- **The Culture** – To communicate in a way that encourages openness and honesty and which engages people with the purpose, objectives and values of the Trust.

Identifying our stakeholders

An interest-influence matrix should be used to identify and align stakeholders to the communications messages and methods. This matrix allows the Trust to classify stakeholders in relation to the influence they hold and interest that they have in the North East Ambulance Service. This matrix will allow the Trust to determine where efforts should be focused during communication and involvement of service development.



- **Low priority** stakeholders require minimal effort and monitoring
- **Need Help** stakeholders should be kept informed and may be useful influencers on other stakeholders
- **Manage with care** stakeholders are powerful, but their level of interest is low. They are generally relatively passive, but can move across to become *top priority* stakeholders if there is a change of events. The Trust should aim to keep these stakeholders satisfied.
- **Top priority** stakeholders are both powerful and highly interested in the ambulance service. The acceptability of new service strategies and developments to this group should be a consideration for the organisation in moving forward.

As a minimum, the stakeholders of the North East Ambulance Service should include:

- Patients and their carers
- The public
- NHS staff
- Other health and social care bodies and key members of their staff
- Relevant community and voluntary organisations/groups
- Overview and scrutiny committees
- Patient advice and liaison service officers (PALS)
- Local Involvement Networks
- Local authorities and elected councillors
- MPs
- Media

Depending on the circumstances and/or subject it may be necessary to include other groups, such as residents associations or special interest groups.

When identifying groups, consideration needs to be given to the different needs of sub-groups that exist within. To take staff as an example, while all may have an interest in a particular development, some will have a greater interest, such as those most likely to be affected on a day to day basis by any changes and those who may be working with patients, carers and the public likely to be affected. It is important that such staff receive detailed information so they have a thorough understanding of the work in hand. This avoids the spread of inaccurate information or rumours and means they can respond appropriately to any questions they receive about the work.

Key messages

The five strands of the Trust's vision have been developed below as clear organisational goals.

- ***Improve access to urgent care*** - through the development of a responsive single point of access, using a dedicated telephone number offering a safe, consistent, rigorous, unbiased assessment of need.

- **Enhance the provision of effective care and clinical outcomes for patients, including care provided 'closer to home'** – through practitioner skill enhancements, appropriate referral to care pathways and integration of community services.

- **Improve the provision of both scheduled and unscheduled transport making it an integral part of patient care –** through the transformation of our patient transport services and the roll out of responsive transport model that is supported by an effective logistics contact centre.

- **Improve organisational sustainability through effective use of resources leading to deliverables that aim to reduce health inequalities and promote patient and staff well being** – through a collaborative design of programmes and services that promote, protect and improve the health of the population served and our staff.

- **Strengthen organisational resilience that improves the safety and protection of our patients and staff** – through the development of effective business continuity and emergency plans and reducing the vulnerability of our services.

This core set of message themes will act as a "golden thread" through all the Trust communications with a central theme of *"making a difference through integrating care and transport for our communities."*

Message management

Strategic communication planning sets about to achieve clarity around 'big picture' messages such as Trust direction, priorities and performance.

Strategic message management is about:

- Making sure there is consistency and clarity in what is being said
- Embedding key messages in a strategic way
- Saying the right things at the right time in the right way
- Making sure leaders are on-message
- Not overloading the audience
- Good planning
- Giving greater control to communications professionals

Communicating with our stakeholders must be meaningful for both the organisation and the recipient. Based upon the golden thread and organisational vision within the five strands, a communications wheel can be developed to strategically map our engagement with patients, staff, public and other stakeholders.

Corporate messages which have been identified on the communications wheel should be badged before being delivered though the Trust's channel framework. The purpose of this is to raise awareness through communications vehicles that relate back to the 'golden thread' and values.

These icons should be used to provide an immediate visual sign of the message being communicated

Patients: This includes all messages concerned with the patient experience, including patient safety, quality of services etc

Partnership: This includes all messages to staff and stakeholders

Progress: This includes all messages about trust performance and progress, including productivity, objectives, targets, cost improvement, service development and innovation.

As well as message clarity, there needs to be a greater level of co-ordination across the Trust. The Communications function needs to have greater control over what is being communicated by different areas and there needs to be clear rules and guidelines around the communication of strategic messages.

This will involve:

- Setting up a strategic message-management process in which key message themes are identified, agreed and branded through the communication channels framework. This process will allow the Trust to prioritise and more effectively control what is being said, when messages are communicated and how they are linked.

- Icons will help to brand and identify key message themes to help core messages be made more memorable and that the target audience builds up an understanding of key themes.

- Develop and communicate the organisation 'story'. Putting this 'story' into simple language and using it as a core part of a message strategy can really help improve understanding. Stories help to provide context and to remind people of the journey. Even in the work context, individuals are attracted to stories, if they are told well.

- A focus on explaining the 'why' behind key communications to improve understanding and engagement. The emphasis should be on simple, clear messages.

- Clear identification of key messages in advance through effective relationships with key communication originators. This means looking carefully at where key messages originate and making sure the lines of communication are open and free-flowing.

- Improved planning of corporate communications through the use of a 'communications calendar' to show and plan all significant Trust-wide communications activity, avoiding duplication, overload and timing clashes. Good message management is about being in control of what is said, when and how.

- Improved briefing of senior leaders to create consistent ownership of key messages.

- Establishing a defined channel framework with integrated suite of channels – each clearly defined by an editorial policy and following common branding.

- Identifying and sharing 'best practice' ways of structuring common communications.

- Proactively seeking stories demonstrating key themes 'in action' for Trust communication vehicles – clearly badging such stories and features to embed the themes. This is about being a good journalist and looking for stories and angles that demonstrate strategic themes in action. The use of graphic icons, aligned with key themes, can help embed messages through storytelling.

Responsibilities in the communications & involvement strategy

All communications must be:

- open and honest
- clear

Avoiding jargon and in line with good practice guidelines, such as that provided by the campaign for plain English

- consistent
- timely

A critical issue is the careful timing of communications to ensure that no group feels disadvantaged. Whenever possible, staff communications should take

place before an issue becomes public.

- two-way
- targeted
- accessible (always in line with good practice guidelines to meet the needs of people with a disability or suggesting potential alternatives for people whose first language is not English)

Monitoring and evaluation

This strategy will be overseen and scrutinized by the Trust's Patient Involvement and Complaints Committee.

For evaluation, a starting point will be the audit of work carried out using the communications wheel. An external audit of the strategy from an independent body will identify the key success factors to use when judging the effectiveness of activity, which could include:

- levels of awareness of the work in hand and reasons why it is happening
- levels of satisfaction with information provided and involvement activities
- balanced media coverage
- maintenance of good working relationships with all people who have an interest or who are affected throughout the process
- evidence that the involvement activities have positively influenced service delivery.

Internal communications

Staff engagement and the potential impact it can have on morale, productivity, organisational performance and patient experience is a high priority in the NHS. A wide ranging body of research now points to staff satisfaction and associated benefits (such as retention, discretionary effort and productivity) having a close association with how staff feel about their employer and, particularly, their sense of engagement with their place of work.

This strategy aims to improve communication and engagement with staff by ensuring:

- That the managed distribution processes allows information to flow freely in a co-ordinated way so that even the most remote parts of the organisation are reached effectively

- A range of channels are used to communicate and that they are integrated with each other (e.g. branding, cross-promotion)

- There is a formal process for communicating face to face, backed by strategic planning, measurement and support

- Paper based communications (newsletters, bulletins etc) are used to satisfy a measured demand in terms of content, frequency, format etc

- Electronic channels such as intranet are used in an integrated way and that the strategic management of these systems lies with the communications team

- Events, road shows and forums are considered and, where appropriate, managed or influenced, by the communications team

- Audio-Visual communications are used as part of an integrated strategy with clear objectives and quality control managed by the communications team

- Formal feedback processes are in place, including champions groups, electronic and face to face, to enable people to communicate up the organisation

- A formal process is in place to encourage and facilitate ideas and suggestions from employees and that this process is well used

- Activities such as competitions, incentives and events are used regularly as part of an integrated strategy to improve employee engagement

NHS Constitution

The NHS Constitution was signed in January 2009 as part of the NHS Next Stage Review. It establishes the principles and values of the NHS in England.

Staff pledges

These are designed to clearly set out for the first time what the NHS expects from its staff and what staff can expect from the NHS. The Department of Health sees this as part of the commitment the NHS has to being a good employer and helping staff feel valued. They are not intended as legal obligations but may create expectations in the future.

With regard to communications and involvement, the constitution states that the NHS will strive to engage staff in decisions that affect them and the services they provide both individually and through representatives.

Responsibilities for staff

The constitution also proposes a set of responsibilities for staff. The key one for communications and involvement is that staff should strive to contribute to a climate where the truth can be heard and the reporting of, and learning from, errors are encouraged.

These responsibilities are not be legally binding on staff, but do enable the Trust to have clear expectations on staff.

Message management

In addition to implementing the overall strategic message management, internal communications needs:

- The establishment of a briefing channel specifically focused on strategic themes with strong educational remit to ensure understanding.

- An established process to brief and engage line managers with key messages to gain consistency in delivery.

- A focus on line manager skills and techniques to improve engagement, making sure leaders are skilled in communication and engagement.

- The development of a line managers' toolkit to raise awareness and understanding of communication process, strategy and channels.

- A greater emphasis on face to face engagement to ensure key messages are understood and that staff have an opportunity to feed back and ask questions.

Channels

A good channel framework will include a mix of communication vehicles, each with a clear remit and each designed to deliver information in different ways and styles. The graphic below is an illustration of the channel framework to be developed and implemented by the North East Ambulance Service – using a good mix of news bulletins, printed publications, briefings, leadership channels, face-to-face events and online tools.

The summary	***NEAS Briefing***	***The Pulse***
Fortnightly e-bulletin summarizing Trust, regional and national news in a quick easy-to-read format	**Monthly, issue-led briefing channel focussed on core strategic themes with emphasis on engagement**	**Feature-led monthly magazine focussed 75% people and 25% business issues**

Intranet & e-mail	Delivery vehicles for publications and core communication tools. Intranet used to support core channels by providing access to further information and acting as a gateway for key documents, policies and operational information
Events & visits	Managed face-to-face communications channels designed to engage with staff and provide opportunities for two-way dialogue and interaction e.g. open forums, Board visits, road shows
Support channels	Posters, notice boards, media summaries, leaflets etc. as required to communicate specific messages and/or support primary channels.

This channel framework allows staff to receive messages through a range of channels to suit their preferences and personal circumstances, so avoiding the

blockage that can happen when reliant on cascade briefings.

Channel positioning

The summary

This would provide all staff with a frequent, 'quick hit' summary of news, activities, announcements and relevant messages, presented in a simple, easy to read and accessible format, delivered via email and intranet. It aims to give staff a general 'at a glance' round-up of latest news and 'things to know', supported by further information via the intranet. This should also be produced in a format that encourages station leads to print off and pin to notice boards.

The Pulse

This publication is already well established and valued by staff. It is primarily designed to highlight the diverse roles, skills, talents and achievements of Trust staff, helping to build and embed a sense of common purpose in the organisation.

NEAS Briefing

This new publication would aim to engage staff and leaders with the key strategic themes of the Trust, with a heavy emphasis on making the direction and activities of the organisation 'real' to frontline employees. The briefing channel aims to support ***The Pulse*** and ***The summary*** by identifying key issues, topics and themes requiring greater emphasis, explanation and understanding.

Briefing process

An effective briefing process requires three key ingredients:

A strong message strategy

The message management strategy, discussed earlier in this document with the communications wheel, identifies the key focus areas for communication, aligned with the Trust direction and providing a common thread through all communication channels. This will allow the Trust to better 'manage the message' by providing co-ordination across the service through a set of core communication channels driven by a clear editorial policy.

A robust channel framework

For it to work effectively, the briefing process needs to form part of an integrated channel framework, in which each channel is well positioned and has a clear purpose. The channel framework will provide the 'engine' behind the Trust's communications activities.

Skilled and engaged line managers

All briefing systems ultimately rely on the skill of the briefer. It also requires a recognition that an effective briefing or team meeting requires more than the ability to present information. Good managers need to understand and employ techniques for effective employee engagement, such as facilitating debate, dealing with difficult questions, understanding the psychology of change, knowing when to listen etc.

NEAS Briefing is perhaps the most important channel of all, because it targets the key topics and issues requiring engagement and dialogue. A good briefing channel will be very focused on a small number of message themes and will not become 'diluted' with unnecessary content.

Distribution

Line manager engagement is key element to successful communication of the briefing content. Success will be achieved by distributing ***NEAS Briefing*** to all staff, through the appropriate route (email, intranet etc), ***but*** ensuring that leaders and line managers are given advance notice of the briefing and instructions to engage with their teams to discuss the topic and ensure understanding.

It is imperative that line managers themselves are fully engaged with the corporate message and that they use two-way techniques to ensure understanding.

Overall, ***NEAS Briefing*** should seek to do four key things:

1. Provide information and explanation about key themes and issues relating to the Trust
2. Enable staff and leaders to better understand and relate to key issues.
3. Provide a specific focus on 'why' things are being done and what it means at individual level
4. Ensure line managers are suitably briefed and able to interpret key issues in a way that means something to their people

NEAS Briefing should have a clear identity, aligned with the other channels, and should ideally be issue-led (rather than including a range of unrelated topics), focusing on the strategic themes identified by the Trust's message strategy. The style should be educational, often using a Q&A format to explain and articulate important topics that staff and managers want/need to understand.

It's important to bear in mind the environment in which staff will read the briefing and to create a style and 'look and feel' that reflects this environment. Content should be planned in advance and the writing should be clear, concise and jargon-free, focusing on the key messages staff and leaders need/want to know.

Leader and manager engagement

Building leader and manager engagement should be done by:

- Making sure managers are pre-briefed with the content of news bulletins and other key communications. For example, giving managers advanced copies of major communications, such as briefings, with a covering note encouraging them to ensure understanding amongst their team. They should also ensure there is appropriate interaction/discussion with senior leaders.

- Bringing together Trust managers in forum-style activities to ensure they are equipped with the key messages and motivation to 'spread the word' and engage with their people.

- Ensuring line managers are effectively briefed by their own senior managers, with regular opportunities to meet and interact with senior colleagues.

- A strong communications focus in an appropriate leadership development strategy, so that communication is seen and recognised as a vital element of leadership and change management.

- A practical toolkit featuring advice, guidelines and templates to help line managers carry out their communications responsibilities

User and Representative Involvement

Introduction

Effective patient and public involvement is a key element for the continuing improvement of the North East Ambulance Service. It brings benefits both for people receiving services and for those providing services.

> *"The NHS is expected to make sure that proposals for plans to develop services or change the way in which they operate will benefit the users of those services as well as improve clinical standards and deliver value for money to the taxpayer.*
>
> *We all recognise that making changes on any scale can be difficult and may provoke powerful reactions from some stakeholders. The NHS needs to be much better at involving all stakeholders. This includes patients and their representatives, carers, members of the public, clinicians, staff and political leaders, and it needs to become more open and transparent about why it is proposing changes, what it is proposing to change and what it believes the benefits will be for the people who use the services.*
>
> *Whether change is on the scale of a major service reconfiguration or how a particular service operates, the NHS must get better at explaining why change is needed. It must make sure that people who use or may use local health services are actively involved in the planning of services, and the development and consideration of proposals for changes that impact on the provision of services and decision-making."*

David Nicholson, Chief Executive of NHS, foreword to "Real Involvement" (DH, October 2008).

The overarching purpose of this strategy is to facilitate the ongoing development of the Trust as an organisation that proactively seeks and responds to involvement from staff, patients and the public about the planning and provision of pre-hospital care services.

This strategy is designed to facilitate an environment in which there is robust, representative and responsive involvement from patients, staff and the wider community about how the Trust's services are provided, improved and changed. It also seeks to increase the awareness among Trust managers and the Trust Board of these wide and diverse views.

Statutory requirements

Over the last decade, national government has championed user involvement and increased the profile of Patient and Public Involvement in the NHS. This has raised expectations from the community about what they can expect from involving themselves. The Healthcare Commission, which is soon to be replaced by the Care Quality Commission, undertakes the annual health check NEAS in which the extent of our involvement of the public in service planning is taken into account.

NHS Act 2006 - Section 242

Section 242 of the NHS Act 2006 (formerly section 11 Health and Social Care Act 2001) and the Local Government and Public Involvement in Health Act 2007 places a statutory duty on both commissioners and providers of services to make arrangements to consult and involve patients and the public in:

- planning of the provision of services;
- the development and consideration of proposals for changes in the way those services are provided;
- and decisions to be made by the NHS organisation affecting the operation of services.

The duty applies if implementation of the proposal, or a decision (if made) would have an impact on

1. the manner in which the services are delivered to users of those services

or

2. the range of health services available to those users.

Local Involvement Networks (LINks)

Since April 2008, patient and public involvement forums and their coordinating body, the Commission for Patient and Public Involvement in Health (CPPIH), have been replaced by a system of Local Involvement Networks. LINks have been introduced to help strengthen the ability of local communities to influence key decisions in health and social care and hold commissioners and providers to account. Each LINk will cover all publicly funded health and social care services in the local authority area – irrespective of who provides them.

LINks will be a network of people, voluntary and community sector organisations or groups and will have certain statutory powers which will include:

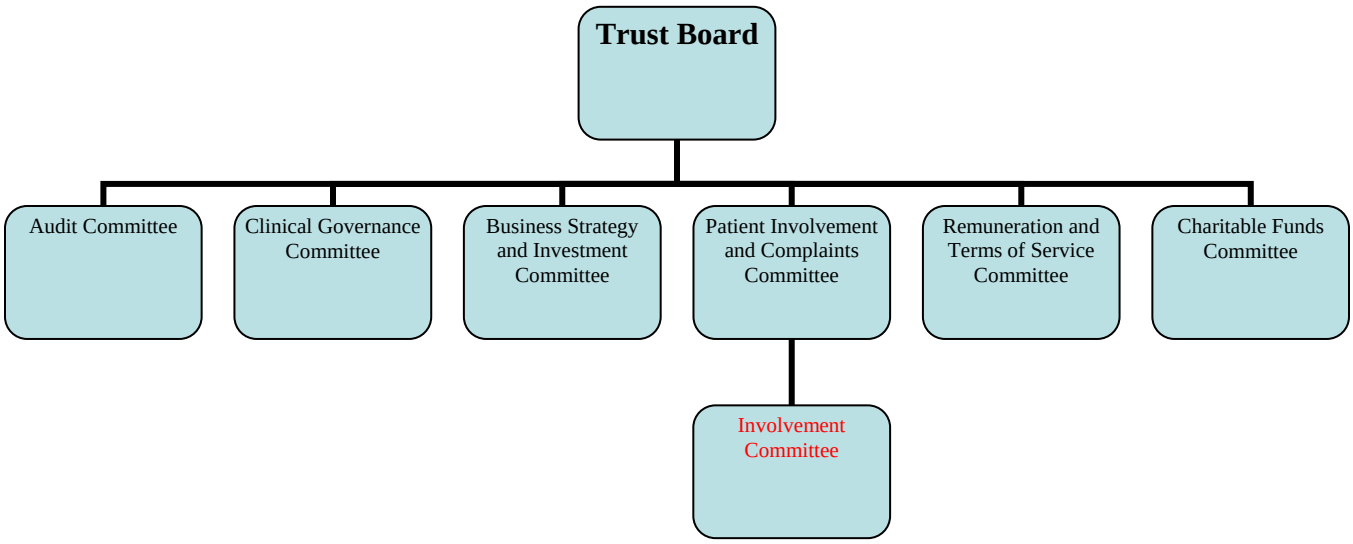
- Placing a duty on service providers to provide LINks with information they request

- Placing a duty on commissioners to respond within a certain timeframe to reports and recommendations made by LINks
- Placing a duty on service providers to allow members of LINks to enter and view services; and
- Enable LINks to refer issues to local authority Health Overview and Scrutiny Committee (OSC) for action.

Each local involvement network will be supported by an independent 'host' organisation which will be commissioned by the local authority.

Local Involvement Networks in no way mitigate NHS organisations duties to involve, consult and respond to local communities. The LINk will in fact be an additional mechanism for both NHS and social care to work with to ensure services are improved in response to patients, carers, service users and the public's experience of local health and social care services.

The North East Ambulance Service should seek to include representatives from the 12 Local Involvement Networks in its service area in the planning, decision and development of its services and operations. This strategy proposes the establishment of an Involvement Committee made up of LINk members from Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside, Sunderland, County Durham, Darlington, Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland. The purpose of the Involvement Committee is to ensure patients, carers and the public are actively and appropriately involved in the planning and development of services by the North East Ambulance Service NHS Trust.



NHS Act 2006 Formal Consultation - Section 244

Formerly section 7 Health and Social Care Act 2001, Section 244 of the NHS Act 2006 sets out the legal requirements for a consultation process when proposed changes to service provision are considered to be a substantial variation. Section 244 works in conjunction with section 242 and outlines the statutory duties to consult local Overview and Scrutiny Committees.

National context and key drivers

Foundation Trust Status

NHS foundation trusts are intended to devolve power from central government to local people. This development has significant implications for how the North East Ambulance Service will involve its communities. Foundation Trust status allows the staff and local people to have the opportunity to become involved in the running of their local NHS services - with rights to elect or become representatives on the governance council. As an NHS foundation trust, the North East Ambulance Service will continue to provide NHS services to NHS patients and will remain part of the NHS.

Foundation trusts have, as part of their terms of authorisation, to establish a membership derived from the local community, staff and other stakeholders. The Trust will consult separately on membership and governance arrangements ahead of its application to become a foundation trust.

Who can be a Foundation Community member?

Anyone can be a member if they are 12 years old or over and:

- live in the area covered by North East Ambulance Service NHS Trust, or
- work as a paid employee of the North East Ambulance Service NHS Trust

Members can vote to elect representatives (Governors) from within their group to sit on our Council of Governors. This Council will help the Trust to shape our plans for the future.

Why should I become a member?

The Government set up NHS Foundation Trusts to enable NHS providers with good track records to have more freedom from central control and to develop their plans for local services with local people. Members will have a direct

influence on how local NHS services are developed for the benefit of themselves, their families and the local health community.

Council of Governors

When the North East Ambulance Service becomes a foundation trust, a Council of Governors and a Board of Directors will replace the Trust Board. Governors are very important to ensure a link between the members of the NHS Foundation Trust, the wider community and those who run the ambulance service.

The key roles of the governors are:

- Advisory – advising the Board of Directors on decisions about the strategic direction of the organisation in ways consistent with the needs of the members and wider community

- Strategic – informing the development of the future strategy for the organisation

- Guardianship – ensuring that the NHS foundation trust operates in a way that fits with its statement of purpose and complies with its authorisation and for acting in a trustee role for the welfare of the organisation.

An important part of the role of governor is to communicate with the group of people who elected them, whether staff or members of the public in the surrounding area. Governors also have a crucial decision-making role and are responsible for the appointment and remuneration of the chairman and non-executives to the Board of Directors and the appointment of auditors.

Healthcare Commission

The Healthcare Commission, which is soon to be replaced by the Care Quality Commission, has a statutory duty to assess the performance of organisations through:

- Monitoring compliance with a range of national standards
- Monitoring performance in meeting key targets
- Undertaking service reviews in specific areas
- Listening to third parties e.g. Overview and Scrutiny Committee
- Local surveillance and review of findings of other organisations

Aspects of involvement feature in all of these areas and the North East Ambulance Service is expected to undertake all necessary work to ensure performance standards are met.

Key principals of involvement

The way in which the Trust seeks to involve people needs to take account of a range of different factors including the basis on which involvement is taking place:

- On an individual basis – involving individual patients and their carers in decisions about treatment and care, and giving them choices.

- On a collective basis – enabling patients and the public to be involved and consulted on planning, monitoring and developing services, proposals to change services, and decisions about the way services operate;

The extent of involvement will also vary according to the potential impact of proposals for different stakeholders and the extent to which they wish to influence decisions. The stakeholder influence/interest matrix can be used to determine activity.

- Patients, public and staff should be involved early on whenever service changes are being considered, in a way that is proportionate to the level of change under consideration.

- Sufficient information should be given to allow patients, public and staff to understand and comment on any projects or proposals about which their views are sought.

- Involvement work should be tailored and focused; NEAS should be clear about the objectives of involving people and articulate which groups of people views are primarily being sought from.

- The Trust should demonstrate that it listens to staff and the public by providing timely feedback to comments received about is services.

- The Trust should internally co-ordinate, evaluate and share learning from its involvement work.

Aims of the Patient and Public Involvement Strategy

We will further extend and embed involvement from staff, patients and the public in decisions affecting the development or provision of our services

We will achieve this by:

- Recruiting a membership in line with the Trust's aim to achieve Foundation status that is representative and credible base for patient and public involvement activity.
- Identifying local groups with a particular interest in ambulance services and working with them to identify how to best maintain an ongoing relationship of mutual benefit
- Supporting directorates and departments to adopt a range of tailored involvement techniques
- Promote partnership working with patient groups
- Encouraging staff and public involvement as early as possible when changes are being considered
- Using involvement to ask staff and the public what their priorities are for the improvement of our services
- Developing a staff toolkit detailing methods of involvement and key principles of best practice to support involvement activity as part of everyday practice.

We will seek to involve those groups who may traditionally be less likely to access our services or respond to invitations to become involved.

Hard to reach groups are typically defined as those from black and minority ethnic communities; children and young adults and physically or sensory impaired. However other hard to reach groups might equally include workers who cannot spare time to engage with the Trust or those living in rural communities.

We will seek to reach out and include these groups by:

- Identifying groups that may be less likely to be involved with service planning

- Reaching out to establish links with groups representing/working with those less likely to be involved

- Identifying how to effectively sustain involvement from these groups for mutual benefit

We will seek to provide people with appropriate information to support effective involvement

Ways in which we will achieve this will include:

- Providing information for patients to support decisions they may make about the treatment they receive.
- Promoting the PALS as a way in which the public involvement can be supported
- Providing relevant background information about proposed service changes to facilitate understanding of the potential impact and benefits of changes under consideration

We will let people know the outcome of their involvement

Ways in which we will achieve this will include:

- Ensuring that all complaints are responded to in line with the Trust's Complaints Policy
- Providing feedback to comments or concerns
- Providing feedback to staff and the public on the outcome of consultations when their views have been sought and/or provided

We will evaluate and continually seek to improve the quality of the Trust's involvement work

Ways in which we will achieve this will include:

- Providing regular analysis of compliments and complaints received
- Drawing together feedback received by the Trust from sources including audit, local and national surveys, informal feedback, research, patient stories, and PALS

- Seeking feedback from staff and key patient and public groups on the quality of the Trust's involvement work
- When undertaking significant consultations, seek feedback from consultees and the Health Scrutiny Committee on consultation methods
- Report to the Patient Involvement and Complaints Committee annually to summarise progress towards achievement of aims and key principles together with key learning from involvement activities undertaken during the year.

We will strive to further improve the patient experience

Ways in which we will achieve this will include:

- Ensuring details of patients' experiences (from internal and external sources) are reviewed and widely disseminated across the Trust to inform developments and improvements in services
- Ensuring details of patients' experiences are reported at the newly formed Involvement Committee
- Encouraging and supporting the involvement of patients who have provided feedback in the work of the Trust

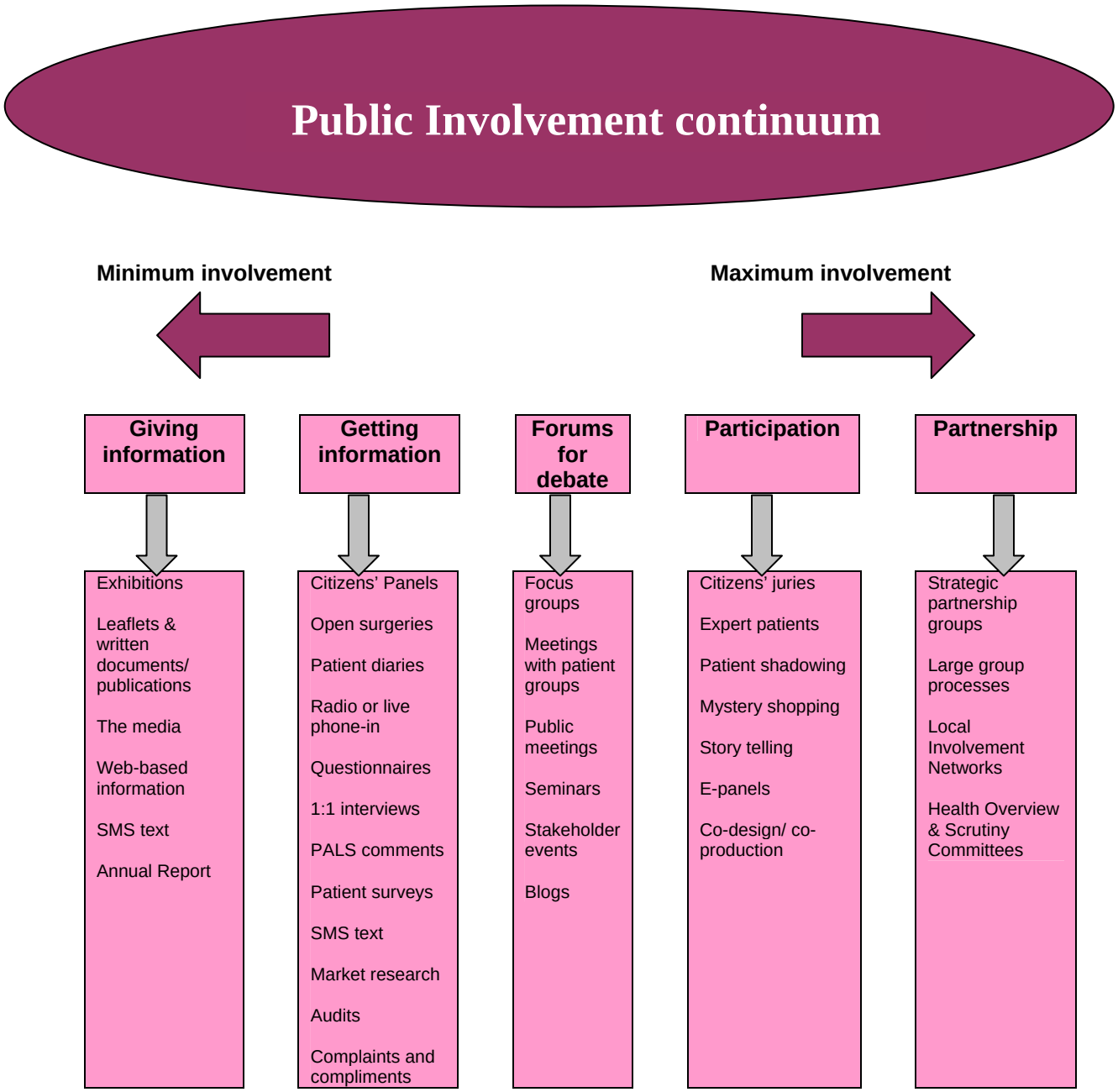
Methods of Involvement

There are a range of methods that can be used to engage patients, carers and the public. The methods of engagement vary and are primarily guided by the type of consultation required to ensure effective involvement and outcomes. This can range from whether the patients' needs have been met, what is their degree of satisfaction and whether anything more could be done to better meet patient's needs up to involving patients, staff and the wider public in the planning and delivery of services.

This framework also recognises the important role of communications which reflects the synergy created by linking a Patient and Public Involvement strategy with the wider communications strategy and ongoing development to become a Foundation Trust.

The Patient and Public Involvement strategy will maintain a system aiming to deliver three distinct levels of involvement. The system demonstrates the potential scope of Patient and Public Involvement work empowering individuals to inform service improvement through:

- Level 1 Individual / 1:1 involvement. For example discussing experiences of treatment or the care of others,
- Level 2 - Collective service design and re-design. Through being actively engaged in service development,
- Level 3 - Influencing strategy, business planning and policy. By being involved in large group



Reporting structure

- Patient-experience feedback will be processed via the Clinical Governance Committee in order to monitor operational effectiveness.

- Broader engagement (strategic) work will be reported directly to the Patient Involvement and Complaints Committee

Further Guidance

In recognition of the changes in legislation, new guidance *'**Real Involvement: Working with people to improve health service**s'* was published by the Department in October 2008 to replace *'Strengthening Accountability Involving Patients and the Public policy guidance'* relating to section 11 of Health and Social Care Act 2001.

- A guide to patient and public involvement in urgent care (October 2008)
- *Cabinet Office Code of Practice on Consultation* (BERR, July 08) http://www.berr.gov.uk/whatwedo/bre/consultation-guidance/page44420.html
- *Reviewing the consultation process* http://www.berr.gov.uk/whatwedo/bre/policy/scrutinising-new-regulations/reviewing-consultation-process/page44083.html/policy/scrutinising-new-regulations/reviewing-consultation-process/page44083.html
- *The Consultation Institute charter* http://www.consultationinstitute.org/info/aboutus.asp
- *Foundation Trust Network: Consultation process* https://www.nhsconfed.org/membersarea/downloads/download.asp?ref=2416&hash=bf94d7bb70f780e3fcdb614f92ebc8b2&itemplate=c_ftn_3col_ftn-1779

MEDIA STRATEGY

Introduction

As an emergency service, NEAS is experienced at dealing reactively with issues. This experience extends into the communications function. The press office is extremely busy and deals with incidents of a sensitive, high profile and often political nature on a daily basis. This is something that will continue to be a strength in dealing with issues of crisis management effectively.

Media interest has always been and will continue to be high around the ambulance service. There is a great potential for positive human interest stories and the media welcomes stories of bravery and kindness that many of the Trust's staff demonstrate on a daily basis.

Media relations forms an integral part of the Trust's external communications strategy and media interest is expected to remain high. The increase in the number of and variation of 24 hour news channels and websites means that demand for stories and copy to fill newspapers/airtime will continue to rise. The Trust has robust proactive and reactive processes in place and operates an open and transparent policy to media enquiries. This can be separated into the following press office functions:

- Reactive press office dealing with ambulance response to incidents.
- Management of reactive media issues that could potentially affect reputation.
- Consistent pro-active stories released to the media to promote and enhance reputation.
- Proactive promotion and release of information around a specific Trust initiative or campaign.

We welcome the scrutiny that comes with public sector accountability and should continue to respond in the open and transparent manner that we are known for. The media is a key channel for public and patient communications. Overall, good media relations exist across the region and the Trust will continue to work closely with all channels of media to maintain these relationships and raise its profile.

However, as traditional newsprint media circulations decline and broadcast media becomes more fragmented, NEAS needs to look forward to how it engages with service users and the public in the future. The growth of the internet, and in particular new media and social media networks, as seen a move away from traditional media channels which will need to be exploited in the future to maintain the Trust's reputation.