



Yorkshire Ambulance Service **NHS**  
NHS Trust

*An Aspirant Foundation Trust*



# Stakeholder Communications and Engagement Strategy 2012-15

September 2012

## Stakeholder Communications and Engagement Strategy 2012-15

Author	Elaine Gibson Head of Corporate Communications
Responsible Director	Anne Allen Director of Corporate Affairs and Trust Secretary
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## References

- Freedom of Information Act (2000)
- Civil Contingencies Act (2004) (warning and informing the public)
- NHS Act (2006)
- Department of Health Guidance '*Real Involvement: Working with people to improve services*' (2008)
- NHS Institute for Innovation and Improvement - *Quality and Service Improvement Tools* (2008)
- Cabinet Office Code of Practice on Consultation (2008)
- NHS White Paper, *Equity and excellence: Liberating the NHS* (2010)
- Health and Social Care Act (2012)
- NHS Constitution for England (March 2012)
- NHS Staff Survey (annual)
- Stakeholders: Theory and Practice (2006) - Andrew L. Friedman and Samantha Miles
- Yorkshire Ambulance Service Foundation Trust Membership Strategy (2012-15)

# Stakeholder Communications and Engagement Strategy 2012-15

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# 1. Purpose of the Strategy

This Strategy has been developed to set the strategic direction for effective stakeholder engagement and involvement activities at Yorkshire Ambulance Service NHS Trust (YAS).

It is a key enabler to the Trust achieving its mission, vision and strategic goals to deliver an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money. Our mission statement *Saving lives, caring for you* means that we intend to focus on service developments that support saving more lives and ensure we provide the right care, first time in a place that is best for patients.

As a key service provider in the region, the Trust has a number of stakeholders with whom it needs to have effective and sustainable relationships. By engaging effectively with the public, patients, carers, staff, volunteers, Foundation Trust (FT) members and our partners it will improve the services YAS provides, strengthen our reputation and achieve a mutual understanding of our goals and the needs of our patients and staff. YAS is committed to listening to and involving its communities, their representatives, patients and staff in the way we plan, develop and operate our services, and support activities which aim to improve health or reduce health inequalities.

This strategy sets out:

- our understanding of the current environment
- our communications and engagement objectives
- who our stakeholders are
- roles and responsibilities
- an outline for the development of specific delivery plans.



## 2. Background

This Strategy supersedes the previous Corporate Communications Strategy 2009-11 and formalises the arrangements YAS has in place for stakeholder engagement and involvement to support the delivery of the Trust's strategic goals as described in the five-year Integrated Business Plan (IBP). This document covers the next three years at which point it will be formally reviewed and submitted for Trust Board approval, although interim reviews will take place annually as a minimum.

Our stakeholder analysis, undertaken for the recent NHS 111 competitive tender in Yorkshire and the Humber, assessed the current environment in which we operate and the nature of the relationships we need to have in place. We have identified key stakeholders and seek to engage with them in constructive dialogue through various communications and activities to capture their views and opinions and keep them well informed of developments at the Trust.

This Strategy is central to supporting key areas of focus in the IBP 2012-17 including:

- the journey towards becoming an **NHS Foundation Trust (FT)**
- **service transformation**
  - continuing to provide high quality and safe services to patients
  - making the required financial savings and efficiency improvements
  - changes to the workforce model
  - service developments - major trauma, managing patients in their own home (Clinical Hub ('hear and treat'), 'see and treat', 'see, treat and refer', implementation of the new **NHS 111** urgent care service in Yorkshire and the Humber and electronic Patient Report Forms (ePRFs))
- helping to develop a culture which supports continuous change and improvement at all levels within the organisation.

The Trust is operating in an increasingly competitive environment and the YAS brand and reputation must be both credible and strengthened by delivering the right messages, creating the right impression and improving the way in which we engage with our stakeholders.

More specifically, our stakeholder engagement activity needs to underpin the principles of the Trust's vision and values and link closely to the desired outcomes from the ambulance quality indicators (AQIs). It needs to cover the following:

- Building the Trust's reputation with patients, the public, commissioners, members and other key stakeholders, improving confidence and increasing the transparency of decision-making and governance.
- Strengthening partnerships with NHS and other stakeholders which support the delivery of YAS's strategic objectives.
- Seeking input and support for the Trust's strategic direction, vision and values.
- Explaining to and engaging staff in workforce change and increasing efficiency.
- Explaining the benefits of FT membership, encouraging membership and nomination for Governors.
- Complying with the needs of regulatory bodies.

### 3. Legal Requirements and Key Contextual Changes

Like all NHS trusts, YAS has a duty to consult Health Overview and Scrutiny Committees (HOSCs) 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 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.

Department of Health guidance '*Real Involvement: Working with people to improve services*' provides statutory guidance for NHS organisations on these duties and best practice on embedding involvement in organisations.

Other relevant legislation and guidance includes:

- Freedom of Information Act (2000)
- Cabinet Office Code of Practice on Consultation (2008).

The new strategy - Stakeholder Communications and Engagement Strategy 2012-15 - has been prepared in light of legal requirements and:

- the new governance arrangements being applied to meet **Foundation Trust (FT)** requirements
- the NHS White Paper, *Equity and excellence: Liberating the NHS*, which set out the Government's long-term vision for the future of the NHS
- the changes and reforms introduced in the NHS by the **Health and Social Care Act 2012**:
  - The Government's ambition is to achieve healthcare outcomes that are among the best in the world and wants the principle of 'shared decision-making' to become the norm; *no decision about me without me*. It has also pledged to bring about an 'NHS information revolution' to ensure people are better informed, have greater opportunities to feed back and that **NHS trusts are more accountable**.
  - As part of this, the collective voice of patients is to be strengthened through Health Watch England (a new independent consumer champion within the Care Quality Commission) and local **Health Watch** organisations (currently known as Local Involvement Networks (LINKs)).

This strategy also takes account of:

- the move to give general practitioners (GPs) control of most of the NHS budget from 2013 when they will become responsible for commissioning the majority of hospital and community services for their patients through **Clinical Commissioning Groups (CCGs)**
- the NHS Constitution which has established the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public,



patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

All these requirements are designed to put patients at the centre of service provision and expect NHS providers to ensure that the services they provide fully reflect what people need and want.



## 4. Where are we now?

### 4.1 Current Situation

During the last six years a credible Corporate Communications team has been established at the Trust. Effective and trusted internal and external communications methods and channels have been developed to keep staff and stakeholders well informed about what is happening at the Trust in terms of clinical, operational and general updates and provide them with opportunities to contribute their views and ask questions.

We now have the opportunity to refine what is already in place and develop additional techniques and approaches to reinforce the work of the communications and engagement service, increase its impact and effectiveness in helping to deliver the strategic goals of the Trust and sharpen its focus on encouraging greater community and staff involvement in shaping services.

The strategic development of the corporate communications function is important to ensure it provides more focused and effective support for the IBP.

This strategy is intended to build upon and strengthen our current approach to communicating and engaging with staff and all our stakeholders. It advocates effective communications and engagement activity to help define and shape YAS's future role in the healthcare sector and influence stakeholders' perceptions. This is now more important than ever as we enter a period of service transformation and progress our Foundation Trust application where recruiting and communicating with members is key to being transparent and accountable in all that we do.

The Trust recognises that people have a right, and should be actively encouraged, to be involved in decisions that affect their lives and wellbeing. By involving people more it empowers them as both individuals and communities.

By actively seeking out the views of patients, the public and other stakeholders, we will build their understanding of the NHS, knowledge of the ambulance service, trust and confidence, and boost patient and staff satisfaction. In addition, we need to recognise that staff are well placed to identify ways of improving patient care and should be involved in planning and making decisions that will enhance patients' experiences.

Since its formation in 2006, YAS has made steady progress in developing its communications activity and relationships with stakeholders. However, in the evolving NHS, it is vital that the Trust further develops its stakeholder relations and the way it seeks and uses feedback to inform decision making and improving the services it provides for the people of Yorkshire.

To achieve effective communication and engagement, we will undertake a planned and sustained approach to support YAS's vision and strategic objectives, the core of which is to provide high quality clinical care to our patients.

The efficient two-way flow of information should ensure that communication with both internal and external stakeholders is clear, honest, relevant and communicated through appropriate channels at the right time. The way in which people are communicated with is central to their perception of the organisation and its credibility.



## 4.2 Challenges and Opportunities

A changing NHS environment against the backdrop of tough economic pressures means that the need for strengthened communications is important, but needs to be carried out in the most cost effective and appropriate way.

The nature of the Trust's operations providing 24-hour emergency and healthcare services to a population of more than five million people means that it has a high media profile and maintaining strong public confidence is a key priority.

The large geographic area covered by YAS - almost 6,000 square miles of varied terrain from isolated moors and dales to urban areas, coastline and inner cities - presents a challenge for effective stakeholder engagement and ensuring that a representative spread of people and communities are involved with the Trust. This geographic footprint will also expand to include Bassetlaw and North East Lincolnshire with the introduction of the NHS 111 service from March 2013.

In terms of staff engagement, the Trust has a well-established cadre of information channels, but has been less effective in face-to-face communication between managers and their teams. Due to the nature of the mainly mobile workforce, delivering effective staff engagement requires a different approach, more commitment and time and more innovative communications tools. To address this we will further develop the use of additional channels including staff briefings, video updates and social media.



## 5. Responsibility for Communication and Engagement

A culture of good communication is the responsibility of everyone within YAS and it is vital that every member of staff is open to receiving and imparting information. All managers have a responsibility to develop and apply their communication skills to ensure their teams are well briefed and feedback is easily acquired.

It is essential that we communicate in a professional and well-informed manner with anyone who comes into contact with the Trust - be it as a patient, relative, carer, supplier, commissioner, NHS partner, external organisation, member of staff, volunteer, member of the public or wider stakeholder, such as a Health Overview and Scrutiny Committee (HOSC). Messages need to be consistent, appropriate to an audience's needs and make people aware of how they can make their voice heard.

There is central and devolved responsibility for communicating and engaging with stakeholders at the Trust. Current practice includes the following:

- The Trust Board is responsible for setting strategy and ensuring mechanisms are in place for the organisation to deliver on this.
- The Corporate Communications team is responsible for setting standards, providing guidance and establishing and maintaining central channels of communication.
- The Corporate Communications team works with the Executive Office to coordinate engagement activity at Trust Board level and with the Senior Management Group at an operational level.
- A hub and spoke approach is applied to engagement between local stakeholders, such as HOSCs, Local Involvement Networks (LINKs) and NHS partners, and YAS teams in the three localities and Patient Transport Service (PTS) consortia, and through the Clinical Leadership Framework.

Building on this, engagement activity now needs to be elevated to reflect the growing importance of forming and developing key relationships and partnerships. There needs to be more involvement at a senior level with greater central coordination. In addition, further work is required to increase the amount of face-to-face communication and engagement.

Developments include:

- The provision of a central coordination point for YAS-wide stakeholder engagement activity which is increasingly proactive, can be monitored more closely and reviewed to take account of changing priorities and key issues.
- As part of their roles, Trust Board members and Governors will be responsible for engaging with specific external contacts and setting the tone on key issues.
- Supporting technological developments in communications, including the use of social media such as Twitter and Facebook, to take advantage of the extensive audiences and rapid circulation of information.

## 6. Stakeholder Engagement Objectives

The overarching aim of this strategy is to ensure that stakeholder engagement activities support YAS's mission, vision, values, strategic goals and service transformation plans and encompass what is required in the enabling plans: stakeholder management and engagement, public involvement, internal communications and media relations. They fit most naturally into the Trust's objectives for internal and external stakeholders:

### Internal

- To deliver management, operational and clinical information to staff and ensure they are well-informed.
- To improve staff engagement and involvement by encouraging and supporting a culture of two-way, face-to-face communication and ensuring staff have sufficient and varied channels through which they can voice their opinions and have greater involvement in decision-making.
- To build staff morale by fostering a culture of involvement and pride in the service.
- To demonstrate how staff input helps to shape strategy and plans.

### External

- To increase public and stakeholder understanding of YAS and positively influence their opinions of our services by ensuring they are supplied with or have easy/varied access to accurate and timely information about the Trust and any proposals to change or develop services.
- To involve the communities we serve.
- To communicate, listen and act upon the views of our patients and local people, including seldom-heard communities and those with disabilities, to help shape and develop future services.
- To build strong relationships with key regulatory bodies.
- To continue to provide an easily accessible Patient Relations function to handle concerns, complaints, comments and compliments from patients, their carers and the public.
- To encourage positive relationships with commissioners to support the Trust's business objectives.
- To encourage positive partnerships between NHS and non-NHS services to support whole-system care and the development of common strategic objectives.
- To support appropriate use of our services.
- To enhance and protect YAS's reputation.

- To maintain a consistent and positive profile and visual identity.
- To support the marketing of the service for income generation purposes ie the Patient Transport Service, first aid training courses, Commercial/Event Ambulance Service.
- To position the Trust as an aspirant NHS Foundation Trust to support the recruitment of a diverse and engaged membership.
- To support the Trust's resilience plans to warn and inform the public in line with the Civil Contingencies Act 2004.



# 7. Key Messages

## 7.1 Strategic Direction

It is important to be clear what the key messages are that we want to communicate to our stakeholders and engage with them to influence our strategic direction.

As outlined previously the Trust has a clear vision, *to provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.* The Trust is also committed to a set of values which demonstrate that **we care**.

### **Working together for patients**

*We work with others to give the best care we can*

### **Everyone counts**

*We act with openness, honesty and integrity - listening to and acting on feedback from patients, staff and partners*

### **Commitment to quality of care**

*We always give the highest level of clinical care*

### **Always compassionate**

*Our staff are professional, dedicated and caring*

### **Respect and dignity**

*We treat everyone with dignity, courtesy and respect*

### **Enhancing and improving lives**

*We continuously seek out improvements*

## 7.2 Mission, Vision and Values

The following key messages reflect both the vision and the values and these will be reviewed regularly to ensure they reflect the Trust's current position.

### **We work together in partnership**

- We work in partnership with our communities and commissioners to develop and deliver integrated healthcare services and promote health and wellbeing.
- The Trust's commitment to providing effective urgent care demonstrates the benefits the Trust can offer in helping to manage demand and provide patients with the right care, first time in a place that is best for them.

### **We are a patient-focused organisation**

- Providing high quality patient care is our highest priority.
- We are committed to meeting and exceeding national and local quality standards, and making improvements wherever possible.
- We want patients and the public to 'choose well' when using healthcare services.

### **We deliver performance standards and high quality clinical care**

- We deliver a high quality and responsive emergency service and we are getting to patients more quickly than ever before.
- We are making improvements to our non-emergency Patient Transport Service.

### **We provide value for money**

- We will make the necessary efficiency savings whilst protecting our frontline services.
- The Trust meets all its Care Quality Commission (CQC) requirements and has a good financial record.

### **We are a good employer**

- We have, and continue to develop, a professional, highly skilled and trained workforce.
- The Trust is committed to the health and wellbeing of its employees and invests in initiatives to support this.

### **We are a listening and responsive organisation**

- We have an open and honest approach to engaging with all stakeholders.
- We are responsive to the diverse cultural and geographical needs of the communities we serve.
- We actively seek patient feedback to improve the services we provide.

The content of these messages will be modified to reflect the views and needs of stakeholders.

## **7.3 Our Principles of Communication**

In delivering Stakeholder Engagement activities, we support and align to the vision and values of the Trust and work to the following communication principles:

- Open, honest and accurate
- Accessible to all relevant stakeholders
- Clear and user-friendly (Plain English)
- Consistent and relevant messages
- Timely and current
- High quality
- Cost-effective
- Emphasis on two-way communication mechanisms and relationship management
- Prepared in accordance with relevant legislation, Codes of Practice and within national NHS protocols and guidelines, including alignment to the NHS Constitution
- Fully approved by all relevant parties, including NHS Yorkshire and the Humber (Strategic Health Authority), where necessary
- Monitored and reviewed regularly.



## 8. Stakeholders

### 8.1 Definitions

A **stakeholder** is any person, group, or organisation that has a direct or indirect stake in an organisation because it can affect or be affected by that organisation's actions, objectives, and policies.

**Stakeholder Engagement** is the process of effectively eliciting stakeholders' views on their relationship with the organisation/programme/project (Friedman and Miles, 2006).

**Stakeholder Analysis** is a technique used to identify and assess the influence and importance of key people, groups of people, or organisations that may significantly impact the success of an activity or project (Friedman and Miles, 2006).

**Stakeholder Management** is essentially stakeholder relationship management as it is the relationship and not the actual stakeholder groups that are managed (Friedman and Miles, 2006).

### 8.2 Engaging with our Stakeholders

YAS engages with a broad range of stakeholders. Their needs will be met by prioritising key groups, by ensuring the Trust is strategic in its approach to them and by maximising the range of appropriate communications and engagement channels available, including use of social media.

Robust and successful engagement with stakeholders is intended to:

- provide helpful and timely information
- help allay concerns, clarify misunderstandings and provide reassurance
- help increase the overall level of engagement
- improve communication and feedback opportunities
- illustrate culture change
- help them to understand the 'bigger picture' and how they can get involved and contribute to the organisation and its service development – gain 'buy-in' to organisational strategies and support for key projects
- increase the Trust's leverage and influence within the health and social care sector
- increase partnership working
- build upon and improve YAS's reputation.

Stakeholder activity needs to be monitored and evaluated to ensure it aligns with the Trust's wider communications plans and overall strategy.

### 8.3 Stakeholder Mapping

Our stakeholders each have different needs, interests, and motivations, and differing levels of influence or leverage. So, in order to help us understand their agendas, tailor engagement activity and ensure that our efforts are channelled appropriately, we cluster and prioritise our stakeholders.

Our stakeholders and patients are an integral part of our governance structure and, among our existing stakeholders, we particularly value the relationships between our operational staff and their colleagues across the healthcare community.

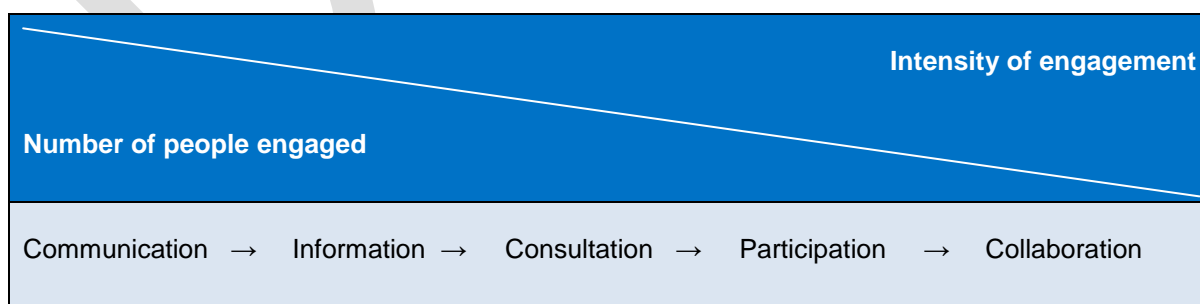
Different communication tools will be appropriate depending on the priority level of the stakeholder, for example, face-to-face meetings are appropriate and most effective where a stakeholder has particularly high influence and high interest. Where the interest or influence is lower, a newsletter may be adequate for keeping these stakeholders informed and it will be more efficient to meet with them collectively.

In general, the extent to which we involve and engage with a stakeholder is proportionate to their potential impact on a service, the impact it may have on them, and/or the extent to which they can influence proposals and decisions on the development of our services.

While the means may vary, the features of effective stakeholder engagement always include dialogue, listening, consultation, involvement, and partnership. The intensity of the engagement, and the balance of the features, varies depending on the number of people being engaged.

Where larger numbers of people are involved, communications tend to be more broad-based and relationships are passive. Where relationships are more personal, high profile and resource-intensive, communications must be specifically tailored. Electronic communication, such as websites, email and social networks, plays an important role in routine communications, but for key influencers there needs to be interactive relationships which are developed and closely monitored.

This relationship can be drawn as an Engagement Spectrum; a concept illustrated by the Kotter and Schlesinger model below. We will ensure that the engagement activities we undertake will incorporate these five key features, while also being appropriate to the stakeholders.



*The Engagement Spectrum*

Once we have identified and categorised our stakeholders, we work with them to understand their motivations, influences, opinions and preferences for communication.

Taking account of the principles outlined in the Engagement Spectrum, YAS uses an interest/impact matrix to map its stakeholder groups to highlight where efforts should be focused and ensure an appropriate level of engagement is carried out.

## 8.4 Our Audiences

YAS has a number of internal and external audiences who we need to engage with to keep them well informed and provide them with channels for regular dialogue. Different audiences need varying levels of engagement, according to their level of interest and level of influence. This is determined by their significance in helping to achieve the Trust's strategic objectives in the IBP and the corporate communications and stakeholder engagement objectives.

The NHS Institute for Innovation and Improvement provides a useful '9 Cs' acronym in its *2008 Quality and Service Improvement Tools* to ensure that all likely stakeholders in the health service are considered:

- **Commissioners:** those that pay the organisation to do things
- **Customers:** those that acquire and use the organisation's products
- **Collaborators:** those with whom the organisation works to develop and deliver products
- **Contributors:** those from whom the organisation acquires content for products
- **Channels:** those who provide the organisation with a route to a market or customer
- **Commentators:** those whose opinions of the organisation are heard by customers and others
- **Consumers:** those who are served by our customers: ie patients, families, users
- **Champions:** those who believe in and will actively promote the project
- **Competitors:** those working in the same area who offer similar or alternative services.

The Trust has used the '9 Cs' to ensure all of its stakeholders have been identified and the following table summarises YAS's main target audiences - 'internal', 'health/social services' or 'external'. As a regional organisation, YAS's main audiences are regional/local, although from time to time this will extend to communicating or influencing at a national level.

Audience Segmentation	Audience Description
Internal - YAS Employees (including staff 'champions') and Staff Representatives	Staff employed by YAS, or on secondment to YAS or agency staff FT members (staff) Members of staff with official union recognition - Unison and Unite
Internal - YAS Volunteers/Support	BASICS doctors Community First Responders Volunteer car drivers (PTS)
NHS (regional)	NHS North of England (Yorkshire and the Humber) [Strategic Health Authority] Acute, Mental Health and Primary Care Trust Clusters – especially CEOs, Chairs and Commissioners Health Protection Agency
Health and Social Services (regional)	NHS Regional Commissioning Board GP consortia Clinical Commissioning Groups (CCGs) GP surgeries Out-of-Hours GP Services NHS Direct (to be superseded by NHS 111 in April 2013) Social Services Departments Local Safeguarding Children Boards Health Overview and Scrutiny Committees (HOSCs) Local Involvement Networks (LINKs) - <a href="#">to become local Health Watch groups</a> Health and Wellbeing Boards ( <a href="#">new</a> ) Patient Advice and Liaison Services (PALS)

External - Partner Organisations (regional)	Fire and Rescue Services Police Coastguard Local Authorities - especially CEOs, Chairs and Emergency Planners (Local Resilience Forums) St John Ambulance Mountain Rescue Groups
External - Political (regional)	Regional Members of Parliament (MPs) Councillors with relevant or topical interest in the work of YAS or the wider NHS
External - Public (regional)	Patients/Carers } Residents } of Yorkshire FT Governors and Members YAS Critical Friends Network Seldom-heard Groups
External - Media	Local and regional media National media (including Ambulance and Health titles)
External Stakeholders (national)	Department of Health Government Ministers and MPs outside the Yorkshire region Other ambulance trusts Regulators (eg Care Quality Commission, Health Watch and Monitor)

Some key groups for engagement in 2012 and 2013 are:

#### Transitional and new:

- Primary Care Trust Clusters
- Clinical Commissioning Groups (CCGs)
- Regional Commissioning Board
- Health and Wellbeing Boards
- Local Health Watch groups.

#### Existing:

- Staff
- General public and service-users
- Other healthcare colleagues.

Please note FT-specific engagement is dealt with separately in the FT Membership Strategy.

### 8.5 Stakeholder Intelligence Database

This activity will be supported by managing key stakeholders more effectively through a 'Stakeholder Intelligence' database. By establishing a central repository for stakeholder engagement activity where information can be kept up-to-date, the Trust will be better placed coordinate engagement opportunities across the Trust, allow us to forge more productive relationships with stakeholder groups and track contacts. We will also explore ways of capturing information more effectively.

### 8.6 Developing Relationships - Maximising Engagement Opportunities with Key Stakeholders

Responsibility for YAS's relationship with key individuals and/or groups will be allocated to a specific member of the Trust Board and/or Senior Management Group and tracked:

- Non-Executive Directors will focus on contacts within an allocated geographical area where they can establish and enhance local links to support a basic level of stakeholder understanding about YAS.
- Executive Directors will be responsible for maintaining and strengthening links with operational, commissioning and partner contacts. In light of the future prominence of the Clinical Commissioning Groups (CCGs), GP consortia and regulatory bodies, this will be a priority group which will be further supported by the appointment of a YAS GP Advisor.
- The Chairman and Chief Executive will have specific responsibility for key stakeholders with regional/national responsibilities.

Trust Board members will have dual role:

- Personal role - to engage with peers (YAS ambassador)
- Managerial role - responsibility to help deliver the strategic aims of the Trust.

In the future the Council of Governors will also have a key role to play in liaising with and capturing the views of members. Governors will be responsible for engaging with members in their constituencies and seeking out their feedback.

A formal review of the key stakeholders needs to take place at least annually via the Trust Board and will help to maintain up-to-date information on them and the issues pertinent to them.



## 9. Communications Channels

The table below and overleaf illustrates the range of communications channels and whether they provide the opportunity to provide information, encourage greater involvement or build close relationships with stakeholders:

	<b>Providing information (Broad-based/ Passive activity)</b>	<b>Greater involvement (Two-way communication)</b>	<b>Participation and collaboration (Specifically tailored/Relationship-building activity)</b>
Internal Communications	<p>Team meetings/briefings</p> <p>New starter staff induction sessions</p> <p><i>Operational Update</i> – weekly staff newsletter</p> <p><i>Clinical Catch-up</i> – monthly summary of clinical information</p> <p><i>News Alerts</i></p> <p><i>Staff Notices</i></p> <p><i>Teambrief</i> newsletters</p> <p>New media channels including <b>video updates</b> on the intranet</p> <p><i>YAS Matters</i> (three issues per year)</p> <p>Staff information leaflets and posters</p> <p>Payslip messages and attachments</p> <p>Annual Report, Quality Accounts and Financial Summary</p> <p>Email</p> <p>YAS intranet</p> <p>NetConsent messages/reminders</p> <p>Notice boards</p>	<p>Trust Board and Senior Management Team - Listening Watch initiative</p> <p>Team meetings/briefings</p> <p>One-to-one staff/manager sessions</p> <p>Clinical Leadership Framework</p> <p>Q&amp;A section of <i>Operational Update</i></p> <p>NHS Staff Survey</p>	<p>Team meetings/briefings</p> <p>One-to-one staff/manager sessions</p> <p>Informal ‘mess room’ conversations/catch-up sessions</p> <p>‘Station Surgeries’</p> <p>Q&amp;A section of <i>Operational Update</i> <a href="mailto:staffmailbox@yas.nhs.uk">staffmailbox@yas.nhs.uk</a> and <a href="mailto:internalcomms@yas.nhs.uk">internalcomms@yas.nhs.uk</a></p> <p>Trust Board and Senior Management Team - Listening Watch initiative</p> <p>Management time-out sessions</p> <p>Regular emails to management team from Chief Executive (with feedback encouraged)</p> <p>Staff focus groups (and staff ‘champions’)</p> <p>NetConsent mini-polls</p>



<b>External Communications</b>	Proactive media releases and reactive media statements  YAS publications, including: Annual Report, Quality Accounts and Financial Summary <i>Stakeholder eNews</i>  Patient information leaflets  YAS website  Articles in NHS and emergency service partner publications	Feedback from the YAS website  Feedback from Patient Relations team (patients' letters and emails)  Meetings with stakeholder groups including Health Overview and Scrutiny Committees (HOSCs) and Local Involvement Networks (LINKs)  Community education and training eg CPR sessions  Social media channels such as <i>Twitter</i> and <i>Facebook</i>	Online feedback via <a href="mailto:corp-comms@yas.nhs.uk">corp-comms@yas.nhs.uk</a> mailbox  Patient Experience Surveys  Meetings with stakeholder groups including Health Overview and Scrutiny Committees (HOSCs) and Local Involvement Networks (LINKs), patient groups  Focus groups (to discuss specific issues)  Journalist enquiries  Liaison with YAS Critical Friends Network
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A separate Stakeholder Engagement Activity Plan will be compiled to reflect the different requirements of the stakeholder groups. Progress will be monitored to ensure that activities are targeted appropriately and that engagement with key stakeholders is tracked. This includes:

- capturing any shifts in attitudes and positions of stakeholders
- monitoring any new issues arising
- checking whether stakeholders are satisfied with the methods and level of engagement and communication they are receiving.

Please note that a specific FT Membership Strategy has been compiled to support the objectives of this strategy and the recruitment of members and Governors.

# 10. Development and Implementation

## 10.1 Delivery Plans

The strategy will be delivered through key delivery plans structured around our main audiences and key stakeholders.

They will reflect the stakeholder mapping and communication and engagement framework described in the strategy and will outline the activities, key messages and outcomes.

Over the next three years our main objectives will be to:

- strengthen internal communications and staff engagement
- influence the public's expectations and analysing patients' experiences
- develop external stakeholder relationships.

Some specific objectives have been identified for these areas and they will be translated into action plans with timescales for delivery. [Appendix 1](#) outlines these in more detail.

## 10.2. Development of the Strategy

The Corporate Communications function provides a service which is central to the organisation and its IBP, underpinning and linking the activities of all directorates. It performs a variety of internal and external communications roles, including staff and stakeholder engagement, media relations, corporate and visual identity, crisis management and reputation management.

As with any strategy, an evidence-base is essential and regular research and evaluation from staff and stakeholder feedback, the annual NHS Staff Survey and media coverage will be carried out.

The Stakeholder Communications and Engagement Strategy and its deliverables will be subject to regular independent external validation and review. It will be modified as appropriate.

## 11. Evaluation

This strategy, and the tactics (methods and channels of communication and engagement) used to implement it, will require ongoing evaluation and fine-tuning to ensure they continue to meet the needs of the organisation and the additional support required for the Foundation Trust application process and subsequent change in the organisation's status.

The techniques for measuring the effectiveness of this strategy will be qualitative (such as feedback from individuals or through focus groups) and quantitative (such as the number of media releases issued). Valid key performance indicators (KPIs) can be output-based to measure levels of activity, impact-based to measure changes in levels of awareness or attitude and outcome-based to measure changes in behavior (please see table below).

In [Appendix 1](#) there are specific references to evaluation against our objectives throughout the life of the plan.

### Key Performance Indicators for Corporate Communications and Engagement

Output-based metrics	Impact-based metrics	Outcome-based metrics
<i>Measures levels of activity</i>	<i>Measures changes in awareness, understanding or attitude</i>	<i>Measures changes in behaviour</i>
<b>Internal Communications</b>  Number of newsletters, alerts, <i>Teambrief</i> documents issued  Number of staff briefings held  Intranet usage and hits to specific sections  Level of staff membership (FT)	Opinion surveys  NetConsent online polls  Focus groups	Action taken following specific message eg incident reporting  Staff turnover  NHS National Staff Survey (comparisons year-on-year)  Results from Communications Audit
<b>External Communications</b>  Number of press releases issued  Number of press enquiries received	Stakeholder surveys  Online feedback/surveys  Focus groups	Patient satisfaction and experience  More appropriate use of the service

Volume and tone of media coverage	Trends in social media comments	Results from Communications Audit
Message penetration (number of mentions)		
Number of events held		
Website usage and hits to specific sections		
FT membership levels		
Number of Governors		
Volume of social media activity		

## Ambulance plea over non-serious call outs

by RICHARD CATTON and ANNABELLE OSMAN  
newsdesk@epress.co.uk

A TROUBLESOME contact less and a case of toothache are two recent examples of people inappropriately dialling 999, according to Yorkshire Ambulance Service.

The emergency service and hospitals have themselves for a significant increase in 999 calls over Christmas and New Year, ambulance bosses have urged people with minor illnesses and injuries to consider more appropriate health care services, such as a visit to a GP, walk-in centre, minor injuries unit, pharmacist, or call NHS Direct.

Ambulance Service chief executive David Whiting, said: "We will always respond to medical emergencies where it is believed someone needs time-critical help, but our crews often arrive to find people merely require treatment or advice for a minor condition. These calls divert emergency resources away from those with potentially threatening conditions such as a stroke or stroke and can

create dangerous delays. "We expect demand for our service to increase over the next few weeks due to ill health exacerbated by the cold weather and more people being out and about to celebrate the festivities, so if we can reduce the number of inappropriate calls, this would be of great benefit to us and the patients we serve."

Michael Williams, emergency department consultant at York Teaching Hospital NHS Trust, said: "We do not want to stop people going to A&E or calling 999 where they have a genuine emergency. However, several studies show that a fair proportion of people who show up at A&E could have sought

advice and treatment from other health services.

"During the busy winter period this means we have to prioritise people accordingly which can mean non-urgent cases waiting up to four hours to be seen.

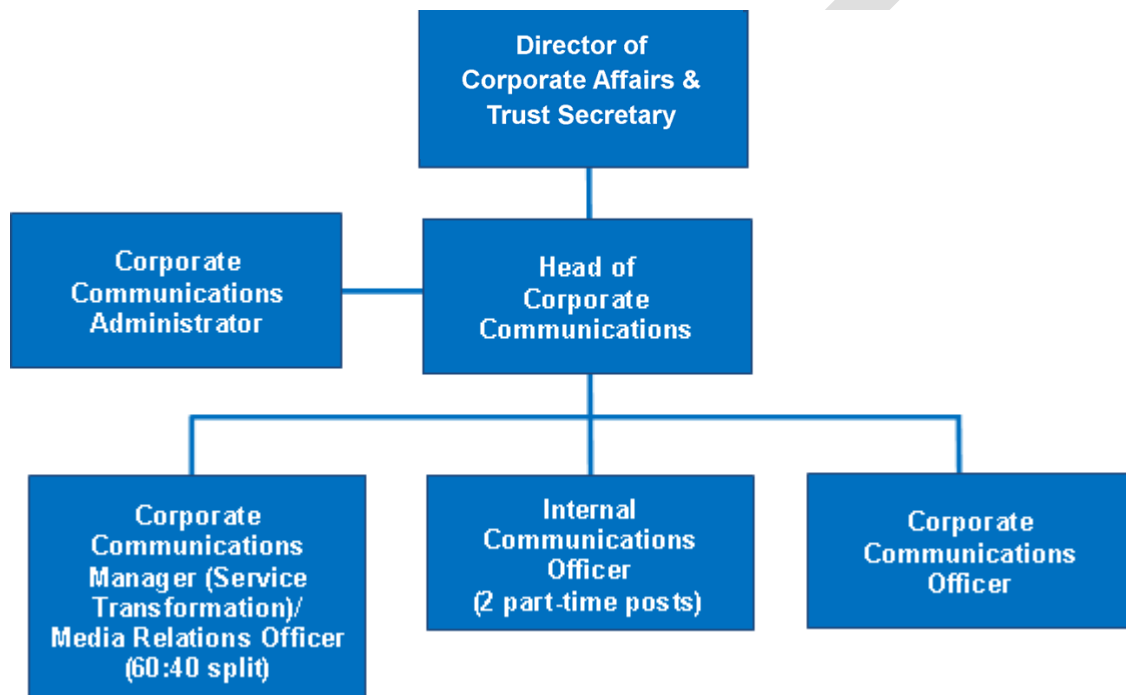
"Giving some thought to where you go for treatment not only ensures you receive the most appropriate treatment in the quickest time possible, but also helps to

reduce the pressures placed on A&E departments at this demanding time of year." While the NHS walk-in centre on Holdgate will be closed on Christmas Day, people seeking medical help over Christmas are advised alternatives such as NHS Direct, which is available on 0845 46 47 for free confidential advice on symptoms and treatment options.



## 12. Resources

The majority of corporate communications and stakeholder engagement activities at the Trust are overseen or delivered by the Corporate Communications team, in conjunction with a whole spectrum of colleagues from across the Trust but particularly the Online, Community Resilience, Foundation Trust Membership, Patient Relations and Organisational Effectiveness and Education teams.



Our aspiration to develop the web-based channels we already have and those we are planning to introduce would benefit from the development of an online/new media specialist resource as part of the core Corporate Communications team.

The Team has a finite non-pay budget to support communication and engagement activities. The Team will ensure all activities are within the planned budget and best use of resources and value for money are provided. Any requirement for additional funding will be subject to the approved business case process. The strategy will support the delivery of the Trust's required cost improvement programme.

## 13. Risks

A number of risks have been identified in the delivery of this strategy.

These include:

- capacity to deliver effective communications and engagement activity across the large footprint and with a high volume of stakeholders, particularly in relation to the development of new tactics and use of new media channels
- the ability to effectively engage with staff because of the nature of a mobile workforce and some of the technology limitations
- the changing NHS environment and financial climate requiring increased communication levels to support the service transformation agenda.

Specific projects will have associated risk registers.

All risks are captured on the Trust-wide risk register system and will be monitored through the relevant Directorate and Committee risk registers. It is recognised that the type and levels of risk will change over time and will be monitored accordingly.



## 14. Mitigation of Risks

The abovementioned risks can be mitigated as follows:

- Horizon-scanning by the Trust Executive Group, Senior Management Group and Corporate Communications team.
- An active and engaged Council of Governors.
- Effective engagement with Trust members.
- Being proactive and reactive to change.
- Having appropriate resources in place where there is a real understanding of communications and engagement in terms of the organisation and individuals.
- Prioritisation and re-prioritisation of activity.



## 15. Summary

Effective communication and stakeholder engagement at YAS can be achieved through the right blend of contact with all its audiences. It helps to strengthen links with key people/groups and ensure the Trust has stakeholders who are aware, engaged and committed to what it is doing currently and how it develops in the future.

Whilst measurement and evaluation of the objectives play a key role, the essentials of good communication and engagement within any organisation are:

- clear aims and objectives
- management commitment
- staff participation
- efficient, effective methodology to deliver the aims
- firm intention and process to act effectively.

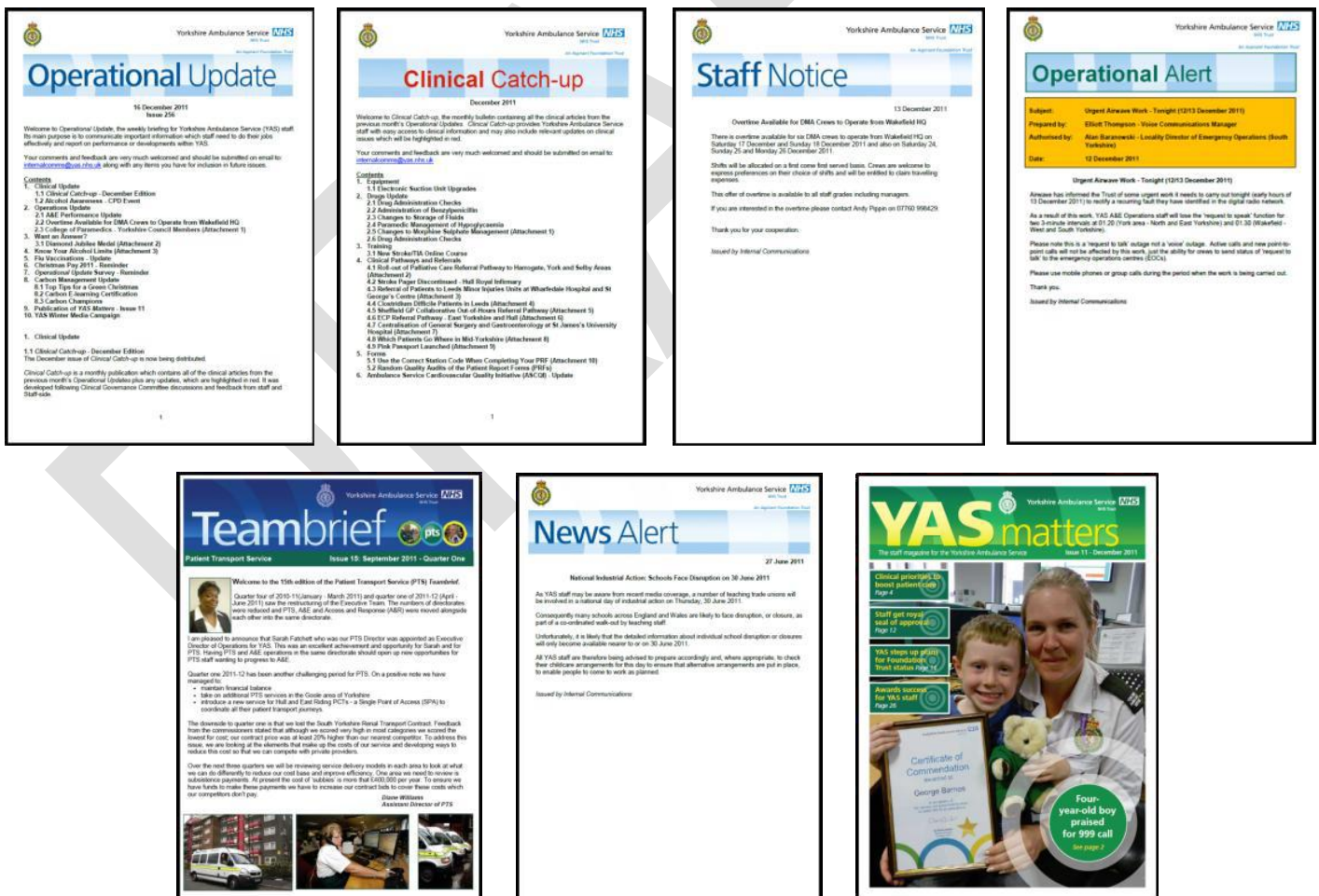
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# Appendix 1: Specific Objectives – Internal Stakeholders, Patients and the Public, External Stakeholders

## A1.1 Internal Stakeholders - Strengthening internal communications and staff engagement

The Trust's operational workforce is mobile and makes up nearly 80% of the Trust's staff. This presents a challenge for communications and engagement activity as face-to-face engagement with managers can be difficult to arrange and is not always possible. This has an impact on the effectiveness of communication in terms of consistency of message and a gap between what the Trust is trying to achieve through its vision and strategic goals and how this matches with the day-to-day work carried out by staff.

The Trust has a number of traditional internal communication channels in place to support two-way communications between the Trust Board, managers and staff groups which are effective, well recognised and trusted.

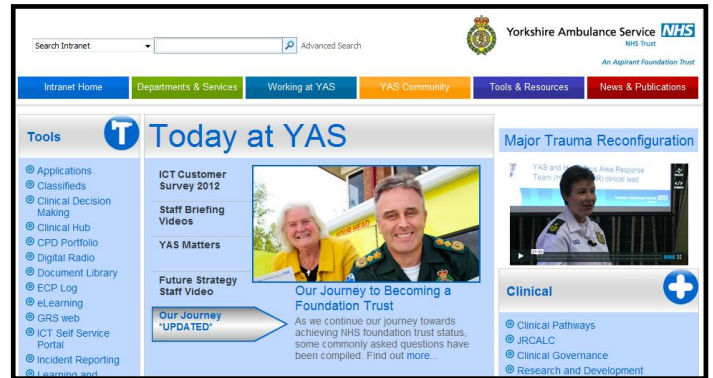


We recognise that we need to build upon this to strengthen staff engagement and these improvements are reflected in the following objectives.

## Specific Objectives - Internal Stakeholders

1. Review existing communication channels and strengthen those identified as best meeting the Trust's objectives including:

- streamlining the amount, including the number of individual pieces of information staff receive
- introducing a new system for team briefings to ensure key messages are delivered via managers and 'communications champions' and there are opportunities for staff to provide feedback
- introducing a programme of face-to-face engagement activities open to all staff groups, specifically to support Executive Team members meeting with staff to discuss the Trust's strategic direction.



2. Introduce an annual 'temperature check' exercise (online or collectively in person) where the Trust can capture the insights, views and ideas of a large, invited group to increase the level of staff engagement on key issues and help to solve challenges collaboratively.

3. Support the introduction of a 'Bright Ideas' scheme to increase the level of staff involvement in making service improvements.

4. Work with the ICT team to look at the potential of new technology in maximising the circulation of Trust messages and improve two-way communication channels, including an upgraded intranet and 'new media'.

5. Work with the Organisational Effectiveness and Education team to evaluate staff engagement activities against the CIPD employee engagement toolkit and make recommendations for improvements.

6. Continue to work with Staff-side colleagues in producing joint communications where appropriate.

7. Continue to provide communications advice and support to the Executive Team and their directorates to deliver messages about service transformation and the cost improvement programme.

8. Support the Clinical Leadership Framework by working with the Clinical Development Managers and Clinical Supervisors.

### A1.2 Patients and the Public - Influencing their expectations and analysing their experiences

YAS serves a population of over 5 million people across a diverse and dispersed geography. In addition, anyone living in Yorkshire and the Humber or visiting the area could come into contact with us.



Communication with the public is both vital and challenging and we need to be more innovative and effective in helping people to understand about using our services appropriately and educating them about what to expect from us.

Patients and their carers who use the Trust's PTS are likely to have more regular contact with the Trust and therefore engagement may be easier, although the number of people involved is high. By using existing networks, working with community representatives and harnessing new media we could extend our reach to members of the public and patients.



Public expectations of the services provided by the Trust have a direct impact on their experiences of our services. By establishing what patients and the public want and managing their expectations, we can help to improve their experiences and, in turn, the Trust's reputation.

The following objectives are intended to support the Trust's engagement with patients and the public:

### Specific Objectives

1. Shape the public expectations of our services by providing them with clear information:
  - Improved website (in conjunction with the Online team) to provide a better platform to display Trust information as well as maximise the opportunities for interaction and feedback.
  - Support campaigns change behaviour and communicate the Trust's vision of providing the right care, first time in a place that is best for patients.
  - Use of social media channels to engage with specific groups and shape online conversations about services.
  - Continue to support proactive media activity to help shape the expectations of the public and improve the reputation of the Trust.
  - Continue to support the national NHS 'Choose well' campaign.
  - Support the promotion of effective 'hands-only' cardiopulmonary resuscitation (CPR) with the public and role of volunteer community first responders.
  
2. The Trust has a duty to involve and consult patients, the public and their representatives in the way it runs and develops its services. We will do this by:
  - having an engaged and diverse FT membership delivered via the Membership Strategy
  - recognising the value of YAS's volunteers and increasing their level of engagement with the Trust to support the community engagement agenda.
  - continuing to engage with HOSCs and LINKs to provide updates on Trust services and developments and provide assurances of the Trust's commitment to listening and engaging with communities.
  - extending our community engagement programme to take account of the region's diverse population and increase the Trust's visibility with local communities through partnership opportunities and joint initiatives.
  - Focusing more closely on meeting the needs of hard-to-reach and seldom-heard groups.

## A1.3 Developing External Stakeholder Relationships

The Trust has worked hard to develop proactive engagement activities with its stakeholders, through providing regular information, meeting with key groups and undertaking appropriate joint campaigns.

There are a range of channels in place to provide two-way communications with stakeholders, but there are opportunities for improvement with existing stakeholders and particularly with the newly-emerging and influential stakeholders such as the Trust's FT members for whom a new membership newsletter will be produced three times a year.

The following objectives identify demonstrate areas of development in addition to key activities which need to be maintained.

### Specific Objectives

1. Improve knowledge and understanding of external stakeholders, their interests and areas of influence to inform stakeholder engagement messages and plans.
2. Continue to provide all existing stakeholders with regular stakeholder briefings/publications and regular opportunities to meet with Trust representatives.
3. Strengthen engagement with stakeholders across the region, recognising the importance of emerging groups and clusters and their level of influence.
4. Increase the level of engagement with Members of Parliament (MPs) and apply best practice from areas in the Trust and where partners and other organisations do this well.
5. Maintain an effective media relations function which manages reactive enquiries and delivers a proactive media programme.
6. Deliver an effective major incident communications function to ensure the Trust's meets its public warning and informing requirements of the Civil Contingencies Act 2004 including:
  - robust on-call procedures
  - a Major Incident Toolkit
  - membership and attendance at all Local Resilience Forums (LRFs)
  - a business continuity plan.
7. Revisit the Trust's corporate branding guidelines and house style to ensure there is consistency both internally and externally in representation of the Trust's brand.



## A1.4 Evaluation of Internal Communications and Engagement

Evaluation of internal communications and engagement includes:

- The volume and type of internal communications material issued (quarterly)
- Staff feedback on communication via the NHS Staff Survey (annually) and direct comments (ongoing) to gauge change
- The measurable outcome/response/action taken following the communication of specific messages eg incident reporting, change to a procedure or completing an e-learning module
- Information on intranet usage

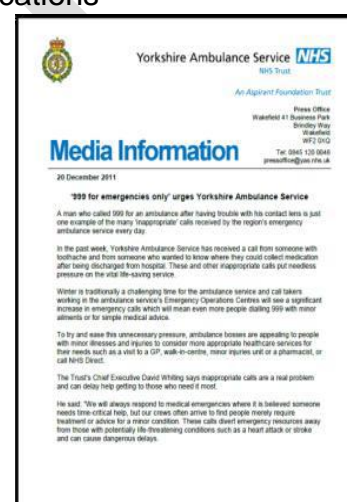
- Delivery of objectives in specific projects/service line plans
- Support for 'Bright Ideas' scheme
- Internal communications survey
- Annual NHS Staff Survey
- Bi-annual communications audit (to include focus groups and questionnaires)
- Awareness of Foundation Trust status and staff membership levels.

The evaluation of internal communications and engagement activity links closely to the approach being taken to people management and development as outlined in the new Workforce Strategy *YAS People*.

## A1.5 Evaluation of External Communications and Engagement

Evaluation of external communications and engagement includes:

- The volume and type of external communications material issued and its distribution
- Consistency of use of brand and house style in Trust communications
- Media relations activity and monitoring - the rating of coverage (positive, negative or neutral) and its Advertising Value Equivalent (AVE) - the equivalent cost of buying space devoted to editorial content (quarterly report)
- Compliance with the public warning and informing elements of the Civil Contingencies Act 2004
- Information on website usage
- Feedback from stakeholder groups including Health Overview and Scrutiny Committees (HOSCs), Local Involvement Networks (LINKs), patient groups, our NHS partners
- Feedback from the Patient Relations team - letters, emails, telephone calls (monthly activity reports)
- Levels of satisfaction in patient experience
- Hits to YAS website pages and comments from this source
- Bi-annual communications audit
- External surveys/assessments such as those from NHS Yorkshire and the Humber and Care Quality Commission
- Regular audits of public perceptions, awareness and feedback on engagement activity
- Behavioural change as a result of communications and engagement activity
- The number of 'Critical Friends' and Foundation Trust membership levels.



Feedback is built into day-to-day operational planning and every opportunity will be taken to review the effectiveness of communications, identify gaps or additional needs and review activity where necessary.