

COMMUNICATION AND ENGAGEMENT STRATEGY 2019 – 2020

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This document can be made available in alternative formats on request.

Please contact the Head of Communications and Engagement on 0151 642 2754

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1. INTRODUCTION

This document sets out the strategic direction for the communications, engagement and involvement activities of North West Ambulance Service NHS Trust (NWAS) for the period 2019 to 2020.

NWAS is one of the biggest ambulance services in the country and as a key service provider, has numerous stakeholders with whom it needs to have effective relationships in order to deliver the trust's vision and strategic goal.

The provision of urgent and emergency care for patients in the future is changing as detailed in the NHS Long Term Plan. A new service model is advocated that includes improving out of hospital care, reducing pressure on emergency services and providing digitally enabled care. When combined with the growth of Sustainability and Transformation Partnerships this means that where and how patients will be assessed and treated for their care may change to ensure services and organisations are effective and sustainable for the future.

This strategy will directly support the trust in delivering its evolving Urgent and Emergency Care and Digital and Business Intelligence Strategies' whilst realising our vision of being the best ambulance service in the UK by delivering the 'right care, at the right time and in the right place; every time' for all patients. A key driver for the strategy is to close the gap between public perception and expectation of the ambulance service and what its future offer and operating model looks like.

Our developing Digital Strategy will bring together the implementation of a significant number of digital enabling solutions to bring benefits for staff, patients and partners. Our future delivery of urgent and emergency care is dependent on these solutions.

The trust is changing its service model to ensure patients with serious or life-threatening emergency conditions receive timely, high quality care to maximise their chances of survival and recovery. By developing and implementing a robust integrated urgent care model which provides highly responsive and personalised services for those people with non-life threatening conditions in the community, we will not only improve services for patients but also continue to help to ease the pressure on the emergency health system.

An ongoing focus for the trust is our management of calls that come in to 999 and NHS 111. Giving people advice and arranging treatment for them over the phone ('Hear and Treat') or on scene ('See and Treat') is vital to enable us to transform patient care. Whilst we have made considerable progress in the last 2 years, we will continue to work hard to increase the number of both Hear and Treat and See and Treat patients, when clinically safe to do so. This will also reduce pressure on other emergency services and the number of patients we 'See and convey' to hospital.

Effective two-way communication with the public and patients, staff and partners will improve the services NWAS provides, strengthen our reputation and achieve mutual understanding of our goals and the needs of our patients and staff. As advocated by the NHS England Patient and Public Participation Policy (November 2015), NWAS embraces a commitment to

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listening to and involving communities, their representatives and others, in the way we plan and provide our services.

The communications and engagement strategy will support these aims by developing our vision and values into a compelling narrative about the changes that we want to make – with stories that can explain to our staff, patients and the public why and how we are changing. We also need to persuade and support managers and clinicians to work together on improving quality; and to find out the needs of our patients and local communities and engage with them in order to redesign services that better meet their needs.

This strategy's main aim is to ensure good communication and engagement, place our patients at the heart of the organisation and support the delivery of excellent care for our communities.

2. SCOPE

The strategy covers the trust's strategic approach to communication and engagement with all key stakeholders in particular patients and the public, staff, partners, members, volunteers, political influencers and statutory organisations.

It is supported by the Communication and Engagement Team which is split into 2 dedicated sub teams providing the full mix of communications and patient engagement services. The communications team provide staff and stakeholder engagement, press office, campaign and event management, using the full range of digital and traditional media. The patient engagement team manage the trust's patient and public panel, its programme of community engagement and proactive patient experience in order to realise service improvements and enhance patient experience.

The strategy is delivered via annual business plans which are monitored by the Strategy and Planning Directorate, Executive Management Team and Board of Directors. Patient and public panel and community engagement activities are also reported to the trust's Board.

The strategy underpins the communication and engagement requirements of the trust's overall strategy, the integrated business and operational plans as well as individual directorate strategic objectives.

3. BACKGROUND AND CONTEXT

In spite of our high number of stakeholders, the size and spread of the area that we serve and the growing reliance on social media and other digital channels we continue to work hard to communicate with our communities using a range of face to face, electronic and digital channels. This strategy explores innovative and efficient ways to engage and listen

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with as wide a group of stakeholders as possible, using their communication channels of choice.

This approach has recently been enhanced through the trust's investment in the development and implementation of a new patient and public panel. Effective engagement and genuine patient and public involvement in service improvement can be a challenge so by engaging with panel members based on the level of participation they are able to offer and in a clear and structured way, it is intended to maximise all levels of involvement.

The illustration at Figure 1. below shows patients and public at the heart of everything, the levels of involvement, the audience groups from which panel membership will be recruited from; examples of participation activities for each level of involvement and the overall themes of patient and public relationship with the trust.

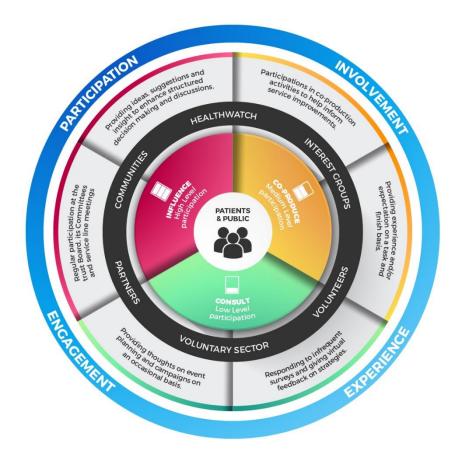


Figure 1: Patient and Public Panel

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The way in which services are provided by the ambulance service have and will continue to change, to meet demand and to ensure patients receive the right response for their needs. This is relevant for all service areas the trust provides, emergency, urgent care including NHS 111 and patient transport services, emergency preparedness and resilience. These are supported by a number of corporate service teams including Strategy and Planning, Human Resources and Organisational Development, Finance, Quality, Innovation and Improvement; Corporate Affairs and our Medical Directorate.

In 2017 the trust adopted the new ambulance response model which focused on getting the right resource for the patient's needs first time, a significant change in terms of approach, fleet and culture. In the early part of 2019 NHS 111 online went live and the trust has actively supported the national awareness campaign as well as developing plans to roll out a supporting north west campaign which will include a mix of digital and face to face engagement work. It is essential that all stakeholders understand the services provided and have an opportunity to have their say in how these are developed and improved.

The changing landscape of the NHS means that communication and engagement is now even more critical to ensure that stakeholders are aware of, and understand how the trust provides services. Learning from the Francis report (February 2013) clearly outlines the absolutely essential need for organisations to put patients at the heart of its services and listen to the views of patients and staff in order to deliver the very best standards of care.

The NHS Constitution establishes the principles and values of the NHS. It includes staff pledges, which state what the NHS expects from its staff and what staff can expect from the NHS. We view this as part of our commitment to being a good employer, making our staff feeling valued. NWAS will ensure that all engagement activities comply with the underlying principles of the Constitution.

The trust has a duty under the Health and Social Care Act 2006 to involve and consult with patients and the public in the way it develops and designs services. This strategy describes our approach to involvement, participation and consultation as well as our duty to warn and inform the public as a category 1 responder within the Civil Contingencies Act 2004.

We are committed to a Duty of Candour and this strategy reflects a position of openness and transparent in our communication with the public, when appropriate to do so.

4. WHERE ARE WE NOW?

4.1 ACHIEVEMENTS

The Trust has developed a robust communication and engagement function since its inception in 2006 and has demonstrated year on year delivery of the objectives set for

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communications and community and stakeholder engagement. The section below summarises the current positon.

Public and Patient Engagement

Each year the trust produces public relations and community engagement plans to meet local, regional and national objectives, working with other partners across the region where possible and supporting national health awareness days and initiatives.

In 2018 the trust received recognition for its successful communication and engagement campaigns in the form of Chartered Institute of Public Relations awards for 'make the right call' which promotes winter health and appropriate use of the service during the busiest days of the year, and for 'Hero Next Door' which increased the number of community first responders. The winter campaign also received a national Health Business award.

A campaign aimed at tackling abuse of ambulance staff and attracted 1,108 signatures on an online pledge to make a stand against such abhorrent acts and deem them socially unacceptable. Using case studies, traditional and social media to convey the message to #GetBehind999, the campaign launched with an event at trust headquarters where key people were invited to hear from staff victims about the impact of abuse from patients. The launch event was attended by TV, radio and newspaper journalists and social media posts provoked mass interest and support from the public.

Predominantly using NWAS's social media sites – Facebook, Twitter and Instagram, the trust's campaigns tend to be delivered with a digital first approach and use more engaging techniques such as live videos with frontline clinicians.

A programme of community engagement is developed each year to ensure the trust engages with users who are representative of the communities it serves. Engagement activities may focus on improving awareness and education whilst addressing any obstacles to access. Over recent years the patient engagement team have visited many groups of patients with specialist conditions and or physical or emotional challenges as well as those of different cultures and both younger and more mature groups. Discussion is frequently facilitated through the medium of the patient experience board game which may be combined with a supporting ambulance or equipment for patients to view and an operational member of staff to explain its purpose. Feedback is gathered at every event and used to influence service development.

This will be further enhanced as mentioned in Section 3 above, through the development of the patient and public panel which will involve members in the business of the trust at 3 levels:

- Providing feedback via surveys, on new policies, events and information materials,
- Helping to bring about service improvements through their involvement on a task and finish group, using a co-productive approach and,
- Sitting on trust committees and Board meetings to give their perspective as a patient.

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Mainly during the summer months the team co-ordinates attendance at a range of community events across the region. These include Health Melas, the Disability Awareness Day, PRIDE events and large scale Fairs and Shows. A range of public health information and where possible operational staff and vehicles are on show to help engage with the public and increase awareness of ambulance services.

An aim for 2019/20 will be to host 5 community events across the North West region to engage with our communities; educate them about what we do and gather feedback on what they want from the service.

Patient Experience

Patient experience is recognised nationally as a fundamental measure of quality healthcare provision. It is only through active listening, recording feedback and acting on patients' insight that the trust can respond and implement change to reflect patient needs. Our Patient Engagement Team engage with and obtain feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Desk. More than 18,600 patients have provided feedback this year using a range of methods and approaches.

An extensive Patient Experience programme was successfully completed during 2018/19. We use a number of methods to elicit feedback including postal surveys, community engagement activities, focus groups and Friends and Family Test (FFT) comments cards on ambulances. We also offer the opportunity for our patients to provide FFT feedback comments using SMS text messaging and integrated voice recognition via landline phones.

FFT results are shared via a monthly dashboard with the trust Board of Directors, quarterly in the trust's staff regional bulletin and via social media options. Recommendations for service improvements are introduced, as appropriate, via 111, PES and PTS learning processes respectively.

Patient stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. Further development of filming and editing skills within the wider communications and engagement team will allow for the ongoing production of inhouse patient stories.

An analysis of the feedback received from patients provides us with focus areas for our annual work programme, themes for learning and the opportunity to make service improvements. Activities undertaken in 2018/19 include:

- A PTS public health information review: to develop an understanding of the patient experience as a result of public health literature being made available to PTS patients to enhance their personal self-care and general wellbeing.
- Co-production with community groups of an easy read FFT comment card distributed via trust ambulance vehicles. This gives real time opportunities for all our PES and PTS

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patients to complete the FFT survey to provide feedback about their experience which helps us to measure patient satisfaction.

- Raising awareness of our services with a number of targeted 'vulnerable' community groups using our popular board game "There's more to your ambulance service than you think". We will establish a review of the board game in 2019/29 take into account the trust's new service delivery models and latest innovations.
- As a result of our attendance at visually impaired forums, board game engagements and from FFT survey feedback, we co-designed a 'NWAS Transportation of Assistance Dogs Policy' with local and National Guide Dogs Associations. The policy is in line with 'The Equality Act 2010' which ensures reasonable adjustment considerations for disabled persons who are reliant on assistance dogs when accessing our services. The policy will be approved for trust wide adoption in 2019.
- Ongoing patient engagement with visual impairment groups to influence the development of a mandatory E–Learning module for trust staff.
- 'Go PTS' information leaflets have been updated to provide patients with more information on our PTS standards and who to contact if they have any concerns.
- Collation of patient experience feedback in relation to the PES transforming patient care work stream, including the NWAS patient care priorities: Sepsis, Frailty, Maternity, Children and Young Persons, Mental Health and End of Life.
- Following feedback and requests from specialist community groups visited in the last year, where possible we will re-engage with them in 2019/20 to provide basic first aid and CPR training. This will increase awareness and skills in basic lifesaving for many groups and individuals that are termed 'hard to reach'.

Social Media and Digital

The trust's social media sites have gone from strength to strength and have become an invaluable tool in engaging with the public, stakeholders and staff. The trust now has 36k 'likes' on Facebook, an increase of 18.7 per cent from last year and 39.8k followers on Twitter, an increase of 16.9 per cent. Approximately 100 representatives from across the trust act as official NWAS tweeters after attending a training workshop with the communications team.

To appeal to potential employees and promote NWAS as the best place to work, a 'Team NWAS' Instagram account was created which is run by a different member of staff each week to give a visual insight into their role. The account receives good engagement and has been taken over by all sorts of people in different roles from the deputy director of operations to a sustainability officer and all sorts of roles in between.

In keeping with the same theme, a campaign called #lamNWAS was delivered to promote the variety of roles within emergency operations centres that contribute to patients receiving the right care. This has since been replicated with different roles.

After a trial and positive feedback, a staff app was rolled out to all employees. The app was developed for no cost and acts as a one stop shop for staff bulletins and links to useful

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systems such rostering and expenses claims. There have been over 1800 downloads todate and promotion of the app will continue through 2019-20.

Over the last year the trust has greatly increased its digital offer by producing a range of short and longer films for use on social media, to bring patient and staff stories to life for Board, to be used in training and promotion and to share externally with stakeholders. This has included Chief Executive and other Executive messages to staff, 111 and VCD recruitment films, films to assist the identification of sepsis; seasonal messaging and demand support and campaigns e.g. anti-violence and aggression.

Another significant investment is the commissioning of a new combined extranet site. This is in development ready for a launch during Quarter One of 2019/20. The new site will maximise film and creative and interactive content to showcase the excellent work of staff, provide information on our services and engage with all stakeholder groups.

Media Relations and Training

The Communications Team responded to over 440 media enquiries in 2018 to end February 2019 via the press office and on call service.

While the majority of the media work is reactive, the team has set itself a target of four proactive media releases a month - these can range from patient stories to new initiatives in all areas of the trust.

The team has shown effective handling strategies and media relations during times of major public scrutiny, including the publication of the Kerslake Review into the Manchester Arena bomb response. Intensive media interest in NWAS is likely to resurface when the inquest into the deaths of the 22 victims takes place, currently expected to be in spring 2020 and the team will need to be fully prepared for this.

In 2017, the trust agreed to take part in the BBC's award winning documentary 'Ambulance' and filming started in 2018. Series four followed crews around Greater Manchester and had consolidated viewing figures of over four million. The biggest audience share was 16-24 year olds, a group traditionally challenging for the BBC to reach. The team 'narrated' each episode on social media as they were being aired, resulting in increased reach and engagement with the public. Further promotion included the profiling of staff in the local media.

Due to its success, the trust committed to taking part in series five which is currently being filmed in both Greater Manchester and Merseyside and is due to be aired in the Summer of 2019.

Media training was delivered to groups of advanced paramedics and operations managers across the trust in partnership with TV journalist Paul Crone. The sessions acted as introductions to interviews and equipped attendees with key skills to enable them to be spokespeople for the trust. This was particularly useful during the busy winter period when media messages increase as does the demand for interviewees.

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Awareness sessions on communicating in major incidents were delivered to all NWAS commanders as part of their trust major incident training. The session covered the importance of sharing information quickly with communications who act as the organisation's mouthpiece to all stakeholders during such times, and the ever increasing and important role of social media. Commanders were also give the chance to develop key messages to prepare for media interviews on a fictitious scenario.

Staff Engagement and Recognition

A combined communications plan has been created to engage with staff on the trust's strategic approach to develop an integrated urgent and emergency care system together with the implementation of a significant number of digital enabling solutions. The delivery of both strategies will involve delivery of numerous major projects and transformational change to the way we work and deliver services and will collectively produce benefits for staff, patients and partners.

Communications and engagement with internal stakeholders will be vital, to build a narrative and motivate and empower staff to get behind any forthcoming changes.

The trust recognises the importance of staff engagement and has put in place a number of methods to ensure staff receive regular information, can provide feedback and are consulted on key service issues. Delivery of the new intranet and the ability to host online staff forums will increase opportunities for engagement and involvement.

In the 2019 staff communication and engagement survey staff highlighted the importance of regular communication from senior management and this year the Chief Executive will host regular live question and answer sessions and record personal message to staff delivered through both electronic and digital media. In recent months we have developed the technology to play short films to staff in our Emergency Control Centres and this type of screened communication technology will shortly be introduced into our NHS 111 Call Centres.

As mentioned above the benefits of using the staff app will continue to be promoted throughout the trust and the introduction of the new GETAC devices will provide a further digital platform to aid communication.

The trust has undertaken wide ranging engagement on health and well-being initiatives, supporting feedback from previous year's national staff survey, and this work will continue throughout 2019/20. An increase in responses to the 2018 NHS staff survey reflects the positive engagement carried out and the initiatives introduced following the previous year's results. We also saw an increase in the flu vaccination uptake, again, reflecting the engagement undertaken. We will continue to build on this positive outcome to aim for higher results in 2019/20.

The trust recognises and values the care and commitment shown by staff to patients on a daily basis, often in the most challenging of circumstances and regularly puts them forward for awards and other forms of recognition. The Trust has a successful staff STAR Awards

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ceremony to celebrate staff who that go the extra mile for their patients, colleagues and the organisation. This annual event is sponsored by the trust's partners. New recognition methods will be introduced in 2019/20; a more localised recognition award which specifically relates to someone demonstrating one or more of the trusts values, and also, branded pin badges are be awarded to staff who deliver a baby, either in EOC or in person.

Stakeholder Engagement

The trust is currently involved in and actively working through 30 pathway and service reconfigurations across the North West. Communications and engagement activities are extensive, including but not limited to, commissioners, NHS Trust providers, regulators, A&E Delivery Boards, local MPs and patient and public groups. It is important as the only ambulance service covering 31 CCGs in the North West that we are engaged in any potential discussions and plans to change services at a very early stage so any options can be impact assessed for safe and sustainable delivery.

Sustainability and Transformation Partnerships (STPs) and Integrated Care Organisations (ICOs) also provide an important opportunity for improving health and care services for the patients and community we collectively serve. The trust regularly engages with organisations across its footprint to ensure that developments which impact us are fully discussed, and decisions made involve us.

The trust maintains good contact with local MPs, providing regular briefings, offering meetings and where possible the opportunity to accompany a crew on an ambulance or visit one of the trust's control centres. Strong links have been forged with many community groups, statutory bodies such as Healthwatch and Health Scrutiny Committees, commissioner and health and social care partners as well as Health and Wellbeing Boards in the region.

The team handles all of the trust's non incident related MP enquiries and in 2018, responded to 26 directly to the MP. The team is also the main point of contact for parliamentary questions about the trust which come in via the Department of Health and NHSI.

All stakeholders receive a quarterly briefing and ad hoc briefings are issued on issues we feel need communicating quickly such as the GMB industrial action in 2018 and the trust's CQC's visit and rating.

The team regularly facilitates representation at Health Overview and Scrutiny Committee (OSC) meetings and liaises with the administrators and managers to ensure attendance and the timely submission of reports and presentations. In 2018, and up to February 2019, the team co-ordinated attendance at eight meetings and proactively wrote to all OSCs to offer attendance and request their work plans.

The trust demonstrates its commitment to engaging and listening to the voice of communities and how we contribute to the sustainability and public health agendas through its annual engagement programme and attendance at a wide range of community and health related events throughout the year.

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The trust undertakes an annual stakeholder mapping exercise and also reviews its targeted activity in line with the Equality and Diversity Community Engagement Framework.

4.2 CHALLENGES AND OPPORTUNITIES

In terms of the challenges that are faced, the need for strengthened communications in a changing environment is always important and ensuring that this is done in the most cost effective and appropriate way. By the nature of the trust's business, it enjoys a high media profile and maintaining public confidence is a high priority.

The high level of demand is a particular challenge and there is a gap between public perception of what is expected from the ambulance service and the reality of what the future offer will be to ensure patients get the most appropriate response to their needs.

The trust operates patient transport services in four of the five counties of the North West and has worked hard with the public and their representatives to ensure the service meets their needs, that they can feedback any issues and to introduce new health initiatives. The trust has successfully piloted the distribution of health information to patient transport service patients via the crews of the Patient Transport Service during the last two years.

Where possible this has been delivered in association with other acute trusts and clinical commissioning groups. This information has been received very well and is likely to continue into the future.

The trust has been delivering the NHS 111 service contract since October 2013, first as a stability partner and then being awarded a 5 year contract in 2015.

The trust will need to ensure a robust marketing strategy going forward to ensure NWAS remains as the provider of choice for the PTS service and continues to build confidence in the NHS 111 service and its integral part of urgent care.

As already referenced the level of interest in NHS performance and standards of care is high and maintaining public confidence and ensuring transparency will need to be at the root of all communication and engagement activity.

The large footprint covered by NWAS will always present a challenge for effective stakeholder engagement and public involvement and more will be done in 2019/20 to increase levels of engagement and understanding across a number of external stakeholder groups. This work has already commenced with an engagement event to look at improvements to hospital handover with local Healthwatch organisations.

In terms of staff engagement and internal communications, good progress has been made to increase the level of staff engagement through the delivery of more targeted communications, tailored to the needs of mobile staff with limited access to computers. This has included development of a staff app, producing more short films and introducing screen displays.

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However, more is still needed to have a constant 'barometer' of staff morale and views. Increased use of digital technology to support a mobile workforce requires investment and effective management but is an enabler for improving staff communications and will be a driver for this strategy.

The capacity and capability of the Communications and Engagement Team will require assessment to ensure we continue to deliver an effective communications and engagement function for the trust whilst acknowledging the need to do things differently in order to work more efficiently.

5. TRUST VISION, GOALS AND APPROACH TO DELIVERY

Our vision is to be the best ambulance service in the UK and our strategic goals are to deliver the right care, at the right time, in the right place; every time.

Our vision, goals and supporting aims and measures are shown at Figure 2 below.

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Our vision is to be the best ambulance service in the UK.

Our strategic goal is to deliver: the right care, at the right time, in the right place; every time.

| GOALS | AIM | MEASURE |
|-------------|--|--|
| RIGHT CARE | Delivering quality services which are safe, effective and patient-centred | By 2023, to achieve outstanding across all CQC domains and to meet all key ambulance service metrics within the Single Oversight Framework. |
| RIGHT TIME | Responding appropriately to patients who contact our emergency and urgent care services, and use our transport service | By 2023, to achieve the top performance for all operational performance standards within the Single Oversight Framework (urgent and emergency care – PES and 111) and PTS. |
| RIGHT PLACE | Providing patients with advice and treatment closer to home where clinically appropriate to prevent unnecessary hospital attendances and admissions | To ensure care is delivered in the most appropriate setting for the patient and the system, in line with the Five Year Forward View and forthcoming NHS Long Term Plan, and aim to reduce conveyance to ED. |
| EVERY TIME | Focusing on every patient and our commitment to continuously drive down variation in our performance, working in partnership with health and care providers locally so that no patient is needlessly waiting for help | By 2023, to provide the appropriate resources and infrastructure to ensure we can demonstrate our focus on every patient and our commitment to continuously drive down variation in our performance. |

Figure 2: Our Vision and Goals

5.1 APPROACH TO DELIVERY

We achieve our goals through the delivery of a number of enabling strategies, delivery programmes and plans in support of the 'Right Care', the 'Right Time' and the 'Right Place'; 'Every Time'. This Communications and Engagement Strategy comprises one of the supporting strategies which underpin the delivery of our goals as shown in Figure 3 below.

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Figure 3: Enabling Strategies/Programmes and Plans

5.1STRATEGY VISION, GOALS AND VALUES - KEY MESSAGES

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.

The following key messages have been produced to support both our vision and goals. The language and content of the messages will be adapted to reflect the views and needs of stakeholders.

Our Vision - Key Messages

- Demand on ambulance services continues to grow, we need to better integrate our urgent and emergency care systems and work differently with our partners to provide the right care, at the right time and in the right place, every time for our patients.
- There is more to the ambulance service than a trip to hospital patients may be treated and/or referred via a number of pathways following a 999 call.
- We work in partnership with our communities and commissioners to develop integrated healthcare services and promote health and well-being.

Our Goals – Key Messages

- We are working closely with our commissioners and other partner organisations to develop digital solutions to deliver high quality services that will meet the needs of the 21st century.
- Change is vital to provide sustainable, high quality urgent and emergency care in the future.

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- The changes we are making will improve services for patients by ensuring no one is left needlessly waiting and where possible services will be delivered in their local community.
- We have clinicians working across all services to allow for earlier clinical decision making to support both patients and our staff.
- We have strengthened our non-emergency patient transport services, providing additional health information and referral services and strive to become a market leader and provider of choice.
- We have built confidence in our NHS 111 service which offers patients excellent help for their urgent care needs.
- We are supporting people to look after their own health and wellbeing in the community.

6. NHS CULTURE OF CARING VALUES

The trust has also adopted the NHS Culture of Caring values. Our values form the foundation of and drive the whole organisation, ensuring we lead by example and create the right culture and conditions for patients to receive safe care every time.

Behaviours have been identified with staff to support the delivery of our values and demonstrate our commitment. Our values and our agreed behaviours are shown at Figure 4 below.

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Working Together for Patients

Patients are at the heart of everything we do. Through positive teamwork, we share our knowledge, experience and expertise, providing a well-mannered, professional service which is inclusive of all communities.



Commitment to Quality of Care

We strive for excellence through being committed to quality and professionalism, providing suitable, sustainable and effective care to our patients. We welcome feedback to continually enhance and develop our service.



Respect and Dignity

We show respect and dignity to every person we have contact with, demonstrated through our honesty, trust and good manners. We take personal responsibility for our behaviour, being accountable for the impact our actions and words may have on others.



Compassion

We safeguard our patients, caring for and protecting them and acting on any concerns. We value each other and embrace our differences through listening, being supportive, sharing information and through collaborative working, knowing our diversity makes us stronger.



Everyone Counts

Compassion, kindness and empathy are essential to the care we provide to our patients.



Improving Lives

We acknowledge and learn from our mistakes to provide the best care we can.

Figure 4: Our values and agreed behaviours

7. STRATEGIC APPROACH

7.1 PRINCIPLES

All corporate communication activities will reflect the trust's values and the following principles:

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- An emphasis on two way communication mechanisms and relationship management
- Information which is clear, accurate, consistent and uses appropriate language
- Dialogue is respectful and constructive
- Communications and engagement delivered in partnership with commissioners, health care providers and other stakeholders wherever possible
- Timely communications with our staff in advance of other stakeholders, wherever possible
- Open and honest communication that demonstrates the trust's accountability to its stakeholders
- · Communications that reflect the needs of patients, the public and our staff
- Adherence to the duties outlined under the Civil Contingencies Act (2004)
- Promoting improved health outcomes and reducing inequality
- Communication and engagement activities which demonstrate value for money.

All communications will comply with legislation in terms of the Data Protection Act 1998, the General Data Protection Regulation 2016 – effective in May 2018, the Freedom of Information Act 2000 and equality and diversity legislation. All promotional work will be carried out in accordance with the Department of Health's Code of Practice for promotion of NHS Services, published in March 2008.

8. STAKEHOLDERS AND AUDIENCES

The trust has a diverse range of stakeholders with varying needs and interest in the organisation. Communication must be tailored to suit their differences and requirements – in terms of age, involvement or connection with the service, behaviours, where they live, lifestyle and beliefs etc. - in order for there to be genuine understanding and engagement.

Using stakeholder mapping to identify the level of interest and influence that individuals and organisations have, we can prioritise those we need to engage more closely. The concept allows us to align communications activities, key messages, delivery channels and frequency with the needs of each stakeholder group and ensures our approach is based on insight to be as effective as possible.

Figure 5 below shows a stakeholder mapping concept based on each stakeholder groups' level of interest in the trust and their influence.

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Figure 5: Stakeholder Mapping

The table below is a generic display of our stakeholders by their perceived levels of influence and interest in the trust in general and subsequently the purpose of our communication with them.

| Aim of communication | External & Professional | Internal | Public & Patient |
|--|--|--|-----------------------------|
| To influence <i>Key stakeholders</i> <i>with a shared vision</i> <i>who we will work in</i> <i>partnership with to</i> <i>deliver our strategy</i> <i>and achieve our</i> <i>vision.</i> | NHS England/Improvement Care Quality Commission Public Health England Lead commissioners Local A&E delivery boards | Board of Directors Executive Management Team Trade union representatives | Patient and Public Panel |

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| | Local Sustainability and Transformation Partnerships Greater Manchester Health and Social Care Partnership | | |
|--|---|---|--|
| To engage Stakeholders who we will actively inform and involve/engaged with on key projects and decisions. | North West Members of Parliament Local Clinical Commissioning Groups Overview and scrutiny committees in the North West Healthwatch and interest groups Local resilience forums Emergency services Higher education institutes Out of hours providers Health and wellbeing boards Urgent care networks | Senior managers Service leads Clinical leaders | Patients from priority groups – children, mental health, stroke etc |
| To involve Stakeholders who we will make aware of developments and progress, with the opportunity to respond and provide | NHS provider organisations Voluntary ambulance services Government ministers | Middle managers Clinical supervisors Human Resources and Organisational Development | Other patients Service users (friends, family and carers) |

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| feedback on areas of interest. | Local councillors Nursing and care homes | | |
|--|--|--|---|
| To inform Stakeholders who we will communicate generically to and aim to increase their level of interest. | Media (local and trade) Health care professionals Relevant charities e.g. British Heart Foundation Parish/Town councils | All employees Community first responders Volunteer car drivers | North West population Community groups (including hard to reach groups and those with specific interests) |

When planning communications activities, consideration also needs to be given to the requirements of the relevant service line or project. Therefore, it is best practice to conduct stakeholder mapping during the planning phase of any communications campaigns or activities.

Relationships with stakeholders will evolve and change depending on a wide range of factors both local and national. We will review our list of stakeholders annually to identify gaps and assess any changes in relationships.

Supporting the wider NHS

We will target communications, where appropriate, to priority areas as identified in the NHS Long Term Plan. These patient and public groups are based on the biggest killers and disablers of our population. The plan outlines aims to prevent avoidable illness and support self-management of conditions including cancer, mental health, diabetes, multi-morbidity, healthy ageing including dementia, children's health, cardiovascular and respiratory conditions, learning disability and autism, stroke and frailty as well as public health aims around smoking, high blood pressure, obesity, and alcohol and drug use.

We will also consider the communication needs of hard to reach groups in order to tackle health inequalities in BME communities and those who live in deprived areas.

9. HOW WILL WE DELIVER THIS STRATEGY?

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The strategic approach will be to consolidate existing communication and engagement practices whilst developing new communication initiatives to support the delivery of the trust's strategic objectives and has set out a number of communication and engagement aims:

- Service users and potential users will have improved understanding, and will be meaningfully engaged and involved in service design, to improve quality and patient experience
- Patients, the public and their representatives will know what to expect from the ambulance service and have high levels of confidence in its service
- All staff can relate to the trust's vision and values and feel that they are listened to, involved in trust decisions and valued
- All stakeholders and partners fully understand and are engaged with the evolving operational model and digital objectives for NWAS
- NWAS continues to have a trusted brand profile which reflects its vision and values and the main services it represents
- We are an employer of choice for professionals pursuing a rewarding career
- Information is shared by the trust which meets the needs of its stakeholders and promotes openness and transparency
- Be the provider of choice for NHS 111 and PTS services
- Public confidence is maintained in the trust's abilities to publicly warn and inform during major incidents and during periods of increased demand or service escalation

A number of objectives have been set out to support this, some examples of which are shown below. Detailed action plans and timescales will be developed to support delivery of these objectives and to achieve the measures outlined.

| Aim | Objectives | Measures |
|--|---|---|
| 1. Patients and the wider public will have improved understanding and will be meaningfully engaged and involved in service design to improve quality and patient experience. | Ensure we involve our communities and patients in shaping the services we provide by:a) Establishing a patient and public panel. | a) Establishment of a patient and public panel together with associated recruitment, induction, and support. Also to include internal awareness and internal/external promotion of the Panel. Quarterly progress reports to Board. |
| Patient and public contributions to be recognised by the trust. | b) Undertaking an audit of understanding upon recruitment to Panel and post induction training/development. | b) Increase in understanding demonstrated. |

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| | c) Provide a range of accessible channels for patients, communities and partners to provide feedback on decisions, service developments and new strategies/surveys. This will also include regular undertaking of patient experience surveys for all service lines and analysis of themes as well as use of patient stories in the trust. | c) | Panel established. Hosting of 5 community events – one in each county – to both educate the public about what we do as well as get their feedback. Evidence of public views influencing service development and providing feedback. Evidence of patient experience being used to assist trust learning and influence decision making. Programme of patient stories delivered to Board. |
|---|--|----|--|
| | d) Deliver a Panel work plan to actively involve patients and public in trust business. | d) | Panel work plan created. Outputs from Panel evidenced and promoted. |
| | e) An annual patient and public event will be held to recognise contributions throughout the year. | e) | Annual patient and public panel event held. |
| | f) Events to mark 20 years of CFRs to recognise the contributions of our volunteers | f) | Conference and celebration event delivered |
| | g) Relaunch of the Cardiac Smart accreditation scheme to recognise the contribution of community groups/stakeholders/the public | g) | Scheme reviewed and relaunched. |
| 2. Patients, the public and their representatives know what to expect from the ambulance | Influence the public perception of services and close the gap in understanding of the service offer and patient expectations by: a) Back to basics relaunch of our 'What to Expect from the Ambulance | a) | Improved under-standing measured through a pre and post survey. Delivery of the campaign. |
| service and have high levels of confidence in its service | Service' campaign to include some targeted work with our community groups. | | |

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| | b) Renewing our community engagement framework | b) | Development of a new approach to patient and public engagement utilising trust collective engagement /opportunities. |
|---|---|----|--|
| | c) Increasing opportunities for engagement with community groups. | c) | Production of a targeted community engagement plan. 5 community events undertaken as per Aim 1 |
| | d) Continue building relationships with film companies to positively profile the service. | d) | Broadcasted material which gives a positive profile of the service and associated positive online public comments. |
| | e) Identify opportunities to profile all our services. | e) | New website profiling of all services including use of service focussed films. |
| | f) Increase return and satisfaction levels of completed FFT ratings (subject to change of NHS E guidance on FFT) | f) | Increased return levels. Increased satisfaction levels |
| 3. All staff can relate to the trust's vision, goal and values and feel listened to, involved in | Deliver a programme of targeted internal communications to improve awareness and understanding of the trust's vision, goals, values and key operational and service line objectives. | a) | Vision and goal reviewed by new Board and once approved, shared across the trust. |
| trust decisions and valued. | Examples include: infection prevention and control compliance with EDS2 a defibrillator campaign Introduction of ePR | | Dedicated communications plans and campaigns produced to deliver operational and service line objectives. |
| | Staff recognition, 'You're a Star' local recognition and baby delivery pin badges. | a) | Programme of visits delivered by senior managers. Log of engagement and creation of blog/photo on learning from |
| | Have effective mechanisms in place to seek and capture staff feedback and demonstrate views are acted upon by: a) Increasing the visibility of senior managers with front line staff via a | | the event. Consider Bulletin section for Exec/use of intranet. |

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| programme of visits and use of communication channels. | |
|---|--|
| Delivering a programme of CEO-staff engagement opportunities online together with regular CEO messages to increase opportunities to raise questions and engage with senior management. | b) Uptake of CEO engagement opportunities Staff survey results above average for ambulance trusts relating to a) feeling involved in decision making and b) positive relationship between senior managers and staff. Weekly CEO message delivered. Monthly CEO/Exec interactive sessions/films delivered. |
| Delivering an improvement plan to increase opportunities for feedback channels based on the recent internal communication audit. | c) Improvement plan delivered. |
| Regular communication and opportunities for staff to give their views and get involved in the rostering review work. | d) Evidence of regular communication and staff involvement in roster review work. Develop and deliver a communications plan. |
| e) Review and enhance the delivery of the annual STAR Awards and Long Service Awards | e) Positive feedback from staff attending award ceremonies – undertake post event survey Consider involvement of clinician and Panel member in judging panel and updating the award categories |

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| | f) Deliver an Estuary Point launch event. g) Create the opportunity for discussion forums on the new intranet. | f) g) | Staff involvement in the event planning. Event delivered. Positive feedback obtained Uptake of discussion forums. |
|---|--|----------|--|
| 4. Ensure all stakeholders are engaged and fully understand the evolving ambulance service model and digital objectives for the trust. | a) Produce a communications plan to actively engage with all stakeholders on the trust's integrated urgent and emergency care system and the digitalisation of its services. | a) | Plan produced and delivered. Specific measures for both service elements identified within the plan. Undertake stakeholder mapping exercise completed. |
| 5. NWAS continues to have a trusted brand profile which reflects its vision and values and is representative of its key service areas. | Promote the trust brand and strengthen its reputation through: a) The delivery of a new combined extranet with a focus on digital offer, news and ways in which to involve our patients and the public. | a) | Production of a launch film and initial 3 service line films to be embedded on the new site. Deliver a mechanism for patients and the public to get involved with the trust. |
| | b) Further increase the trust's influence and national profile on key policies and campaigns through engagement and involvement with local, regional and national partnership work. | b) | Attendance and involvement with local, regional and national partnerships. Specific targets for campaigns to be set. |

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| | c) | Profiling of the trust's Charity and key messages. | c) | Maintain exposure of the Charity and promote fundraising and charitable giving through production of a comm-unications plan. |
|---|----|---|----|--|
| | d) | Production of an improvement plan based on the latest stakeholder reputation audit. | d) | Improvement plan produced and implemented |
| 6. We are an employer of choice for professionals pursuing a rewarding career. | a) | Assist the HR and OD teams in delivering recruitment targets, including bespoke materials/content for target audiences e.g. BME, reduction of gender gap as required. | a) | Achievement of recruitment targets. Production of internal communications plan for both retention and additional external recruitment. Team NWAS Instagram and Twitter accounts merged and used to profile roles and deliver recruitment priorities. Public asked via Instagram and Twitter polls which roles to feature. Ensure all communication collateral reflects our communities. |

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| | b) Assist the HR and OD Teams in the delivery of localised health and wellbeing campaigns. | b) Achievement of recruitment targets. Production of internal communications plan to support. |
|---|--|--|
| | c) Deliver a programme of regular opportunities to positively profile the trust and its staff. | c) Positive PR achieved for our STAR Award winners. Positive feedback for the broad-casting of Ambulance – series 4 and 5. Minimum of 5 positive press releases issued per month. Develop an awards strategy to identify opportunities for positive staff and trust recognition Produce an annual Achievements booklet Profile of careers and roles on the trust's website Including apprentice-ships |
| | d) Develop campaigns to support PES and PTS in delivering CFR and VCD recruitment. | d) Achievement of recruitment numbers for CFRs and VCDs |
| 7. Information is shared by the trust which meets the needs of its stakeholders and promotes openness and | a) Review the trust's publication scheme on an annual basis to ensure all stakeholders have access to the information they need and this is available in an appropriate, accessible format. | a) Scheme is reviewed annually. Reduction in stakeholder information requests |
| transparency | b) Offer opportunities for one to one or group MP engagement - All MPs are contacted with regard to a meeting with the CEO and/or other trust senior managers. | b) Uptake of opportunities for MP engagement |

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| | C) | Develop a patient stories library on the trust's extranet. | C) | A library of films showing context and outcomes/learning published on the trust's website. |
|--|----|--|----|--|
| | d) | Invite Healthwatch organisations, voluntary and community groups together with patients and the wider public to be part of the trust's patient and public panel. | d) | Participation in the trust's patient and public panel. |
| | e) | Contact Healthwatch organisations and Council Overview and Scrutiny Committees for their work plans and opportunities to meet/engage and provide an update on service delivery and performance. | e) | Evidence of attendance to deliver presentations and reports and engage. Production of a template to assist engagement. |
| | f) | Ensure all stakeholders receive information regarding business plan priorities. | f) | All stakeholders receive a minimum of a quarterly trust update. |
| 8. Be the provider of choice for NHS 111 and PTS services | a) | Provide communication campaigns which position NWAS as the provider of choice and builds confidence with the public and stakeholders on the quality of service we deliver. | a) | High levels of patient satisfaction in terms of what to expect from the service from patient experience surveys. Positive feedback from stakeholders which evidences confidence in the service provided from our |
| | | | | service provided from our community events. Positive feedback from our Panel members (see actions for Aim 1 above) |

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| | b) Support the bidding process with evidence of communication and engagement activities together with positive feedback from patients and the public. | b) Positive feedback influences future bidding processes |
|--|--|--|
| 9. Public confidence is maintained in the trust's abilities to warn and inform during major incidents and during periods of increased demand or service escalation | a) Maintain an effective press office function which manages reactive enquiries and delivers the integrated PR annual plan. b) Deliver a winter campaign to both reassure and assist in demand management | a) Delivery of effective press office and integrated PR annual plan. b) Delivery of a winter campaign. |
| | c) Annual audit of the trust's arrangements for communications resilience for public warning and informing requirements under the Civil Contingency Act and as part of the trust's escalation plans including: Assessment of membership and involvement with all Local Resilience Forums Assessment of alert, escalation and on call procedures A fully tested Major Incident Toolkit BCP/Resilience plans in place Media training for managers. | c) Revised and tested protocols in place including: In house media training programme delivered. On call team to be familiar with Resilience Direct Attendance on all Local Resilience Forums Testing of Major Incident Toolkit and Plan Use of our extranet and social media sites to provide public information during a major incident. Annual update and testing of business resilience. |

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| 10. The combined offer and innovative approach of the new communication and engagement team is recognised internally and externally. | a) | The team work together to innovate, improve and positively increase its collective offer, utilising technology and new approaches where possible. | a) | Joint working on use of technology and new approaches evidenced. Production of a new combined dashboard for Exec (quarterly basis). Identification and work with the patient and public panel on com-munication campaigns, events and materials. Proactively train admin users within the organisation to use new CMS i.e. WordPress |
|--|----|--|----|--|
| | b) | The work of the team is recognised as adding value to the trust internally and receives external accreditation. | b) | Positive feedback from internal colleagues. External recognition received. |

10. ENABLERS

The communications and engagement team will use a number of channels and techniques to support delivery of this strategy including:

- social, on line and digital media channels and campaigns
- channel management and correspondence
- horizon scanning and news gathering
- stakeholder profiling and mapping
- consultation exercises
- watching briefs and specific handling strategies
- stakeholder impact assessment techniques
- political monitoring
- regular stakeholder briefings

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- staff and patient feedback via traditional and new media
- patient involvement via the patient and public panel
- · social marketing and behavioural insight techniques
- community engagement programmes
- creative campaigns and marketing collateral
- written and face to face communications
- patient and public information
- press releases and media statements
- videos, stories and filming
- events and conferences

11. RISKS

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

- Capacity to deliver effective communications and engagement activities across the large footprint and with a high number of stakeholders
- 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 our urgent, emergency care and digital strategic objectives.

Any specific projects within the delivery plans will link to the trust's risk register.

All risks are captured on the trust wide corporate risk register which is populated from the risk assessments carried out at all levels and across all directorates within the trust. These are monitored through the relevant directorate and service area risk registers. It is recognised that the type and levels of risk will change over time and will be monitored accordingly.

12. IMPLEMENTATION – ANNUAL DELIVERY PLAN

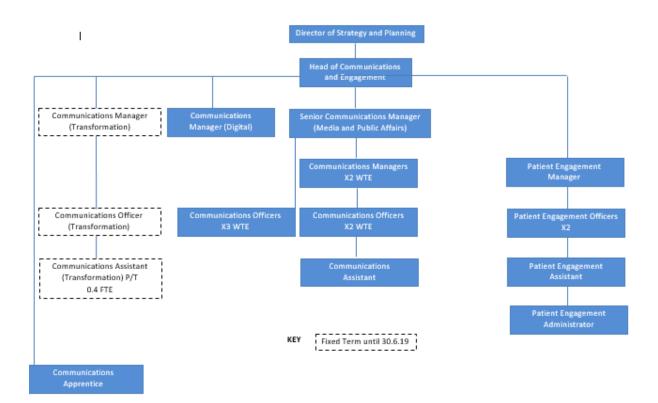
The strategy and its objectives will be delivered through annual delivery plans which will be published alongside the strategy with regular progress reports. The strategy will be monitored by the Executive Management Team and Board of Directors.

13. **RESOURCES**

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The communications and engagement team has a finite non-pay budget to support communication and engagement activities. The team will ensure all activities are within planned budget spending 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 directorate's required cost improvement plan. Opportunities for additional funding may be sought from CQUIN schemes which meet the necessary quality and innovation criteria.



The team's structure is shown at figure 6 below.

Figure 6: Communications and Engagement Team Structure

14. MONITORING AND EVALUATION

The strategy will be delivered through annual action delivery plans.

Progress reports on the strategy and delivery plans will be presented to the Executive Management Team and Board of Directors on an annual basis. Quarterly updates will be provided to the Executive Team via the communications and engagement dashboard and verbal updates on a monthly update via the Director of Strategy and Planning.

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Specific project updates will also be shared with relevant Committees or Groups as appropriate e.g. the patient and public panel's activities will be presented to Quality Committee.

The progress reports will focus on delivering the objectives outlined in section 8.

15. COMMUNICATING THE STRATEGY

The Strategy will be emailed out to Directors/senior managers/heads of service and will be presented to all service line senior management teams.

The Strategy will be published on the trust's extranet for stakeholders and staff to view and an article included in the external stakeholder briefing and the internal Bulletin.

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| Author: Julie Treharne | Head of Communications and Engagement | Version: | V 0.1 |
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