



Communication and Involvement Strategy

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1. Executive Summary

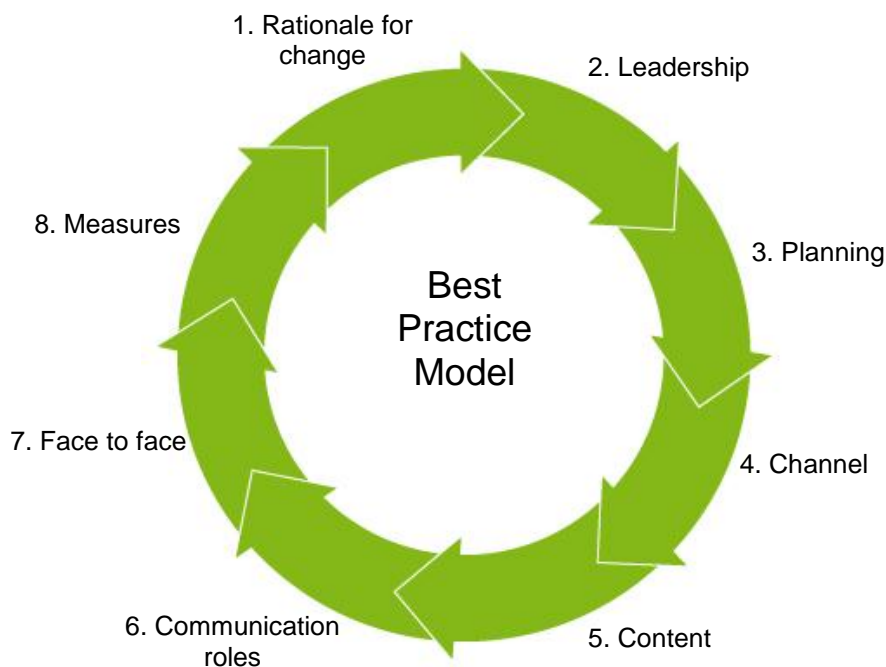
- 1.1 Greater emphasis than ever before is being placed on the importance of good communications by the NHS. David Nicholson reinforces this message in *'The Communicating Organisation: using communication to support the development of high performing organisations: 2010.'*
- 1.2 The Trust recognises that good communications are essential to maintain public confidence and trust and to ensure the effective management and safeguarding of the reputation of the NHS. For the past few years all major national policy documents have articulated the importance of good communications, including the value of good quality public information.
- 1.3 National and local surveys, including a plethora of staff and public consultations conclude that everyone wants more information about NHS services.
- 1.4 The latest National Human Resource and Workforce Development guidance cited in the *'NHS Health and Wellbeing Boorman Review: 2010'* outlines the requirement for excellent external and internal communications to help with managing change and promoting organisational development. Apart from improving morale, well informed staff can respond confidently and knowledgeably about developments when talking to people using Trust services.
- 1.5 The Cabinet Office carried out a review of the evidence base for employee engagement during 2007, as part of its work on improving engagement with civil servants across all governmental departments. It showed that engaged staff are 43% more productive, perform up to 20% more effectively and take an average of 3.5 fewer sick days a year than disengage staff.
- 1.6 Alongside the greater emphasis on good communications, the Trust is committed to creating as many opportunities as possible to involve staff, patients, carers and the public in planning, developing proposals and decision making.
- 1.7 As an aspirant NHS Foundation Trust with an ambition to achieve a license to operate in September 2010 the Trust will be actively recruiting a membership of over 17,000 people in the next five years.
 - 1.4.1 Elections will take place as required to invite members to be elected to become a Governor on the Council of Governors which will be established to support the new governance arrangements.
- 1.5 The implementation of this strategy will support a coherent approach to developing strong communication and involvement for the Trust which will be a critical success factor in terms of the current application and ongoing operation as an NHS Foundation Trust.

2. Introduction

- 2.1 This document sets out the Trust strategy to communicate and involve patients, carers and the public, local communities, stakeholders and staff.

- 2.2 The Trust is about to embark on a significant change programme during the life of this strategy 2010 to 2015.ⁱ
- 2.3 Poor communication and stakeholder involvement at times of change can leave people feeling demoralised and demotivated. This reduces both individual and organisational performance levels and sometimes confidence in leadership.ⁱⁱ This strategy will ensure strong leadership of robust corporate communications and involvement activities to mitigate this risk.
- 2.4 This strategy forms part of the ongoing proactive approach by the Trust to clearly communicate change to ensure everyone understands what is happening, what it will mean for them and how they can participate in two way communication and involvement activities.
- 2.5 The Board will be proactive in communicating and creating involvement opportunities with all staff and the communities the Trust serves. The Board will not be passive participants in the change programmesⁱⁱⁱ.
- 2.6 The Trust's Board recognise the benefits that patients, carers, the public, staff and stakeholders offer by sharing their feedback.
- 2.7 The Trust recognise the powerful impact that all staff; especially frontline clinicians as advocates can have on patients, carers and the public during communication and involvement activities.
- 2.8 To support as many staff as possible to act as Trust 'communicators'; the cascade and dissemination of a corporate suite of communication materials will take place in a phased approach during each annual cycle of work plans..
- 2.9 The Trust is a high performing organisation and has increasingly mainstreamed and embedded communication and involvement activities in most aspects of its work. This strategy forms part of the 'journey so far' involvement activities for the Trust^{iv}.
- 2.10 The Trust covers a vast geographical area comprising Cornwall and the Isles of Scilly, Devon, Dorset and Somerset. This creates a challenge to communicate and involve.
- 2.11 Technology based mediums will be exploited over the life of this strategy to maximise communication and involvement activities eg 'SWAST Twitter'^v account, website, and online interactive events such as 'web based chat rooms' which supports a best value approach.
- 2.12 The Trust will provide editorial to numerous free community newspapers to support reaching marginal groups e.g. those less well off.^{vi}
- 2.13 To ensure that details of involvement events are representative of the communities served, the means and method of communication will be dictated by social demographic modeling^{vii}.

- 2.14 The strategy will follow corporate key messages and core statements agreed by the Trust Directors^{viii}.
- 2.15 The strategy will complement this corporately led approach with differing styles and genres according to the audiences; known as social marketing. For example, while greater democracy in local healthcare may appeal to an audience of local councillors, it may not have broad appeal to younger members of the public who will be targeted with appropriate messages to 'connect' with their values and beliefs.
- 2.16 The strategy takes account of the NHS Constitution and its rights and pledges to both patients and staff.
- 2.17 The strategy will follow eight key components of a successful change communications programme which, affect and inform one another. This is a virtuous circle of communication:



- 2.18 The Board will exercise collective and personal leadership and accountability of the communication and involvement strategy.
- 2.19 Frontline staff and clinicians will play an integral role in delivering the strategy by cascading information, supporting change management programmes and participating in a wide range of community meetings or events.
- 2.20 The Trust recognise that corporate communications is not a 'bolt-on'; it is a necessary, critical and integral function to continue operating as a high performing organisation.

3. Legal requirements

- 3.1 The Trust has a duty to consult Overview and Scrutiny Committees on any proposals it may have under consideration for any substantial developments or on any proposal to make any substantial variation in the provision of services.
- 3.2 The 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).
- 3.3 The Trust is committed to delivering services shaped around the needs of patients and carers and the above legislation provides clear guidance on how the Trust will work to achieve this aspiration.
- 3.4 The vision of Professor the Lord Darzi of Denham^{ix} is to ensure an NHS that is fair, personal, effective and safe. Darzi's final report was published in June 2008^x.
- 3.5 A further important publication entitled '*Changing for the Better - DOH Guidance when Undertaking Major Changes to the NHS, June 2008*'^{xi} has been reviewed by the Directors. This report was as a result of Sir Ian Carruther's initial report on major service change published in February 2007. This was clear that patients' clinical needs must come first in any proposals.
- 3.6 The Trust will fully adhere to the guidance when planning major service changes which require consultation with key stakeholders.
- 3.7 The performance framework for this work is formalised and agreed within the annual Directorate Business Plan and will be led by the Director of Strategy and Service Development.
- 3.8 What constitutes a 'substantial development or variation' is not defined in the legislation but effective communication with Overview and Scrutiny Committees supports local decision making and agreement on change deemed 'significant or substantial'.
- 3.9 Local Involvement Networks (LINKs) play a key part in this process as they have statutory powers to refer matters to the Overview and Scrutiny Committees.
- 3.10 The duty to consult and involve patients, carers and the public as an ongoing process under Section 242 makes arrangements for stakeholders to be involved in the planning of services; developing and considering proposals for changes in the way services are provided and the decisions that affect how services operate.
- 3.11 'Involving and consulting' has a particular meaning to engage in dialogue 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. The Department of Health '*Real Involvement: Working with people to improve health services; October 2008*' strategy signaled a change on how to go about changing attitudes within the NHS and the way the NHS works rather than laying down rules

for procedures. This strategy fully aligns to the guidance laid out in *'Real Involvement'*.

- 3.12 In addition, the Freedom of Information Act means the Trust 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.^{xii}

NHS Constitution

- 3.13 The NHS Constitution was launched in July 2008 as part of the NHS Next Stage Review. It establishes the principles and values of the NHS in England. In January 2010 following the successful passage of the Health Act through Parliament, all providers and commissioners of NHS care are now under a legal obligation to have regard to the NHS Constitution in all their decisions and actions. From now on, the Constitution, its pledges, principles, values and responsibilities will be fully embedded and ingrained into everything the NHS does.

Staff rights and pledges

- 3.14 These are designed to clearly set out for the first time what the NHS expects from 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.
- 3.15 The Trust has agreed an NHS baseline toolkit which has been submitted to the NHS South West. A Board lead has been identified to take a leadership role on the further implementation of the NHS Constitution with the development of an action plan.^{xiii}

4. Definitions

- 4.1 Corporate communication can be defined as:

'a variety of management functions related to an organisation's internal and external communications channelled through a mix of press and publicity disciplines, combined with marketing communications, crisis and emergency planning.'

- 4.2 Good change management communication: *'GCN: knowledge bank 2007'* can be defined as:

'communication which addresses and satisfies the rational, political, intellectual and emotional needs of its audience, delivered in a way that is expected and appropriate.'

5. Aims, principles and values

- 5.1 By implementation of this strategy the Trust aims to:

- build understanding and support for the Trust's mission, vision, values,

strategic goals and corporate objectives;

- provide patients, the public, carers, staff and key stakeholders with genuine opportunities to influence the development of the Trust's strategy and service developments;
- demonstrate the clinical case for change in the Trust's published strategic intent;^{xiv}
- increasing understanding of the benefits of becoming an NHS Foundation Trust with a particular emphasis on the Trust continuing patient safety and quality governance agenda;
- increasing the number of members (and their engagement) with the Trust;
- highlighting and discussing risks;
- ensuring that it is easy for any member of staff, group or person (whatever their age, ability, ethnicity or gender) to provide feedback;
- ensure the Trust meets its statutory obligations;
- enhance the Trust's community image and reputation;
- ensure that staff, patients and the public, partners and stakeholders are consulted regarding significant change and their feedback taken into account;
- achieve best value for money and ensure resources are appropriately directed in the long term, thereby maximising resources for patient services and staff.

5.2 This strategy is informed by best practice principles and these will be adhered to by:

- seeking to empower individuals, groups and communities to shape emergency and urgent care and non urgent patient transport services;
- ensuring people know how they may offer feedback and become involved in shaping services;
- reaching those who may be harder to reach to have an opportunity to express their views;
- providing ample time and opportunity for people to give their views (as far as practicable as the Trust is a Category level one responder under the Civil Contingencies Act 2004 which requires immediate action under times of crisis and major incidents);
- considering and wherever possible and practicable, acting on the feedback;
- explaining why some things cannot be acted upon eg legal requirements of=r duties;
- ensuring an ethical approach to involvement eg not manipulative in any way whatsoever;
- communicating responses to views expressed to demonstrate real influence;
- communicating openly, honestly and at the earliest opportunity about successes and those things that have gone wrong and what action will be taken to put things right;
- seeking to ensure good working relationships with all communities, stakeholders and staff.

5.3 Key values underpin the strategy's aims and these are:

- openness, integrity, transparency and mutual respect;
- recognition of individual needs and circumstances;

- respect for dignity and privacy;
- equal opportunities;
- inclusivity (and the particular need to overcome physical, language, cultural and other barriers to involvement);
- joint working, sharing and learning;
- active citizenship;
- being ethical and flexible.

5.4 The Trust communication and involvement vision:

Create a ‘communicating organisation’ – emphasising the role of communications and involvement as a strategic decision making role rather than as the function that ‘does’ internal and external communications.

Ensure everyone ‘feels informed’ – highlighting the need to create processes, corporate and key messages that effectively keep everyone informed, acknowledging that true success is whether everyone ‘feels’ informed, not whether the Trust Board think everyone is or has been informed.

Support Trust values – focus on genuine two way interaction which enables staff, patients, carers and stakeholders to recognise the values of the Trust and for all staff to live out the values.

Understand the part we all play – reinforcing the duty for everyone to work at individual level, so that people can see a ‘golden thread’ from their own role to the Trust strategic goals and corporate objectives.

Building a strong sense of purpose - aligning communications to the Trust mission and vision so that everyone can relate and get involved.

Mission – ‘to respond quickly and safely to save lives, reduce anxiety, pain and suffering.’

Vision - ‘To deliver high performing emergency and urgent care and non urgent patient transport services that are responsive, safe, clinically effective, financially viable, legally constituted and well governed.’

Communicating the right things, in the right way to the right people – get the basics right and to make sure corporate and key messages are well managed, the channels of communication are fit for purpose and audiences are segmented and targeted.

6. Scope and Context

6.1 This strategy has been developed in the context of the following key publications and the overall strategic direction of the Trust:

- Our Health, Our Care, Our Say, Next Steps Review, Final Report (June 2008; Lord Darzi);
- High Quality for All (Darzi October 2008);

- Changing Times, Sustaining Long Term Performance against Call Connect for NHS Ambulance Service (June 2008; DH);
- NHS Operating Framework 2010/2011 (December 2008; DH);
- Strategic Framework for Improving Health in the South West 2008-2011 (2008; NHS South West);
- A Stronger Local Voice: A framework for creating a stronger local voice in the development of health and social care services: DOH 2006;
- Local Commissioner Strategies 2010/11;
- Taking Healthcare to the Patient (June 2005; Peter Bradley);
- Commissioning a Patient Led NHS (March 2005, DH);
- South Western Ambulance Service NHS Trust Integrated Business Plan 2010/2015;
- NHS Constitution (2008; DH);
- Operational Plans 2008/09 – 2010/11 (February 2008; SWAST);
- Performance Improvement Plan Consolidated Action Plan (2009/10; SWAST);
- South Western Ambulance Service NHS Trust Business Planning Policy 2009;
- South Western Ambulance Service NHS Trust Performance Strategy & framework 2009.

7. Service and function analysis

- 7.1 The Trust has a well respected and established strategic communications & PR team which reports directly to the Director of Strategy and Service Development. Strong relationships with the Strategic Health Authority NHS South West have been forged and full compliance with reporting requirements are in place.
- 7.2 An NHS South West parliamentary protocol has been established and is appended to this strategy at Appendix 4.
- 7.3 The Associate Director of Strategic Communication and Governance is a non voting member of the Board which positions communications and involvement as a leadership role at the most senior level in the organisation.
- 7.4 Recent changes to the structure of the team have strengthened and enhanced the function to ensure the appropriate skilled personnel are in place with adequate capacity. This model is based upon a lean management structure in line with current best practice in the NHS.

8. Information Governance

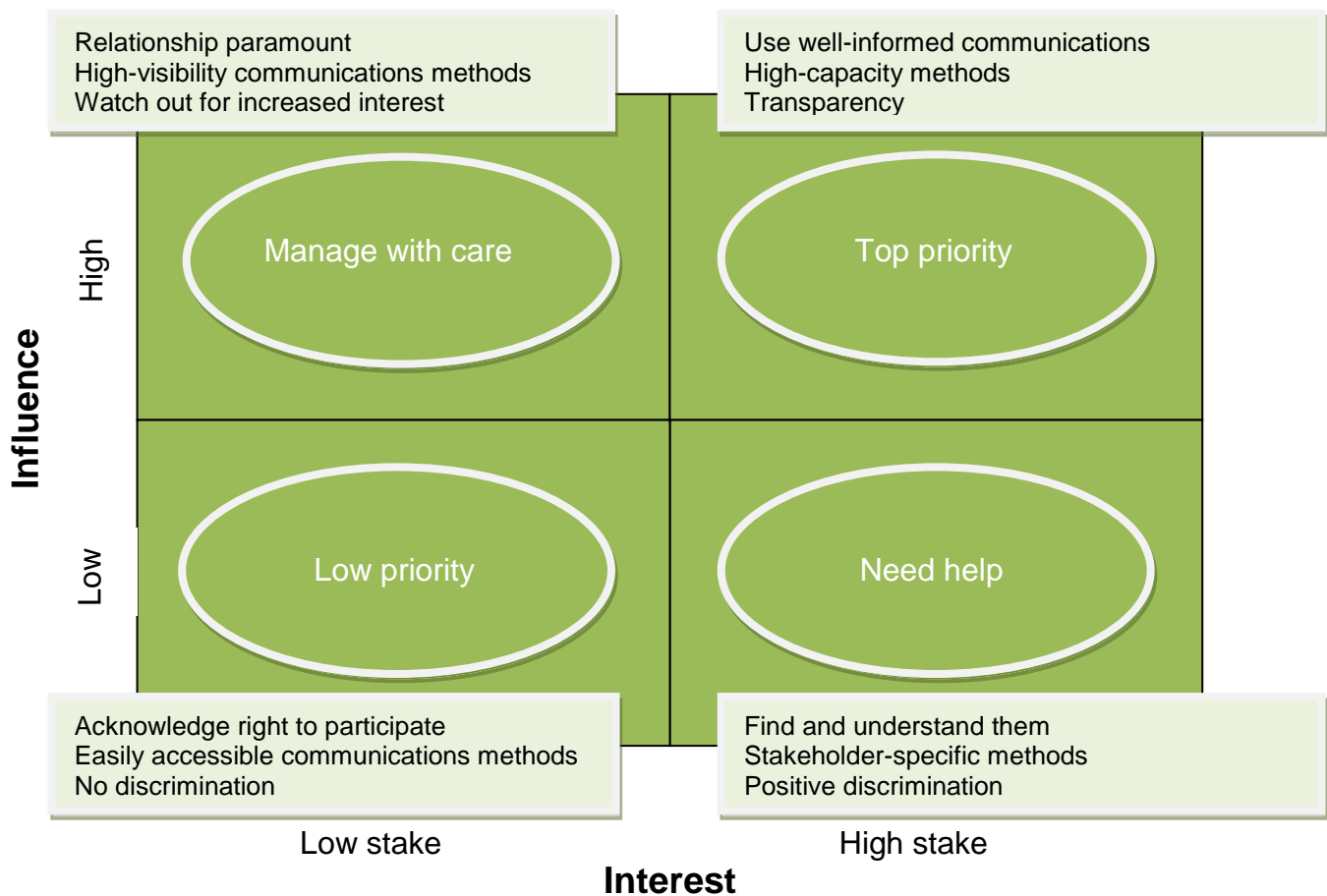
- 8.1 The Trust will continue to maintain the highest possible standards in information security and governance.
- 8.2 Staff and managerial awareness of responsibilities in the use and management of data will remain a high focus throughout the consultation.
- 8.3 The Information Governance team supports the Trust's Caldicott Guardian^{xv} and Senior Information Risk Owner^{xvi}, as well as overseeing the Freedom of

Information^{xvii} Data Protection^{xviii} and Confidentiality, Information Security and Data Quality functions.

8.4 This strategy and implementation work will be informed and guided by this function's expertise and leadership.

9. Identifying our stakeholders

9.1 An interest influence matrix will be used to identify and align stakeholders to corporate and key messages and methods. The below matrix will help the Trust to classify stakeholders in relation to the influence they hold and interest that they have in the Trust.



- **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.

10. Corporate Messages

10.1 The Trust has agreed five strategic goals which are clear corporate messages:

Strategic Goal 1: High performing

To achieve national ambulance targets by Primary Care Trust (PCT) area in a phased way over the period 2009/10 to 2014/15.

Strategic Goal 2: Right service right place right time

To implement changing patient pathways in line with national strategies. These will be emergent based on extant policy with a current emphasis on stroke and primary angioplasty.

Strategic Goal 3: Reduce A&E attendance

To continue to contribute to the NHS South West ambition of a 10% reduction per annum in A&E attendances at acute hospitals over five years.

Strategic Goal 4: To be a credible competitor for Urgent Care Services

To secure contracts for the delivery of Urgent Care Services over the period of the Integrated Business Plan, ensuring they are high quality, clinically safe, cost effective and fit for purpose, supported by innovative business partnerships to expand and grow the Trust income base.

Strategic Goal 5: To be the obvious choice for Patient Transport Services

To secure contracts for the delivery of Patient Transport Services over the period of the Integrated Business Plan; ensuring they are high quality, cost effective and fit for purpose.

10.2 The five corporate messages will be translated into key messages to act as a 'golden thread' through all Trust communications with a consistent focus on explaining what these will mean to each and every individual.

11. Message management

11.1 The Trust will strengthen message management by engaging at all levels of the organisation; especially all tiers of management. Strategic message management will:

- Provide consistency and clarity in what is being said or published;
- Embed corporate and key messages in a strategic way;
- Saying the right things at the right time and in the right way;
- Ensure leaders are on-message;
- Not overloading the audience;
- Good planning ;
- Giving greater control to all managers.

Leadership

11.2 This strategy will provide a greater level of coordination across the Trust to support the Board with visible leadership over what is being communicated by different mediums. This will involve:

- Development and communication of a Trust story board to articulate the Trust organizational development journey;
- Clear identification of key messages which translate the corporate messages through effective participation events with all levels of staff and members of the public;
- Making sure the lines of communication cascade are open, tested and used;
- Improved planning of corporate communications through the use of a 'communications calendar' to plan all significant Trust-wide communications activity, avoiding duplication, overload and timing clashes;
- Improved briefing of all managers to create consistent ownership of corporate and key messages;
- Establishing a corporate sign off for communications – each clearly defined by an editorial policy with adherence to strict corporate NHS branding;
- Identifying and sharing 'best practice' ways of structuring common communications;
- Proactively seeking human interest stories to connect with audiences.

12. Internal and External communications

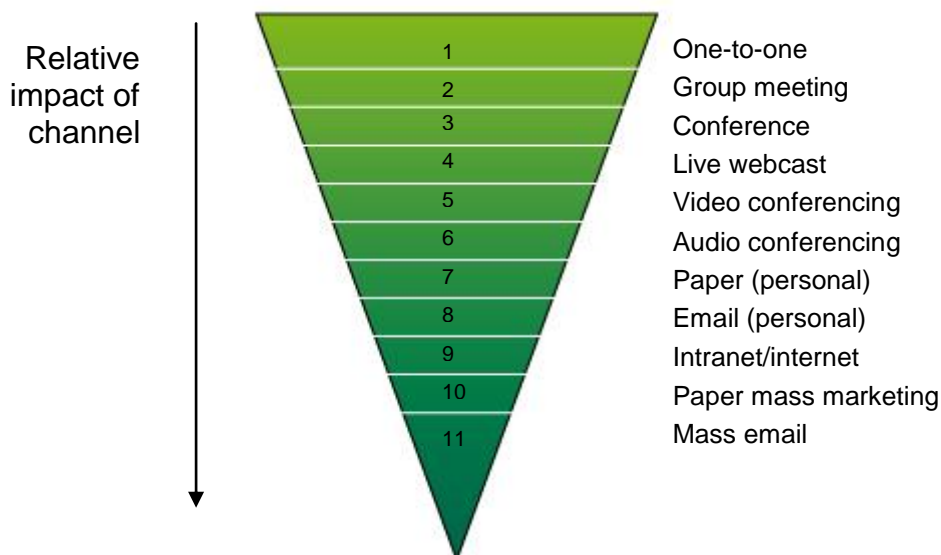
12.1 The Trust communication and involvement objectives:

External Audiences	Internal Audiences
To develop, manage and defend the corporate reputation of the Trust	
To articulate the Trust strategic intent	
To tell the Trust story of organisational development	
To support the communications developed as part of preparations for the London 2012 Olympic and Paralympic Games	
To set and manage public and stakeholder expectations of service usage	To establish effective mechanisms to ensure the regular and timely delivery of operational and management information; especially supporting frontline staff to unleash their talent to work with the media
To deliver public education and perception campaigns	To exploit corporate communication and involvement techniques as a key part of assisting the change management and organisational development processes to secure culture change
To manage the regular and timely release of information about the Trust's performance and position on key issues and swiftly correct any misunderstandings or misrepresentations	To help build staff morale by publicising, showcasing, celebrating and enjoying staff achievements and successes

External Audiences	Internal Audiences
To identify and work with key stakeholders and help keep them aware, informed and engaged with the work of Trust through targeted communications	To put in place robust mechanisms which encourage two-way and meaningful dialogue
To maintain a canon of core, up to date information about the Trust	To ensure current and important issues are communicated in a timely and appropriate manner
To introduce a (marketing discipline) to the organisation and use this to inform all aspects of service development and delivery	
Corporate PR and Communications team to become the gateway and quality control for all corporate messages and information	
To continuously review all activity to see where improvements can be made	

Channels of communication

- 12.2 The Trust has established successful channels of communications, including the Trust corporate newsletter twentyfourseven, the Chief Executive’s weekly email Bulletin^{xix}, intranet and internet sites and an innovative interactive chatroom hosted at frequent intervals between the Executive Director team and all staff.
- 12.3 A choice of channels will be exploited for all communications and involvement events which are illustrated below and depict the level of influence and impact each channel aims to achieve with number one face to face communications recognised as the best communication^{xx}.



- 12.4 Staff, members of the public and Trust aspirant Foundation members and existing stakeholders will receive information about specific opportunities to participate and feedback on communication campaigns and involvement activities via these above existing communication channels, as well as new methods identified throughout the annual planning within the Strategic and Service Development Directorate.^{xxi}

- 12.5 A stakeholder analysis has been undertaken and builds on the 5000 recipients of the Trust's quarterly newsletter 'twentyfourseven' which includes 'hard to reach' data^{xxii}.

Internal audiences

- 12.6 Mechanisms to engage with trade unions are well established and these meetings will continue to be attended by Directors eg union branch meetings, JNCC meetings and staff meetings.
- 12.7 Internal bulletins – The Trust has a Chief Executive Officer weekly bulletin^{xxiii}. This will continue to be exploited to continually build understanding and consensus for Trust strategic intent. This publication advertises helpline numbers for staff to feed in their views about any issues.
- 12.8 Intranet –This will continue to be developed.
- 12.9 Internal meeting cascade – corporate and key messages will be cascaded for all managers to present at their regular team meetings and briefings.
- 12.10 Targeted communication to all staff - targeted campaigns will be implemented and the Trust payroll system will be used to reach every member of staff.
- 12.11 Chat room - The CEO will host a series of chatroom FAQs to stimulate debate and encourage wider ownership of the changing face of the ambulance service.
- 12.12 PR mobile exhibition vehicle – face to face - The annual work programme of planned events is held in a Patient and Public Involvement calendar and these will be delivered for both internal and external audiences. These face to face events are valuable at engaging in two way conversations with both staff and members of the public.
- 12.13 Regular face to face meetings take place across the Trust and these include Board and senior manager station visits, 'out and about' visits by the Human Resources, Workforce & Education and Strategic Communications team and presentations at external and internal meetings. An annual cycle for these events will be published to raise awareness and encourage participation.

External Communications

- 12.13 PR vehicle – face to face - The annual work programme of planned events is held in a Patient and Public Involvement calendar and these are for both internal and external audiences. These face to face events are valuable at engaging in two way conversations with both staff and members of the public.
- 12.14 'twentyfourseven' the Trust's successful newsletter will continue to be distributed to the 5,000 recipients which include hard to reach groups, libraries and other public outlets. (This medium is also sent to all staff.)

- 12.15 Twitter - PR & Communication team to build on the successful Trust Twitter site to engage in social networking in order to reach a wider audience and exploit this modern phenomenon of permeating communities.
- 12.16 The Trust will continue to participate, present and debate its proposals to the eight Overview and Scrutiny Committees (OSCs), nine Local Involvement Networks (LINKs), NHS family and the community and voluntary sector by 'piggybacking' events already organised by these organisations.
- 12.17 Parish Councils - The data lists for these important stakeholders will be refreshed to ensure the Trust contact all those in the Trust operational areas.
- 12.18 Patient Panel - The Trust Board nominated and agreed two patient representatives when the Patient and Public Involvement Forum was abolished in March 2008. These representatives will support the Trust to appoint further patient representatives to continue to build a representative patient voice. The Trust's Chairman is integral to the recruitment process as lead for member and public engagement.
- 12.19 Members of Parliament, (MPs), MEPs and Peers - The Trust will ensure all MPs, MEPs and Peers in the constituencies will be informed of Trust plans. These high level stakeholders already receive the Trust twentyfourseven. A pilot project is being carried out to establish whether the Trust will invest in a liaison officer to raise the Trust profile and create networks with these important and highly influential stakeholders.
- 12.20 Air Ambulance Charities - All charities will receive a request to publish articles in their bulletins which highlight Trust news. This will include requests to display posters in their charity shops that will also target the volunteers who work in them.
- 12.21 Celebrities - The Trust will encourage celebrities to sign up to its aspirant membership as celebratory endorsement is a powerful advertising message for audiences as it captures media attention and provides 'free' editorial and broadcast time.
- 12.22 NHS and NHS Foundation Trust partner organisations - High level work streams will focus on primary care trust engagement and this will be led by the Chief Executive Officer and Director of Finance and Performance. The Chairman is contributing to this programme by meeting up with the Chairmen of Trusts and other partners which includes a calendar of Board to Board meetings for all Board members.
- 12.23 Briefings with local media - Briefings and regular press releases will be given to key media correspondents, specifically the health columnists. The Trust has a database of over 150 contacts and this includes print and broadcast.
- 12.24 Niche market - The Trust has a database of 'niche' media and these will be targeted for social marketing penetration.
- 12.25 Groups - For example, the National Farmers Union, Association of the Council of Voluntary Services, St John. The Trust will contact key groups in the area to ensure that dissemination through existing channels can be utilised eg the Council of

Voluntary Services post out hundreds of newsletters to their members and this is a good way to reach the grass roots of the population in a cost effective manner.

- 12.26 The Trust recognises that to reach larger public audiences it will need to consider other mediums such as joining up with other trusts at all levels; nationally, regionally and locally. The Trust Board will continue to participate and lead National networks.
- 12.27 Newspapers, parish magazines and other mass mediums will be used to advertise events/feedback mechanisms to reach as broad a base of audiences as possible.
- 12.28 Busy shopping centres, supermarkets, garden centres, etc provide excellent opportunities for the Trust to communicate and the Strategic Communications & PR team and frontline operations teams will carry out a planned calendar of events with the PR mobile exhibition vehicle.^{xxiv}
- 12.29 The ACORN^{xxv} geodemographic tool will be used to ensure the Trust reaches a representative section of the population. The Trust will use the Mosaic Public Sector segmentation tool at household level. Mosaic Public Sector classifies all UK households into 61 distinct lifestyle types and 11 groups which comprehensively describe their socio-economic and socio-cultural behaviour.
- 12.30 The Trust will develop a suite of communication and involvement documents (made available on request in a number of formats e.g. Braille) including easy-to-read^{xxvi} documents which adheres to the NHS identity guidelines issued by the Department of Health. This will include our website details to direct everyone to more information which also provides translation tabs to overcome language barriers.
- 12.31 Former patients will be invited to attend such activities which have proved a success at award ceremonies for the Trust.
- 12.32 Every contact with the public and staff represents an opportunity to disseminate details about the Trust and these will be exploited. For example, at community responder events or by talking to those who contact the Trust's Making Experiences Count team.

13. Aspirant Foundation Trust members

- 13.1 Effective communications and hosting events for involvement will enable dialogue, greater understanding of the Trust's strategic intent and opportunities for staff and members of the public to have their say. These two way conversations will help the Trust explain its current work to become an NHS Foundation Trust.
- 13.2 Those who are interested in attending events and who engage readily at events are also likely to be interested in becoming members of the Trust. These potential members are characterised as 'activists' or 'critical friends' or 'opinion formers' eg members of parliament, local councillors^{xxvii} and members of emerging Local Involvement Networks (LINKs) or local special interest groups.
- 13.3 Signing of membership application forms will be encouraged at every meeting with these 'activists' and 'critical friends' or 'opinion formers', eg at Overview and Scrutiny Committee meetings.

- 13.4 Council of Voluntary Services will be targeted in line with the principles of the Compact on relations between Government and the Voluntary and Community Sector.^{xxviii}

14. Resolving issues

- 14.1 The Trust is committed to respond to concerns about communications and involvement activities and where necessary correct any misleading or inaccurate information as soon as it emerges.
- 14.2 An escalation path for disputes is in place and is fully compliant with NHS complaints regulations April 2009.
- 14.3 This is accessible to all through the Trust Making Experiences Count team on 01392 261585 or www.swast.nhs.uk.

15. Evaluating success

- 15.1 The Director Group will evaluate the success of this strategy by key performance indicators.
- 15.2 This will be reported to the Trust Board and the Trust Governance committee within the Trust Patient Experience Reports.

16. Business Continuity and Resilience

- 16.1 The Trust recognise that some aspects of managing the communication and involvement strategy will represent a significant challenge for an organisation that spans such a huge geographical area.^{xxix}
- 16.2 This will be the most challenging for the centrally based administrative team, Executive and Non Executive Directors.
- 16.3 To overcome any potential threats or risks to delivery of the strategy the Trust has established a team based approach and restructured the responsibilities of the Directorate which now sit under the Director of Strategy and Service Development.
- 16.4 The Trust has purposely built into job descriptions the requirement for staff within the Strategic Communication and Public Relation teams the requirement and expectation for weekend and evening working as required to the demands of the job.
- 16.5 The Board have signed up to and regularly attend evening and weekend meetings to support as much communication and engagement with as many different people as possible.
- 16.6 The Trust has a flexible working policy which supports this approach.
- 16.7 The Trust is well experienced and is an expert in resilience and business continuity planning due to its participation and work under the Civil Contingencies Act 2004.

16.8 The Trust's proven expertise of managing a successful 24/7 emergency, urgent care and non urgent patient transport service is recognised as positioning it into a strong position for managing effective communication and involvement programmes.

17. Financials

17.1 The Trust has a budget of circa £50,000 for communications and involvement activities and marketing materials.

17.2 This will fund the printing of the suite of strategic communication materials.

17.3 The Trust has an inhouse design team which builds on a best value approach to developing communications materials.

17.4 The human resources^{xxx} and mobile exhibition vehicle are already in existence to support outreach events.

18. Risk Assessment

18.1 The main risks to this strategy are as detailed below:-

- Resourcing escalatory action plan (REAP) – the impact of the summer, winter and REAP on the workforce is not quantifiable in terms of cancellation of meetings or the Trust's ability to meet all the requirements;
- There are other NHS Trusts within the region who are targeting audiences with messages and this may create communication and involvement fatigue and potential lack of ability to engage with representative audiences.

18.2 Plans are in place to mitigate these risks by ensuring good communication links with the local health economy and all other relevant organisations. To mitigate these risks the Trust intend to 'piggyback' other activities.

19. Responsibilities

19.1 Individual responsibilities for aspects of the strategy are set out below:

Trust Board

19.2 The Trust Board will be responsible for:

- fully participating in the communication and involvement activities;
- ensuring appropriate structures are in place to implement the strategic plans;
- committing those financial, managerial, technological and educational resources necessary to adequately control identified risks;
- act as ambassadors and help champion corporate messages.

Chief Executive

19.3 On behalf of the Trust Board:

- is accountable for ensuring that the requirements of the strategy are appropriate and meet the needs of the Trust and its strategic goals and corporate objectives;
- will hold the Director Group to account for implementation of the strategy;
- will ensure adequate funding for specialist advice e.g. legal advice;
- will take steps to secure resources for the implementation of associated controls following risk assessment;
- act as ambassador and help champion corporate messages.

Executive Directors

19.4 Executive Directors have responsibility for ensuring that:

- the strategy and subsequent communication plans are understood, cascaded and supported within their own directorate;
- managers and staff co-operate in applying this strategy throughout their directorate with the involvement of the Strategic Communications and Public Relations teams;
- they fully participate in communication and involvement activities;
- act as ambassadors and help champion corporate messages

Managers

19.5 Managers are responsible for raising awareness of the strategy within their own area. Responsibilities include:

- acting upon any significant hazards and risks identified during the normal course of their duties which may pose a threat to the delivery of the strategy;
- reporting any risks that they cannot adequately control, as well as anomalies, to the appropriate senior manager e.g. unresolved workforce issues within their locality which may affect the communications or activity delivery at public meetings;
- encouraging staff awareness and ownership of the strategy and associated documents;
- act as ambassadors and help champion corporate messages

Foundation Trust Executive lead

19.6 The Associate Director of Strategic Communications & Governance will ensure:

- the strategy adheres to the law and best practice;
- the suite of communication and involvement materials meets the needs of all groups with particular attention and effort to address the needs of 'hard to reach';
- the strategy and work plans are implemented;

- regular surveillance and monitoring of the work plans to ensure maximum effectiveness;
- regular reports and updates are provided to the Directors Group and Board on key performance indicators;
- act as ambassador and help champion corporate messages

Senior communications lead

19.7 The senior communications lead is responsible for:

- ensuring the strategy reflects the needs of the communications and involvement processes;
- managing the annual calendar of events and coordinating the 'Corporate Messages Register';
- preparing communications handling plans in line with the Department of Health requirements;
- managing relevant staff participation at the events and meetings;
- managing the advertising and links with the media;
- act as ambassador and help champion corporate messages

Membership Manager

19.8 The Membership Manager is responsible for:

- managing the membership database;
- overseeing the representative membership growth trajectory is met;
- managing the dissemination of communications to the membership;
- liaising with the Chairman regarding the communications to the membership and Council of Governors;
- managing and dealing with the day to day front office liaison for all membership enquiries;
- managing election processes and all associated communications;
- act as ambassador and help champion corporate messages

Employees

19.9 Employees are responsible for:

- receiving information about corporate messages and processes for communications and involvement events;
- cascading and disseminating corporate messages, acting as a signpost to the Strategic Communication and PR office based at Trust HQ in Exeter, Devon;
- participating constructively in communications and activities;
- act as ambassadors and help champion corporate messages.

20. Governance and Monitoring

- 20.1 The model below describes the governance arrangements for delivery of the strategy and annual work plan. The Director of Strategy and Service Development will report to the Director group which reports to the Board.



- 20.2 Monitoring reports will be prepared for the Director Group and the Board throughout the annual work plan cycles.

21. Implementation Plan

- 21.1 Appendix 3 details the implementation plan for the strategy.

22. Risk Register

- 22.1 The risks identified as part of annual work plans will be passed to the Trust's Risk Manager for incorporation onto the appropriate Risk Registers which will be monitored by the Trust's Risk and SUI Watch Group that meets weekly and reports to the Director Group.

Market Assessment

- 22.2 The Trust has a Strategic Planning Group who carry out horizon scanning and business intelligence surveillance which highlight other key communications and involvement events taking place across the south west. This will ensure coherent liaison and communications are in place to minimise public confusion.

23. Reputation Management - Patient & Public Involvement & Staff

- 23.1 The process for patient and public involvement has been integrated within this strategy to streamline processes and provide stronger corporate control.^{xxxi}

23.2 The process for staff involvement has been integrated within this strategy to streamline processes and provide stronger corporate control.

23.3 The strategy's specific purpose is to propose actions to bring about meaningful two way communication, community engagement and involvement with:

- staff and volunteers;
- aspirant NHS Foundation Trust members;
- commissioners;
- NHS Trusts;
- NHS Foundation Trusts;
- Strategic Health Authority – NHS South West;
- Health Overview & Scrutiny Committees (8)^{xxxii};
- Local Involvement Networks (9);
- social care;
- community, voluntary and public interest groups
- all members of the public;
- all other legitimate or relevant interested parties or bodies^{xxxiii}.

24. Associated documentation

24.1 This strategy links to:

- Trust Integrated Business Plan;
- Performance Framework and Strategy;
- Investment and Finance Strategy;
- HR & Workforce Development Strategy;
- Estate & Facilities Strategy;
- I&MT Strategy;
- Quality Strategy – draft format at time of writing this document;
- Clinical Effectiveness Strategy;
- Risk Management Strategy and Process;
- NHS Foundation Trust Project Plan;
- NHS Foundation Trust Communications Protocol;
- Trust Information Governance strategy;
- Trust Governance strategy;
- NHS Foundation Trust membership strategy.

25. Monitoring and Review

25.1 This strategy will be subject to monitoring and review by the Trust's Director Group, Governance Committee and Board.

Appendix 1 - Campaign Calendar

Introduction

A planned calendar of campaigns is devised each year by the Trust. The aim of the calendar is to exploit a number of engagement methodologies to reach as many communities as practicable, especially those traditionally deemed 'hard to reach'.

Activities are listed in date order. Details on the calendar are subject to change as the document is dynamic to ensure participation in events deemed high priority for the Trust.

Draft calendar of campaigns

Name of Campaign	Type	Length	Start date	Finish date	Date scheduled	Completed?	Date
I may die without a little help from my friends	SWAST						
Dying for a laugh	SWAST						
SWAST Campaign	SWAST						
Postcode campaign	SWAST						
Know your number	SWAST						Adrian South
Careless Calls Cost Lives	SWAST	Ongoing			As & when		
Know Where to go?	SWAST						
Sea Sense	SWAST	Summer months	June	September			
Sun Smart	SWAST						x
Zero Tolerance	SWAST						
Playing with Fire	SWAST						

Campaign information 2010

Name of Campaign	Type	Length	Start date	Finish date	Date scheduled	Completed?	Date
Stroke Awareness Campaign	Public Health	Ongoing	May 2010				x
Antibiotics	Public Health	Ongoing	November 2010	Unknown			x
Catch it, bin it, kill it	Public Health	Ongoing	November 2008	Unknown	27 February		
Self injury	Public Health	Day	1 March 2010	1 March 2010			x
Eating Disorder Awareness	Public Health	Week	22 February 2010	26 February 2010	25 February		x
No Smoking	Public Health	Day	10 March	10 March			x
Depression week	Public Health	Week	17 April 2010	23 April 2010	6 April		x
Stroke Day	Public Health	Day	18 April	18 April	14 April		
Save a Baby	Public Health	Month	1 May	30 May			
Deaf Awareness week	Public Health	Week	3 May 2010	10 May 2010			x
Tackling drugs week	Public Health	Week	June 2010	June 2010			x
National Epilepsy Week	Public Health	Week	13 June 2010	19 June 2010			x
Fraud Awareness Month	Public Health	Month	1 June	30 June			

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Communication and Involvement Strategy




Name of Campaign	Type	Length	Start date	Finish date	Date scheduled	Completed?	Date
Male Cancer, inc men's health week	Public Health	Month	1 ⁴ June 2010	20 th June 2010			x
Breathe Easy Week	Public Health	Week	14 June 2010	20 June 2010			x
Diabetes week	Public Health	Week	14 June 2010	20 June 2010			x
Child Safety	Public Health	Week	21 June 2010	27 June 2010			x
Falls Day	Public Health	Day	21 June 2010	25 June 2010			x
Transplant week	Public Health	Week	4 July	11 July			x
Suicide Prevention	Public Health	Week	10 September 2010	17 September 2010			x
Know your Numbers	Public Health	Week	TBA	TBA			x
Rural Health	Public Health	Week	19 September 2010	25 September 2010			x
Breast Cancer	Public Health	Month	1 st October 2010	31 st October 2010	25 September		x
Alcohol Awareness Week	Public Health	Week	October 2010	October 2010			x
Flu immunisation	Public Health	Winter	Ongoing	Ongoing			x

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Name of Campaign	Type	Length	Start date	Finish date	Date scheduled	Completed?	Date
Road Safety	Public Health	Week	23 November 2010	28 November 2010			x
Ask about medicines	Public Health	Week	TBC	TBC			
CO Awareness Week	Public Health	Week	TBC	TBC			
World Diabetes Day	Public Health	Day	14 November 2010	14 November 2010			x
Keep warm keep well	Public Health	Winter	Ongoing	Ongoing			x
World Aids Day	Public Health	Day	1 st December 2010	1 st December 2010			x
Dementia Awareness	Public Health	Three weeks	2 March 2010	22 March 2010			x

Appendix 2 - Stakeholder Descriptors

Key

-  Categories that appear more than once
-  Clarifies a relationship between categories
-  No Sub-type defined at present

Sector	Type	Sub-type	Explanation
Currently Uncategorised			
Education	College		
	School	Primary	
	University		
Emergency Services	Coastguard		
	Fire		
	Police		
	Other Law Enforcement Agencies	Probation Services	
	Armed Forces		
	RNLI		
Employee Representative Organisation	Trade Union	Farming Community	
Government	Local Politician	Local Politician	
	Members of Parliament		
	Government Offices for the South West		
	Regional Development Agency		
Healthcare Professionals	GPs		
	Care / Support		
	Disabled Group		Non-local authority disabled group
	Hospital		
	Mental Health Group		Non-local authority mental health group
	Opticians		
	Pharmacy		

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Sector	Type	Sub-type	Explanation
	Specific Medical Group		e.g. osteoporosis group, cancer support etc
Local Authority	Advisory		e.g. Connexions organisations
	Unitary Authority		
	Borough Council		
	City Council		
	Council		
	County Council		
	District Council		
	Social Services Departments		
	Parish Council		
	Care / Support		Local Authority care / support organisation
	Disabled Group		
	Mental Health Group		
	Specific Medical Group		e.g. osteoporosis group, cancer support etc
	Traveller Group		
	Young People		
Media			
NHS Organisation	Acute		
	Ambulance Service		
	Health Authority		
	Mental Health Group		
	Other		
	Partnership Trust		
	Primary Care Trust		
	Strategic Health Authority		
Other	Environment		
	Public		Members of the public on existing databases
Regulatory Bodies	Overview and Scrutiny Committee		
	Audit		
Voluntary Sector / Charities / Community Groups	Air Ambulance	Charity	
	Local Involvement Networks	LINKs	9 across Trust area
		LINKs Host	Community groups

South Western Ambulance Service NHS Trust
Communication and Involvement Strategy

Sector	Type	Sub-type	Explanation
		Organisations	
Hard to reach groups	Black and Minority Ethnic (BME) Group	Voluntary Sector	
	Disabled Group		
	Neighbourhood Watch		
	Elderly People		
	Faith Group	Islamic	
		Orthodox Hebrew	
		Sikh	
	Mental Health Group		
	Refugee / Immigrant Group		
	Sensory Impairment Group	Hearing Organisation	
		Sight Organisation	
	Specific Medical Group		
	Traveller Group		
	Young People		
	Age Concern		
	Youth groups		
	National Farming Union	NFU	
Contactors / Suppliers			Companies supplying the Trust with goods/services

Appendix 3 - Implementation Plan

Requirement	Action	Timescale	Responsibility
Engage staff with communications and involvement strategy	Strategy of the Week in Chief Executive's Bulletin	March 2010	Associate Director of Strategic Communications & Governance
Articulate the Trust's organisational developmental journey	Develop and communicate a Trust story board with support of external consultant	25 February 2010	Associate Director of Strategic Communications & Governance
Clear identification of corporate and key messages	Host effective participation events with all levels of staff and members of the public	March 2010 and ongoing	Associate Director of Strategic Communications & Governance
Improve planning of corporate communications	Develop and use a 'communications calendar' to show and plan all significant Trust-wide communications activity, avoiding duplication, overload and timing clashes	April 2010	Associate Director of Strategic Communications & Governance
Create consistent ownership of corporate and key messages	Improve briefing of all managers	Ongoing	Associate Director of Strategic Communications & Governance
Adhere to strict corporate NHS branding	Establish a corporate sign off for communications	May 2010	Associate Director of Strategic Communications & Governance
Ensure a representative population is communicated with	Use ACORN geodemographic tool and Mosaic Public Sector segmentation tool to target hard to reach groups	Ongoing	Associate Director of Strategic Communications & Governance
Identify and revise our stakeholders	Use the interest influence matrix to identify and align stakeholders and Stakeholder Descriptors document.	October 2010	Associate Director of Strategic Communications & Governance
Ensure stakeholders are communicated and consulted with	Participate, present and debate its proposals to the eight Overview and Scrutiny Committees (OSCs), nine Local Involvement Networks (LINKs), NHS family and the community and voluntary sector by "piggybacking" events already organised by these organisations. Carry out a pilot project to establish whether to invest in a liaison officer to raise the Trust profile and create networks with MPs, MEPs and Lords	Ongoing April 2010	Associate Director of Strategic Communications & Governance



Parliamentary Questions – Communications Protocol NHS South West & South Western Ambulance Service NHS Trust

Overview

MPs can ask the Government questions to be answered in person by a Minister (Oral Questions) or in writing (Written Questions). For all queries relating to NHS Trusts and services, requests are initially directed to the local strategic health authority, which for South Western Ambulance Service is NHS South West.

For further information please access the following link and download the detailed fact sheet.
<http://www.parliament.uk/documents/upload/P01.pdf>

NHS South West

NHS South West is one of the ten new Strategic Health Authorities in England. Formed on 1 July 2006, the new organisation replaces the three former Strategic Health Authorities (Avon, Gloucestershire, Wiltshire; Dorset and Somerset; and the South West Peninsula).

The new authority oversees the largest region in England – stretching from Land's End to Tewkesbury, with a total population of over five million, and provides strong leadership to drive forward major change to the NHS. These changes bring strong benefits to patients as evidenced by the authority now ranking in the top quartile of performing SHA's in the country.

NHS South West works with over 40 NHS organisations in the region to improve services for NHS patients, ensuring more patients are cared for at home, by highly skilled ambulance clinicians, in new modern primary care facilities and in new generation community facilities. The strategic authority also ensures all NHS Trusts are fit for purpose and delivering ambitious targets. It plays an integral role with Trusts in supporting those eligible to apply to gain the much coveted foundation status

South Western Ambulance Service NHS Trust

South Western Ambulance Service NHS Trust provides ambulance and urgent care and non urgent patient transport services for the residents and transient population of Cornwall and Isles of Scilly, Devon, Dorset and Somerset.

South Western Ambulance Service NHS Trust

Geography	
Area covered (Square kilometres)	18,082
Static population	2.9 million
Kilometres of road	32,559
Kilometres of coastline	1,331

Visitors to the West Country (Million)	UK	Overseas
Cornwall and Isles of Scilly	4.8m	260,000
Devon	7.4m	400,000
Somerset	2.9m	450,000
Dorset		320,000
Source: South West Tourism		

The Communications Protocol

In order to ensure that any request for information is dealt with promptly and efficiently, it is imperative to ensure that protocols are established between NHS South West and the South Western Ambulance Service NHS Trust. Information release must be clear, accurate, timely and relevant. It is in this vein that the following has been mutually agreed as best practice between both the Trust and strategic health authority.

1. Request received by NHS South West or directly by the South Western Ambulance Service NHS Trust.
2. A deadline for the receipt of information to be agreed and communicated – this is currently to a deadline of four hours or before wherever practicable.
3. The information is sourced and submitted to NHS South West directly for onward dissemination (unless the Trust has been approached directly, in which case NHS South West colleagues will be sent a copy of the information).
4. The information relating to the broadcast/publishing of this information will be communicated via e-mail network to all Directors (including non executive), Business Managers and Heads of Department.
5. The quarterly patient experience report will contain a section entitled 'parliamentary questions' highlighting topic headings to ensure the Board is aware of political interest matters. These will also be included in press alerts with effect from June 1st 2008.

South Western Ambulance Service NHS Trust
Communication and Involvement Strategy

Key Contacts for NHS South West & South Western Ambulance Service NHS Trust					
Name	Job title	Organisation	Contact number(s) (during office hours)	Contact number(s) Out of hours	Contact e-mail address
Lynne Paramor	Associate Director of Strategic Communications & Governance	SWAST	01392 261509 07977 570077	07977 570077	Lynne.paramor@swast.nhs.uk
Melodie Juste	Senior Press Officer	SWAST	01392 261506 07866 254068	n/a	Melodie.juste@swast.nhs.uk
Jeremy Bourgein	Web Officer	SWAST	01392 261523	n/a	Jeremy.bourgein@swast.nhs.uk
Rachel Gibbons	Briefings Manager	NHS South West	01823 3611374	n/a	Rachel.gibbons@southwest.nhs.uk
Gillian Humphrey	Media Relations Manager	NHS South West	01823 361365 07747 476004	08445 605265	Gillian.humphrey@southwest.nhs.uk
Jonathan Cramp	Media Relations Manager	NHS South West	01823 361362	0844 5605265	Jonathan.Cramp@southwest.nhs.uk

Signed:



Name:

Andrew Milward

Designation:

Director of Corporate Affairs and Communications

NHS South West

Signed:



Name:

Lynne Paramor

Designation:

Associate Director of Strategic Communications and Governance

South Western Ambulance Service NHS Trust

Appendix 5 - SWOT Analyses

Strengths	Weaknesses
Communication and Involvement Strategy compliant with: 'The Communicating Organisation: using communication to support the development of high performing organisations: 2010' Real Involvement : working with people to improve health services, 2008' Code of Practice on Consultation Better Regulation Executive July 2008; 'Changing for the Better' DH May 2008; NHS Consultation Institute Charter 7 best practice standards; NHS Ambulance Service Trusts' Good Practice Toolkit October 2008.	Large geographical area to cover with small executive team to reach all relevant stakeholder groups across a variety of statutory, non statutory and hard to reach groups within a mixed urban and rural area with poor road networks
Board commitment to good internal and external communication	Geographically dispersed organisation with 65 Trust sites and 24/7 operations
Positive working relationships with commissioners and other emergency services	Limited amount of time available to receive, digest , pass on information to receive corporately signed off feedback
Top performing ambulance service with commitment to delivery of continuously improving high quality patient care	Cultural shift still not sufficiently developed e.g. pockets of staff inertia to modernisation agenda
Good communications with management and Trust Trade Union representatives	National influences can upset local relationships by skewed messages
Successful facilities and methods for disseminating information e.g. staff portal, website, weekly electronic bulletins etc	Pockets of lack of personal ownership and responsibility for effective dissemination and cascade of corporate communications
Generally good relations with the 153 print and broadcast media across the area	Inconsistent communication facilities across Trust which can lead to occasional inaccurate messages to media
Wide recognition of the need to continually seek to raise awareness of Trust communications channels that carry corporate messages	Lack of capacity, both in fiscal and human terms within communications team e.g. smallest NHS team in the south west compared to PCTs capacity

Opportunities	Threats
Opportunities to exploit information from local, regional, national, specialist and niche media	Trust messages can be distorted through any media
Important messages can be reinforced through a variety of diverse channels	Reluctance of some staff to enter into dialogue with managers; reluctance to constant NHS reorganisations
Improved relationships with PCTs, Social Services and other key stakeholders	Grapevine can distort accuracy of information
Project groups provide opportunities for communication outside line management channels	Stretched management, support functions and resources can make communications difficult
Central requirement for PPI, E&D, public health and staff involvement in all NHS organisations	Some staff not confident or trained at ethical engagement , public health & PPI techniques
Potential to build a culture of openness, honesty and accountability	Some staff fear change so lack of buy in for culture shift
New learning opportunities to exploit and develop	
More empowered staff and members of the public	

Appendix 6 - PESTEL Impact Assessment (Political, Economic, Social, Technological, Legal and Environmental)

External Factor	Impact for Trust	Implications for SWAST
Political		
Recent local elections have seen a change of membership for SWAST nine Overview and Scrutiny Committees with Somerset County Council abolishing their Committee	Negative	Relationships built up within past three years are lost so Trust must work hard to re-engage with new Committees
General Election There will be a general election in the United Kingdom in May 2010, with a reasonable possibility that this could result in a change in government. Prior to the recent economic downturn the policies of the opposition were not vastly different to those of the Government with regards the development of Foundation Trusts.	Neutral Unknown	Uncertain what impact this would have coupled with the recession.
NHS Next Stage Review The vision that, 'every member of the public should be able to expect integrated local services that provide access to urgent care, 24 hours a day and 365 days a year', was established in the NHS Next Stage Review	Negative	Consultees may be confused by who does what e.g. recent consultation by PCTs for provider and commissioner splits, Trust consultation for becoming an NHS Foundation Trust alongside other aspirant NHS Foundation Trusts
Economic		
Economic downturn and recent reports of minority of failing FTs	Negative & Positive	Confusion with members of the public on Trust's focusing on performance and finance whilst neglecting patient experience SWAST opportunity to openly engage and clarify the benefits of becoming an FT with quality governance high on the agenda
PTS market testing late 2008 early 2009	Negative & Positive	Negative media coverage of PTS late 2008 early 2009 Positive outcome for SWAST to modernise PTS to requirements of commissioners
Social		
Equality Trust has lowest population density of any English region of 220 residents per sq km, the oldest age profile of all English regions. Office for National Statistics show that 92% of the region's population classed themselves as White British in 2007, second highest of all English regions after the North East.	Negative & Positive	Potential difficulty in reaching ethnic populations for consultation feedback. Opportunity to engage with hard to reach 'older' audiences.

South Western Ambulance Service NHS Trust
Communication and Involvement Strategy

External Factor	Impact for Trust	Implications for SWAST
Technological		
Web and Mobile Technologies Wider access to and distribution of information within and external to Trust through the use of web, intranet and mobile technologies.	Positive	Opportunity to provide a comprehensive communication and involvement and recruit members across the 4 counties; including hard to reach e.g. website has translation tabs to break down barriers for those whose first language is not English. New innovation of Internal chatroom hosted by Executive team to enable 'real time' two way conversations for Q&As with staff.
Legal		
SWAST draft Constitution	Positive	Opportunity for Trust to explain the more accountable and locally owned governance structures of FTs via bespoke constitutions which comply with Monitor Model Constitution
NHS Constitution (Health Bill introduced in Parliament on 15 January 2009) with successful passage in January 2010	Positive	Opportunity for Trust to demonstrate commitment and explain the wider benefits of the NHS Constitution, its rights pledges and adoption of NHS values.
Data Protection Act	Positive	Opportunity to demonstrate how patients and members of the public details are kept safe by SWAST. Investment in Capital who are proven safe organisations at holding large membership data sets safely and securely.
Freedom of Information Act	Positive	Improvements to document storage and management. More transparency as responses will be posted onto the website. Publication Scheme also holds more information for members of the public to scrutinise the Trust.
The Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000	Positive	Unlawful for the Trust to treat a person less favourably than another on racial grounds and place a general duty on specified public authorities to promote race equality and good race relations. The Trust is compliant with the law and has an Equality and Diversity Strategy and an Equality Scheme.
The Sex Discrimination Act 1975 as amended by the Equality Act 2006	Positive	Places a duty on public authorities to promote equality of opportunity between men and women. The Trust is compliant with the law and has an Equality and Diversity Strategy and an Equality Scheme.

South Western Ambulance Service NHS Trust
Communication and Involvement Strategy

External Factor	Impact for Trust	Implications for SWAST
Section 244 NHS Act 2006	Positive	Requires NHS organisations to consult Overview and Scrutiny Committees on substantial variations and developments to health services. This strategy is being implemented to comply with the law.
The Disability Discrimination Act 2005	Positive	Places a duty on public authorities to eliminate unlawful discrimination. The Trust is fully compliant with the law and has an Equality and Diversity Strategy and an Equality Scheme.
Environmental		
Reduction in carbon footprint The NHS responsibilities for reducing carbon emissions are outlined in the NHS Carbon Reduction Strategy, Saving Carbon Improving Lives. The South West SHA has set specific targets to reduce CO2 emissions by 15%.	Negative & Positive	Acceptance of strategic intent for SWAST who rely on their fleet to deliver services. Opportunity to engage in public debate about the 'changing face of ambulance services' and their future service models designed to reduce conveyance.

Appendix 7 - Equality and Diversity Impact Assessment

Please refer to the South Western Ambulance Service NHS Trust Equality Impact Assessment Practical Guidance and Procedure Document (February 08) for further information on how to complete this assessment.

Part 1 - Screening Form - Equality Impact Assessment

Please note: This form can only be completed by someone who has received appropriate training

1. **Name and title of individual (s) completing assessment:**
Lynne Paramor, Associate Director of Strategic Communications and PR
2. **Contact Telephone:** 01392 261509 or 07977 570077
3. **Directorate and service area(s):** Strategy and Service Development
4. **Name of document/service to be assessed:** Communication and Involvement Strategy
5. **Is this a new or revised document/service?** Yes new
6. **Assess for relevance against equality and diversity issues**
Does the document/service have an impact on equality groups whether they are patients, staff, carers, visitors or the public? For guidance please see 12.3 or contact the Equality and Diversity Lead.

Equality Group	Positive	Negative	Neutral	Assessment of Impact
Age	Yes			Targeted information at different age bands are planned within communication and involvement annual calendar, including special interest groups e.g. Age Concern, learning disabled People in Partnership, Youth groups etc to ensure capture of as diverse views as possible.
Gender	Yes			Distributions of male/female needs are supported.
Race/Ethnicity	Yes			Recognition that the ethnicity balance needs to reflect the communities served. The Trust has invested in Capita who use Acorn profiling which will help target information. Events are planned at particular ethnic meetings e.g. Respect festival
Sexual Orientation	Yes			There is no impact in relation to sexual orientation e.g. everyone to be encouraged to contribute
Religion or belief	Yes			Overarching faith group meeting to be targeted which includes all faiths
Disability	Yes			The Strategy includes any

Equality Group	Positive	Negative	Neutral	Assessment of Impact
				adjustments to for those attending events or meetings. Communication and involvement suite of materials developed to cater for differing needs e.g. easy read document, other formats such as Braille (Trust consultation team has visually impaired officer who is helping develop materials to support this group from a user perspective)
Deprivation	Yes			Social marketing techniques will be used to target less well off and Capita will support this work as they identify demographic groups for mailing or deliberative events. Trust has overarching public health strategy which sets a framework for intended approach.
General (Human Rights)	Yes			Communication and Involvement processes are informed by Trust equality Strategy to oversee the Trust does not breach Human Rights. Trust is fully compliant with the Information Commissioner requirements of achieving a level 2 for the Information Governance Toolkit which is managed by a dedicated Information Governance team. The Trust has an action for embedding the NHS Constitution.

Signature:

Date: 25 February 2010

10. Meeting the legal duty

10.1 Does the document/service provide an opportunity to promote equality of opportunity and promote good relations between the equality groups?

Signature(s):

Date: 25 February 2010

End notes

- ⁱ Details are listed in the Trust Version 3 Integrated Business Plan February 2010.
- ⁱⁱ DH communications, engagement and change 2007
- ⁱⁱⁱ Changing for the better; DH May 2007
- ^{iv} Real Involvement: working with people to improve health services: October 2008
- ^v Twitter is a privately funded startup with offices in the SoMA neighbourhood of San Francisco, CA. Started as a side project in March of 2006, Twitter has grown into a real-time short messaging service that works over multiple networks and devices.
- ^{vi} Marginal groups, also known as hard to reach, are defined at Appendix 2 of this strategy.
- ^{vii} The Trust has commissioned Capita and carried out an independent Market Assessment to assist with demographic profiling, as well as publishing a public health strategy which profiles its communities.
- ^{ix} Vision set out in the Department of Health report '*Our NHS, Our future: NHS next stage review interim report: October 2007*'
- ^x Department of Health report '*High Quality Care for All, NHS Next Stage Review Final Report June 2008*'
- ^{xi} Available from www.dh.gov/publications
- ^{xii} Other relevant legislation includes:
- Local Government and Public Involvement in Health Act 2007;
 - Independent Reconfiguration Panel best practice guidance 2008;
 - Judicial Review guidelines 2005;
 - 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).
- ^{xiii} Trust NHS Constitution action plan agreed at Directors 16 February 2010
- ^{xiv} Changing for the better : pg 9 May 2007 DH
- ^{xv} Caldicott Guardian is: advisory, the conscience of the organisation, provides a focal point for patient confidentiality and information sharing issue, is concerned with the management of patient information;
- ^{xvi} SIRO is accountable, fosters a culture for protecting and using data, provides a focal point for managing information risks and incidents and is concerned with the management of all information assets.
- ^{xvii} Corporate data;
- ^{xviii} Personal data
- ^{xix} Ranked as the most informative and reliable source of communication for the Trust in the latest staff survey results of 07/08.
- ^{xx} DH www.nhsidentity.nhs.uk 2007
- ^{xxi} Roger Silver and John McKay research project funded by the NHS Executive 1994
- ^{xxii} Data list has over 5000 recipients to date
- ^{xxiii} To date the public relations team have lead this initial drive and are to be congratulated for securing just over 1000 members. Special recognition must be given to Donna Bamford, David Rogers and Tom Stacey who have worked tirelessly to achieve this first tranche of members throughout the Summer of 2009.
- ^{xxiv} July 2009 Bournemouth 999 emergency services event with Comms and PR team and mobile exhibition unit
- ^{xxv} ACORN is the leading geodemographic tool used to identify and understand the UK population and the demand for products and services
- ^{xxvi} Easy read is designed for learning disabled audiences and the Trust has already produced such materials with users and carers of which the audit commission has reported are best practice materials; April 2009
- ^{xxvii} A database of local councillors and members of parliament will be developed to target for membership sign up.
- ^{xxviii} www.thecompact.org.uk
- ^{xxix} Monitor representative officers acknowledged the challenge to aspirant Ambulance Services within the debates tables within the specially prepared seminar called 'Ambulance Extra Event' in November 2008 run by the North East Ambulance Service with input from the Department of Health, Monitor and external consultants KPMG.
- ^{xxx} The Trust are taking a team based approach with all staff encouraged and supported to attend events in their local community to deliver a corporate presentation on the FT application to encourage as many views as possible
- ^{xxxi} www.swast.nhs.uk, board papers Nov 07
- ^{xxxii} Somerset County Council no longer have an Overview and Scrutiny Committee as notified to the Trust August 2009;