

**COMMUNICATIONS AND ENGAGEMENT
STRATEGY**

2008 to 2011

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1.0 INTRODUCTION

This document sets out the strategic direction for communications, engagement and involvement activities to be undertaken by NHS Bolton. It sets out the key principles, and actions over the next two years. This strategy will help the PCT to deliver its promises within the Manifesto and work to meet Fitness for Purpose and World Class Commissioning targets and competencies. The strategy will also underpin the PCT's Quality Strategy.

NHS Bolton needs to listen to residents and incorporate their views into the decision-making processes to better meet the health needs of the Bolton population. The PCT wants to encourage as much participation and involvement on the part of local people and staff as possible, in order that their views can influence the way services are provided and commissioned. We will endeavour to engage with people from hard to reach communities for each activity. We strongly believe that this will result in patient centred design, which will both improve the services and increase their use.

Effective two-way communications with the people of Bolton will improve the quality of the decisions that the PCT makes and the services that it provides and commissions on their behalf. It will only achieve this if the information coming into the PCT is acted upon and has an influence on the design of the healthcare and health promotion services we deliver and commission.

There is also a legislative background to this cultural shift. The Local Government and Public Involvement in Health Act 2007 makes a number of changes to way PCTs are expected to involve and consult communities in the planning and development of services. The Act included the abolition of Public and Patient Involvement (PPI) forums and the creation of Local Involvement Networks (LINks). Section 242 of the Act places a duty on PCTs now to report on consultation, that is to provide evidence on how it informs decision making and feedback on the outcomes. The Act received Royal Assent on 30 October 2007 and the changes to section 242 and the new duty came into force on 1 April 2008. This is timely in terms of writing a new strategy. In line with a steer nationally, this combined Communications and Engagement Strategy replaces the Communications Strategy (2004) and the PPI Strategy (2006).

2.0 SCOPE OF THE STRATEGY

This Communications and Engagement Strategy sets out principles that will underpin all of the PCT's communication and engagement activities and includes an action plan for consultation and communication activity. The successful delivery of the strategy will ensure that the PCT reflects public views on the services it provides and commissions, and that the population is aware of their capacity to improve and maintain their own health when supported by appropriate advice, information and interventions.

This strategy will sit alongside a Communications and Engagement Toolkit, a document aimed at supporting staff planning or undertaking engagement and communications, covering in more detail practical tips and advice.

The strategy will be adopted across the PCT, and will apply to both commissioning and provider functions in the PCT. This strategy and the Communications and Engagement

Toolkit will link to the Lean Commissioning Toolkit, leading to a more systematic approach to engagement.

3.0 DEFINITIONS

There is an important distinction between public relations and a public dialogue.

Public Relations tends to be a one-way communication concerned with getting across the right messages, to the right audience at the right time.

Public dialogue is a two-way communication, seeking patient, public and stakeholder feedback and discussion.

NHS Bolton's policy is to maintain a public dialogue; we will achieve this by having distinct resources for incoming communications in addition to traditional resources for public relations.

The public dialogue can be characterised at three levels:

Information that is letting people know what is happening in situations where no choices are available and offering channels for feedback or clarification. People should see that their feedback influences future exercises.

Engagement where people are asked for their views and experiences and these inform the decision-making processes. People should see that their input has affected the shape of the outcome.

Involvement where people are given the power to be a significant part of decisions on matters that affect their lives. Unlike engagement, this involves a shift in the location of decision-making. Processes of empowering communities and encouraging more "active citizenship" for example, are seen as important ingredients in many current regeneration schemes. People should see that they have shaped, or contributed to shaping, consequent policies or services.

Finally, it is important to distinguish between the public, patients, and stakeholders. The terms are often used inter-changeably but in this document, the meanings are as follows:

The public is all of the resident population of Bolton and those from outside Bolton who are registered with Bolton General Practitioners.

Patients are those who use health services commissioned or provided by NHS Bolton.

Stakeholders are individuals and groups who have a particular interest in the health community of Bolton including staff, independent contractors, partner organisations, councillors, Members of Parliament, carers, private and third sector (voluntary) agencies.

4.0 AIMS

Our overall aims are that through effective communications and engagement, the services commissioned by NHS Bolton and provided by NHS Bolton reflect the needs and requirements of Bolton's population, and that communications and engagement fully steer and support the PCT's corporate priorities.

- To ensure patients have the information they need to access and get the best from services.
- To ensure the public of Bolton have the information they need to improve and maintain their own health.
- To ensure staff have the information they need to support the commissioning and delivery of excellent services and health improvement interventions.
- To make information readily available so that everyone is able to get involved and contribute his or her ideas and views.
- To support the accountability of the PCT by making information freely available on the organisation, its progress and the effective use of resources.
- To protect and enhance the reputation of the PCT and the NHS.
- To ensure people who have been involved, and the general population, are made aware of the impact of their involvement and understand how their contributions have been used.
- To ensure engagement is focused, co-ordinated and monitored.
- To support the PCT's overall aims, strategic planning, and the aims and objectives we have set ourselves.
- To ensure feedback is sought and involvement encouraged from people who are hard to reach.
- To coordinate and collate information about the experiences of patients to enable effective use of this evidence.
- To support and enable PCT staff to engage with patients and the public.
- To embed engagement into the culture of the PCT.
- To manage public, patients and stakeholders expectations on the rationale and likely impact of all activities.

5.0 KEY PRINCIPLES OF COMMUNICATION AND ENGAGEMENT

To be effective, communications and engagement should follow these key principles:

- The PCT will demonstrate its commitment to excellent communications and engagement with all stakeholders.
- Communications and engagement will offer value for money.
- Communications and engagement will be coordinated both between departments and between partners offering valuing for money, by avoiding duplication, and avoiding consultation overload.
- The PCT will recognise and value the work of volunteers and voluntary sector partners.
- Staff will always be informed first on issues that affect them.
- All communications and the outcomes of engagement will be open and transparent.
- Engagement should not be tokenistic; it should only be carried out where the outcome can influence or intends to inform the decision making process.
- Decisions on service improvements and delivery will be informed by consultation findings.
- The PCT will feed back the findings and decisions made, as a result of consultation, to participants and residents.
- Engagement will be inclusive. It is important to involve, where appropriate, residents or service users, potential service users, hard to reach groups, staff, stakeholders such as service providers and advocates, and elected members. It is also important to undertake geographically representative engagement.

- The PCT will use a wide range of sampling techniques, widening the channels of participation for public and patients.
- The Market Research Society's Code of Conduct will be followed when undertaking engagement.
- The principles of Plain English will be incorporated into all communications.

6.0 HOW WE WILL ACHIEVE OUR AIMS

The PCT will:

6.1 Gather intelligence on what people want from health services in Bolton:

The PCT, in accordance with national drivers and good practice, needs to demonstrate a more explicit link between the needs and aspirations of local people and the corporate themes and priorities of the PCT. To achieve this, NHS Bolton will undertake priorities consultation with a robust, random sample of the public to inform strategic planning, particularly the Strategic Plan that the PCT is producing. A joined up patient experience report, including complaints, compliments, PALS and engagement findings will be published on a quarterly basis. Better links with Public Health information and Joint Service Needs Assessment will also be made to ensure the health needs of Bolton are fully understood and information is utilised.

6.2 Improve the coordination of information, engagement and involvement across the PCT and Borough, through working with key partners such as Bolton Council.

Making engagement and communications more joined up, will provide better value for money, minimise consultation fatigue and increase the likelihood of people participating in future activity.

The PPI Strategic Group will meet quarterly to plan and co-ordinate engagement activity across the organisation and drive through delivery. This support group of key officers from each department will reinforce the principles of the Communication and Engagement Strategy, facilitate joint working, support delivery of engagement plans and share best practice.

Coordination of activity will be enhanced by the use of proformas and a consultation database. The database will contain information on all current, planned and completed consultation and engagement activities throughout the Borough: published in one place, which will lead to less duplication of activity and a more engaged population. The database, hosted by Bolton Council, will enable PCT staff to plan their engagement more thoroughly, and be prompted to act on the engagement findings. The database will also be available online so the public and stakeholders can view how they can get involved, and view results and outcomes from previous activities. It will provide quick evidence on what engagement has been undertaken by the PCT and changes made as a result. It will also help to foster greater partnership working.

6.3 Inform, engage, and involve to:

6.3.1 Shape service provision

The PCT will involve people and stakeholders (including staff) in the design of new and changing services that we provide or commission and on policy development. Consultation and engagement are included as part of the commissioning process as

referenced in the Commissioning Toolkit. We will also involve them in how these service plans and policies are implemented in practice. When engaging with staff, the principles within Staff Involvement Policy will be followed.

6.3.2 Monitor performance of services

The PCT will gather intelligence gathered from service users through regular surveys and other feedback mechanisms. This will be used to help to performance manage the services we commission and provide. Reporting on the results of consultation with actions on how we will improve patient experiences, will help to enhance the reputation of NHS Bolton.

6.3.3 Shape corporate priorities

The PCT Management Team will revisit the PCT's themes and priorities annually and revise them based on their knowledge and understanding of the population's needs and views. Priorities consultation will help the PCT to understand what the public wants from their health agencies in Bolton, helping to inform strategic planning and budget. Informed engagement such as deliberative techniques will enable the public to contribute to informed decisions about prioritising their health care needs in Bolton. Listening to patients and the public will lead to robust commissioning processes that are informed and influenced by local people.

6.3.4 Help people to lead healthier lives

Health promotion and social marketing will be undertaken with targeted audiences to empower the public to improve their own health and quality of life. Involvement will be carried out with hard to reach groups for example via independent brokers and/ or consulting with Equality Target Action Groups (ETAGs) to gain the views and explore issues with the most vulnerable people in the Borough. This will also be achieved by the successful delivery of the Community Engagement for Health Programme. The initiative involves using a network of community ambassadors to reach local people in deprived areas, aiming to improve the uptake of health promotion programmes and services, and involve local people in priority setting and decision making.

6.4 Demonstrate the PCT's commitment to listening to patients and the public.

All results and outcomes of engagement will be fed back to participants and the wider public, showing people that their views were valued and to encourage future participation.

It is also important to communicate why wishes of patients or the public have not been acted upon such as due to legislation or due to resource implications. This will also help to provide a clear audit trail of all decisions made. Anyone affected by those changes should also be informed. By feeding back to people, you are also telling them that you valued their involvement and that they have made a positive difference. Feedback may help to promote satisfaction with the PCT. It is also important to feedback the findings to staff and other stakeholders.

6.5 Tailor information, engagement and involvement methods appropriately.

The methods and approach taken should be dependent on the objectives, target audience, outcomes required, timescales and resources available. Detailed information on methodologies and useful tips will be available in the Communications and Engagement Toolkit.

7.0 WHAT WE ARE GOING TO DO

NHS Bolton's 3 year Communications and Engagement Strategy was agreed in June 2008, with an action plan to be updated each year. This year there are two action plans, one for the Corporate/ Commissioning arm (see appendix A) and one for the provider arm (see appendix B) of the PCT. The plans take into account what we need to do to achieve level 3 for competencies 1 and 3 of World Class Commissioning assessment, Operating Framework and best practice guidance from the NHS Confederation on reputation management. They bring forward items from last year's plan that are outstanding or ongoing, and recognise the financial constraints that the organisation will face in the coming year.

The plans are structured around NHS Bolton's Triple Aim, illustrating how the work of engaging with and informing all our internal and external audiences will contribute to providing better health, best care and value for money, delivered by valued staff.

2009/10 was successful in achieving a strategic service for the PCT. The main achievements include:

- Piloting of real-time data in provided and commissioned services;
- Improved reputation of NHS Bolton due to target of 6 proactive press releases a month;
- Greater awareness of the reputation of the NHS in Bolton via the weekly media monitoring report which is circulated to senior manager and the public perception survey;
- Greater patient information via new patient information system being adopted and Your Guide going to each household;
- Better integration of patient experience feedback into contact monitoring and performance management systems.
- Greater intelligence on public perceptions and trends from regularly surveying of public.

8.0 APPENDIX A CORPORATE AND COMMISSIONING PLAN

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
Best Care							
1.	Public and stakeholders shape Urgent Care Diagnostic and Treatment Facility, and barriers and incentives to use are fully understood.	Undertake consultation and involvement work. Engage with partners	Sample survey with population & online survey, focus groups with hard to reach groups	Entire population, stakeholders and staff	The findings inform a marketing campaign to incentivise use.	August 2010	John Green
2.	Public and Stakeholders are informed about the development of the new Urgent Care Diagnostic and Treatment Facility as part of the "Bolton One" development.	Implement Communications Plan developed with Council and University partners	As per partnership communications plan,	Entire population, stakeholders and staff	Sense of ownership and appropriate usage of new facility	August 2010 till 2012 and beyond	John Green
3.	Public and stakeholders shape the first 3 LIFT health centres, and barriers and incentives to use are fully understood.	Undertake consultation & involvement work. Engage with partners such as Neighbourhood Management Teams	Postal sample survey with population, focus groups with hard to reach groups & deliberative work using new media technologies and visual techniques.	Local health populations (Practice & potential catchment population), stakeholders & staff	The location and design of the buildings, and services provided (including access) reflects public and staff requirements.	From September 2010	John Green
4.	Fully meet the requirements of Care Quality Commission Survey Programme	Commission external agency to undertake primary care survey	Postal sample survey.	Sample of GP patient population	Comply with Annual Health Check and Vital Signs. Feed findings into contract meetings with providers.	January 2011	L Ettridge
5.	Assess and track patients' experiences of commissioned services	To utilise existing feedback tools	Monitor public views and Patient Opinion	Self-selecting sample of patients	Incorporate into Board bi-annual patient experience reports and quarterly provider patient experience reports to feed into contract review meetings	July 2010 and then quarterly	L Ettridge

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
		Strengthen Patient Experience Board Reports.	Bi-annual report to Board and amalgamated into one annual report	Board , stakeholders and the public	Demonstrate public and patient views affect commissioning decisions and service design. Meet duty to report requirements.	November 2010 and June 2011	Lucy Ettridge
6.	Enhance reputation of the NHS in Bolton to improve confidence in services	Improve balance of positive over negative media coverage of the NHS in Bolton by producing 6 press releases a month.	Highlight positive stories through media releases, briefings and photo opportunities. Manage negative stories pro-actively where possible.	Bolton population	Improved scores in public surveys carried out as part of WCC framework	Ongoing	Comms Lead
7.	Ensure public and staff use Patient Opinion when feeding back views on health services.	Support marketing of Patient Opinion through main communication channels and engagement mechanisms.	Use conventional and community media, local networks, patient groups, community ambassadors, surveys and internal tools. Summarise Patient Opinion themes and comments in each Trust Talk	Bolton population Staff and non-executive directors	Increased awareness of Patient Opinion and increased number of postings, leading to regular near-real time views feeding into commissioning process. Staff and NEDs are able to feedback their experiences in a timely manner	From July 2010	Lucy Ettridge Comms Lead
8.	Communicate NHS Bolton's role and priorities.	Maintain consistent messages regarding strategy through all communications channels.	Use conventional and community media, local networks, patient groups and community ambassadors.	Bolton population and key stakeholders	People recognise NHS Bolton, as the local leader of the NHS and public are more likely to participate in future engagement exercises.	Ongoing	Comms Lead
9.	The PCT actively listens to, understands and responds to public and patients	Produce a bi-annual You Said: We Did	Online and via insert with Citizens' Panel survey	Entire population & staff	Enhance the reputation of the PCT and encourage future participation in engagement activities.	From July 2010	L Ettridge

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
10.	Project evaluation of Brightmet Health Centre	Get feedback from stakeholders involved in construction and commissioning stages, and from users of the centre.	Undertake online and paper surveys.	Stakeholders involved in commissioning stages, staff working in Brightmet, and patients and staff that visit Brightmet.	Capture lessons learned to improve the development and operational activity of the new LIFT buildings	June 10	R Westwell
11.	Embed public and patient engagement into commissioning processes.	Develop and implement a detailed engagement plan for each area within the Commissioning Workplan for 2010.	Interlay commissioning and engagement toolkits. Undertake engagement learning sets with commissioning staff.	Public and patients Commissioning staff	All commissioning and decommissioning decisions are informed by a spectrum of patient and public opinion collated by representative engagement.	September 2010	D Moody
12.	Ensure that targeted engagement of equality groups is embedded into commissioning process as part of Equality Impact Assessment process	Review equality impact assessment elements of commissioning toolkit and revise as appropriate.	Ensure equality impact assessment and targeted engagement of equality groups is key stage of commissioning toolkit. Undertake training as appropriate.	Equality Groups and commissioning team	Commissioning processes explicitly takes into account the needs and experiences of equality groups.	Jan 2011	D Moody C Upton
13.	Establish an effective two-way relationship with the LINK.	Work with and support the Local Involvement Network (LINKs) to effectively capture patient/public views.	Mystery shopping of GP practices.	LINK Board and wider members.	Better information on equitable patient access to GPs to triangulate with PIP data. Better informed decision making and strong working relationship with the LINK	From September 2010	L Ettridge & J Leonard
14.	Monitor patients' experiences of primary care at an individual GP practice level.	Include patient experience metrics in the PIP (Practice Improvement Plan) which is based around our Triple Aim.	Send a patient experience dashboard based on 6 indicators from the GP Patient Survey to each GP, and individual performance reports.	GPs and practice staff	Used to monitor the performance of GPs on a quarterly basis.	May 2010 and then quarterly. Performance reports bi monthly.	L Ettridge

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
	Better Health						
15.	Gather public view to inform the Pharmaceutical Needs Assessment (PNA)	Undertake public engagement with a representative sample of the population on their current use of pharmaceutical services, identify gaps and priorities for future development.	Online and postal surveys	Sample of Bolton population	The PNA reflects the needs of the public.	July 2010	Stephen Wood
16.	Improving health and reducing inequalities	Support communication and social marketing campaigns around issues such as young people's sexual health, breast-feeding, Change4Life.	Via posters, radio, community media and face to face with community networks and ambassadors.	Bolton population but especially socially excluded groups	Public empowered to improve their own health and quality of life	Ongoing	Comms Lead
17.	Increase use of NHS Bolton website as a tool to improve health and access to healthcare	Consistent updating and checking of information.	Support delegated web editors to use the CMS system	All who access the internet	Improved access to information	Ongoing	Comms Lead
18.	Ensure communications plans are in place to support emergency preparedness in respect of major incidents and pandemic flu	Update plans and action cards for major incidents, and for pandemic	Review in liaison with Emergency Preparedness officer	All stakeholders	Improved emergency response	June 2010	Comms Lead
19.	Assess and track the population's views of the PCT, health needs and their perceptions of health.	Undertake consultation on people's health experiences, satisfaction with services, and how and where people seek health related information.	Repeat of 2008 and 2009 citizens' panel survey.	Bolton population	Raised awareness of the PCT, provide performance monitoring information including goal 6 of strategic plan and trend data	Summer 2010	L Ettridge
		Ensure all survey and engagement results are disaggregated by equality groups.	By ensuring demographic questions are included in all surveys and asked at large events.	Equality groups	Improved understanding of patient experience and satisfaction by equality groups.	Ongoing	L Ettridge/ C Upton

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
20.	Assess self-reported health and well being of the populations.	Undertake a postal and online survey on: self-reported health, mental wellbeing, use of health services and lifestyles.	Repeat of 2007 Health Survey.	Stratified, random sample of the population.	Gain health and disease prevalence data to inform commissioning process, inform the JNSA and gain intelligence to effect behavioural change.	September 2010	D Holt
21.	Engage seldom heard communities on access to services, health issues inequalities.	Undertake consultation with equality groups on equality priorities and objectives, to inform the development of revised Equality Scheme.	Undertake consultation face to face consultation via Equality Target Action Groups (ETAGs)	Equality Groups/communities	Improved understanding of communities priorities in relation to health inequalities and identification of new health equality objectives for the PCT.	Oct 2010	C Upton
22.	Engage with and develop dialogue with people with Learning Disabilities on health issues	Undertake targeted engagement event with people with learning disabilities on local health services, health information and health experiences.	Undertake event jointly with Bolton Council, LINks and New Openings Group.	People with Learning Disabilities and their Carers	Improve understanding of the health needs and experiences of local people with learning disabilities, to inform PCTs revised Single Equality Scheme and Equality Objectives.	Summer 2010	M Fraser C Upton
Value For Money							
23.	Work in collaboration with the public on how to prioritise PCT spending.	Undertake large-scale local health priorities engagement.	Deliberative exercise	Sample of the population, key stakeholders and hard to reach groups.	Informed public view influences PCT spending plans over next 4 years.	September 2010	Graham Atkinson
24.	Ensure large-scale engagement and communication activity are an effective and efficient use of resources	Evaluate all corporate activity	By designing an evaluation proforma and holding project team meetings to discuss,	Communications and Engagement Team	Appropriate use of resource and build up internal database of best practice.	Ongoing	L Ettridge / Comms Lead

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
		Using the Comms and Engagement Toolkit, raise awareness of the role of the Comms and Engagement Department and support staff.	Face to face at directorate and Senior Manager briefing meetings, and through the website.	Senior Managers and Service Heads	Appropriate use of specialist internal resource.	Ongoing	L Ettridge / Comms Lead
25.	Better coordinated engagement.	Ensure engagement database proformas are regularly completed by all engagement leads to feed into the database, via NHS Bolton's Strategic Engagement Group	Develop into an online portal	All staff, public and stakeholders	PCT's engagement is coordinated, offers value for money and does not duplicate other activities. Provide an evidence base for how engagement influenced commissioning.	Ongoing	L Ettridge
26.	Use good communications to support projects aimed at improving productivity and efficiency	Implement the communications actions plan for Productive Community Services (PCS)	As per detailed plan	Staff within provider services, and others	Maximisation of benefits from PCS	April 2011	Comms Lead
		Use the "Getting the best" campaign to support efficient use of NHS resources	Publicity campaigns on related themes	Service users	Public support for efficiency	April 2011	Comms Lead
Valuing Our Staff							
27.	Ensure staff are well informed on PCT's activities and priorities and act as community advocates for the PCT	Use the Staff Open Forum consistently to advise on issues of importance to staff including communications.	Communications lead to attend each Staff Open Forum. Communications issues to be a standing item. Promote SOF as a communication channel	All staff	Communications mechanisms will develop in ways that enable staff to feel better informed and involved	Ongoing	Comms Lead
		Optimise use of weekly e-bulletin.	Monitor and minimise other "all staff" emails.	All staff	Reduce the number of "all staff" emails, so that key information is easily accessed.	Ongoing	Comms Lead

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
		Ensure managers are well informed and supported to brief their staff.	Monthly Board briefing and Senior Manager Forum	Senior Managers	Consistent messages	Ongoing	Comms Lead
28.	Ensure staff are well informed and engaged in TCS process	Develop and implement specific communications plan to support detailed planning and transfer of services to new body.	Consistent message from the top and at all levels. Use of all existing staff communications mechanisms, plus specific regular briefings from the Chief Exec on this issue	All staff	Minimise impact on staff morale caused by changes. (Measure through staff survey results)	Ongoing to April 11	Helen Clark
29.	Ensure staff have easy access to information to support their work, learning and career development	Consistently check, amend and update information on the NHS Bolton website and intranet	Support delegated web editors to use the new CMS system	All staff	Staff feel better supported	Ongoing	Comms Lead
30.	Recognise the achievements of staff	Support entries to national and regional award schemes	Raise awareness and help with drafting entries	All Staff	Improved morale	Ongoing	Comms Lead
		Hold local "Diamond Awards" event	As per last year	All Staff	Improved morale	December 10 – subject to funding	Su Long
		Use Trust Talk to carry news of achievements	Continue to publish regularly	All staff	Improved morale	Quarterly	Comms Lead
		Improve balance of positive over negative media coverage of the NHS Bolton services.	Highlight positive stories through media releases, briefings and photo opportunities. Manage negative stories pro-actively where possible.	Local staff	Positive impact on morale from supportive media coverage	Ongoing	Comms Lead

9.0 APPENDIX B PROVIDER PLAN

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
Best Care							
1.	Better understanding of patients views of NHS Bolton services	Aggregate and triangulate patient data into key themes.	Bi-annual report to Provider Services Committee	Senior Managers	Act as trigger for service improvement	November 2010 and April 2011.	L Ettridge
2.	Enhance reputation of the NHS Bolton to improve confidence in services	Improve balance of positive over negative media coverage of the NHS Bolton services.	Highlight positive stories through media releases, briefings and photo opportunities. Manage negative stories pro-actively where possible.	Bolton population	Positive effect on patient views of local services	Ongoing	Comms Lead
3.	Support staff to engage with their audiences.	Using the Comms and Engagement Toolkit, raise awareness of the role of the Comms and Engagement Department and support staff.	Face to face through learning sets, and through the website.	Team leaders	Appropriate use of specialist internal resource and up skill staff who are involved with Productive Community Services.	From June 10 onwards	L Ettridge
Better Health							
4.	Understand what drives patient satisfaction with provider's services.	Undertake key driver analysis of satisfaction data from provider service surveys.	Appropriate statistical technique such as regression analysis or correlation.	Senior Managers	KPIs on what matters most to patients, leading to Improved satisfaction due to better patient centred care.	Winter/ spring 2011	L Ettridge
Valuing Our Staff							
5.	Recognise the achievements of staff	Support entries to national and regional award schemes		All Staff	Improved morale	Ongoing	S Long
6.	Assess and track patients' experiences of NHS Bolton services	Undertake in-house annual surveys benchmarking against each PCT service and external services	Standardised sample paper survey.	Random sample of service users across all PCT's services	Incorporated into performance management reporting	From July 2010	L Ettridge

	Issue/ Objective	Action	Method	Audience	Expected Outcomes	Timescale	Lead Officers
7.	Assess and track Bolton Community Practice's patients' experiences at a branch level, as national GP Patient Survey (GPPS) will only provide data at the integrated practice level.	Undertake brief survey with random sample of patients on areas that have been shown to be poorly performing in the GPPS.	Paper based survey and online surveys.	Random sample of patients, and open sampling to all patients who want to feedback their views.	Monitor and minimise the impact of the integration and service on patients	July 2010 and then quarterly.	L Ettridge & Bernie Gildea
8.	Directly Managed Practices focus groups	Undertake qualitative engagement with patients exploring shown issues in depth, and learn from what works.	Focus groups in 1 of the branches and one at the central location for all patients.	Selection of patients from the directly managed practices.	Patients are better informed on integration and reasons why. Establish what is most important to patients in accessing and receiving primary care, leading to improvements in GPPS results for 2011.	June 2010	L Ettridge & Bernie Gildea
9.	Ensure staff are well informed on PCT's activities and priorities and act as community advocates for the PCT	Use the Staff Open Forum consistently to advise on issues of importance to staff including communications	Communications Manager to attend each Staff Open Forum. Communications issues to be a standing item. Promote SOF as a communication channel	All staff	Communications mechanisms will develop in ways that enable staff to feel better informed and involved	Ongoing	Comms Lead
		Optimise use of weekly e-bulletin.	Monitor and minimise other "all staff" emails.	All staff	Reduce the number of "all staff" emails, so that key information is easily accessed.	Ongoing	Comms Lead

10.0 APPENDIX C CORPORATE & COMMISSIONING PLAN – PROGRESS

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Update
	Best Care					
1.	Public and stakeholders shape Urgent Care Diagnostic and Treatment Facility, and barriers and incentives to use are fully understood	Undertake consultation and involvement work. Engage with partners	Sample survey with population & online survey, focus groups with hard to reach groups	Entire population, stakeholders and staff	The findings inform a marketing campaign to incentivise use.	Timescale has been delayed but key groups such as those who are visually impaired have been involved about branding and accessibility.
2.	Public and Stakeholders are informed about the development of the new Urgent Care Diagnostic and Treatment Facility as part of the “Bolton One” development	Implement Communications Plan developed with Council and University partners	As per partnership communications plan, building on information from 1. above	Entire population, stakeholders and staff	Sense of ownership and appropriate usage of new facility	Comms Manager attends multi-agency comms group for Bolton One. Plans in hand for publicity around start of construction work, branding on the hoardings round the building site, website with updates and web-cam, etc
3.	Public and stakeholders shape the first 3 LIFT health centres, and barriers and incentives to use are fully understood	Undertake consultation & involvement work. Engage with partners such as Neighbourhood Management Teams	Postal sample survey with population, focus groups with hard to reach groups & deliberative work using new media technologies and visual techniques.	Local health populations, stakeholders & staff	The location and design of the buildings, and services provided (including access) reflects public and staff requirements.	Engagement Plans on locations and design agreed for the first three health centres. Focused engagement carried out with Farnworth community on their priorities for a new health centre.
4.	Fully meet the requirements of Care Quality Commission (National Survey Programme)	Commission external agency to undertake primary care survey	Postal sample survey.	Sample of GP patient population	Provide trend data. Comply with Annual Health Check and Vital Signs.	The National Survey Programme has been amended; no PCT survey was required in 2009/10.
5.	Assess and track patients’ experiences of commissioned services	To utilise existing feedback tools	Monitor public views via ETAGs and Patient Opinion	Sample of patients	Incorporate into patient experience report and feedback to act as a trigger, feeding into the commissioning process.	Patient Opinion postings are monitored systematically, and incorporated into a bi-annual patient experience report. Patient Opinion postings, along with other engagement and PALs and complaints data is analysed at a service level that feeds into the contract monitoring process.

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Update
		Strengthen Patient Experience Board Reports.	Bi-annual report to Board and amalgamated into one annual report	Board and the public	Demonstrate public and patient views affect commissioning decisions and service design. Meet new duty to report requirements.	As above
		Undertake urgent care and 18 week patient experience surveys	Via postal survey (repeat of 2009 surveys)	Sample of patients	Provide performance monitoring information and trend data (from 2009)	Urgent Care and 18 week pathway surveys were not undertaken in 2010 as funding from the SHA was not available. However, patient experiences were still monitored via Patient Opinion, PALs, Complaints and other commissioned and statutory surveys. The data from 2009 the 18 week survey was used to develop an action plan; the main action is to review appointment processes at the RBH.
		Pilot a patient experience tracker survey	Monitor patient experience and satisfaction via touch screens in key service points	Sample of patients	Gain real-time patient experience, monitor standards of service delivery and inform commissioning decisions	Tracker surveys have been piloted in the MSK service, two GP practices and in Children and Young People Department, and patient feedback will be analysed alongside other intelligence and incorporated into service monitoring reports and Patient Experience Reports. Evaluation of the pilots is currently being undertaken.
6.	Patients are involved with Practice Based Commissioning (PBC)	Communications and Engagement Team to advise practices on how best to involve patients in commissioning of services.	Use the Communications and Engagement Toolkit to raise awareness on how best to involve patients.	GP Practices	Provide evidence that patients influence the commissioning of services	All three PBC clusters were taken through the corporate Communications and Engagement Toolkit on how to involve patients in commissioning. West PBC has examples of good engagement

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Update
7.	Patients well informed to access the most appropriate urgent care option	Use Social Marketing campaign techniques around "Choose Well" message	Research-based marketing campaign	All potential urgent care service users	Reduction in A & E pressures	Urgent care messages included as first phase of "Getting the Best from Our NHS" campaign, including posters, web information and advertising. Messages also included in "Your Guide" leaflet going to all households
8.	The PCT actively listens to, understands and responds to public and patients	Produce a bi-annual You Said: We Did	Succinct A4 poster published in Bolton Scene, Trust Talk and displayed at health and other access points.	Entire population & staff	Enhance the reputation of the PCT and promote future participation in engagement activities.	NHS Bolton regularly feeds back to patients via patients' boards in clinics and practices. You Said We Did has been published in Your Guide.
9.	Provide information to Bolton residents about the care available to them and about NHS Bolton	Produce "Your Guide to Local Health Services" for delivery to all households	Internal design to DH specifications. Commission external print and delivery	Bolton Population	Public better informed about existence and role on NHS Bolton	Distributed in January. Included info on the PCT, feedback on consultation, flu info, and lots more.
		Improve consistency of NHS Bolton information leaflets	Enforce new Patient Information Policy and Corporate Identity Guidelines	Service Users	Better use of and improved confidence in services	Centralised, on-line system for the production of consistent, corporate leaflets and posters from agreed templates now in place.
10.	Enhance reputation of the NHS in Bolton to improve confidence in services	Improve balance of positive over negative media coverage of the NHS in Bolton by producing 6 press releases a month.	Highlight positive stories through media releases, briefings and photo opportunities. Manage negative stories pro-actively where possible.	Bolton population	Improved scores in public surveys carried out as part of WCC framework	Balance of positive over negative media coverage is maintained almost every week. More than one press release issued per week on average despite additional work pressure from swine flu.
11.	Establish an effective two-way relationship with the LINK.	Work with and support the Local Involvement Network (LINKs) to effectively capture patient/public views.	Qualitative methods, piloted within Cardiovascular Disease	LINK Board and wider members.	Better informed decision making and strong working relationship with the LINK	LINK members have been involved with commissioning including procuring a new phlebotomy service and improving dental access. A LINK Board member sits on the Engagement Strategy Group.

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Update
12.	Communicate NHS Bolton's priorities.	Feed back the Big Bolton Health Debate results and the final Big Bolton Health Plan 2009-14	Via posters, radio, community media and face to face with community networks and ambassadors.	Bolton population and key stakeholders	People recognise NHS Bolton as the local leader of the NHS and public are more likely to participate in future engagement exercises.	Info on strategy's priorities and feedback from Big Bolton Health Debate included in Your Guide.
Better Health						
13.	Assess and track the population's views of the PCT, health needs and their perceptions of health.	Undertake consultation on people's health experiences, service use, satisfaction with services & access to services, and awareness of the PCT.	Repeat of 2008 citizens' panel survey.	Bolton population	Raised awareness of the PCT, provide performance monitoring information and trend data (from 2008)	A survey was undertaken in July 2009. This provided trend data on service usage and satisfaction and provided key health needs assessment information on urgent care usage and mental health problems
14.	Improving health and reduce inequalities	Support communication and social marketing campaigns around young people's sexual health, teenage pregnancy, Change4Life, and others	Via posters, radio, community media and face to face with community networks and ambassadors.	Bolton population but especially socially excluded groups	Public empowered to improve their own health and quality of life	Communications activity recently or due shortly on breast-feeding, chlamydia screening and alcohol
15.	Increase use of NHS Bolton website as a tool to improve health and access to healthcare	Consistent updating and checking of information.	Support delegated web editors to use the new CMS system	All who access the internet	Improved access to information	Ongoing
16.	Ensure communications plans are in place to support emergency preparedness in respect of major incidents and pandemic flu	Finalise plans and action cards	Through existing PCT committees and working groups	All stakeholders	Improved emergency response	Normal work suspended due to real emergency (swine flu) but pressure to fulfil Lead PCT comms role impacts on ability to deliver local role

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Update
Value For Money						
17.	Ensure all engagement and communication activity are an effective and efficient use of resources	Evaluate all corporate activity	By designing an evaluation proforma and holding project team meetings to discuss,	Communications and Engagement Team	Appropriate use of resource and build up internal database of best practice.	Not yet completed
		Using the Comms and Engagement Toolkit, raise awareness of the role of the Comms and Engagement Team.	Face to face at directorate and Senior Manager briefing meetings, and through the website.	Senior Managers and Service Heads	Appropriate use of specialist internal resource.	Undertaken engagement learning sets with Quality Improvement leads and team leaders.
18.	Review distribution of Trust Talk and encourage more staff contributions	Look into potential of having an electronic version of Trust Talk and paper copies to staff without email accounts		All staff	Reduce the printing costs and resources to distribute.	Not done
19.	Better coordinated engagement.	Work in partnership with Bolton Council to roll out a consultation database	On the internet	All staff, public and stakeholders	PCT's engagement is coordinated, offers value for money and doesn't duplicate other activities.	An interim paper based system is in place.
Valuing Our Staff						
20.	Ensure staff are well informed on PCT's activities and priorities and act as community advocates for the PCT	Use the Staff Open Forum consistently to advise on issues of importance to staff including communications	Communications Manager to attend each Staff Open Forum. Communications issues to be a standing item. Promote SOF as a communication channel	All staff	Communications mechanisms will develop in ways that enable staff to feel better informed and involved	Comms Manager attends SOF and this is useful to get a feel for staff issues.
		Optimise use of weekly e-bulletin.	Monitor and minimise other "all staff" emails.	All staff	Reduce the number of "all staff" emails, so that key information is easily accessed.	Achieved. Weekly e-bulletin works well. All user emailed now only go out in an emergency or as important message from the CEO,

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Update
		Develop better two-way staff communications	To be confirmed – enquiries email system	All staff	Staff feel listened to	System of email query in-box for staff not done
21.	Ensure staff are well informed and engaged in efforts to get back in to financial balance	Develop specific communications plan to support finance strategy	Consistent message from the top and at all levels. Use of all existing staff communications mechanisms, plus specific regular briefings from the Chief Exec on this issue	All staff	Minimise impact on staff morale caused by financial savings plans. (Measure through staff survey results)	Good series of email briefings from Chief Executive at start of financial year. Probably need update soon
22.	Ensure staff have easy access to information to support their work, learning and career development	Consistently check, amend and update information on the NHS Bolton website and intranet	Support delegated web editors to use the new CMS system	All staff	Staff feel better supported	Relevant L&D staff trained to update web and training updates go out in weekly e-bulletin.
23.	Provide further media training so managers can identify potential news stories, and so that we can respond effectively to interview requests. (Crisis Training only, provided in 08/09)	Commission media consultants to provide bespoke training.	In-house training	Core of senior managers	Better relationship with the media. Bolton population understand and own the PCT. Staff develop pride in the PCT's achievements	None recently
24.	Recognise the achievements of staff	Support entries to national and regional award schemes		All Staff	Improved morale	Staff encouraged to enter awards schemes via publicity in weekly bulletins.
		Hold local "Diamond Awards" event	As per last year	All Staff	Improved morale	Diamond awards event held

11.0 APPENDIX D PROVIDER PLAN – PROGRESS

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Timescale	Update
	Best Care						
1.	Assess and track patients' experiences of NHS Bolton services	Undertake in-house quarterly surveys benchmarking against each PCT service and external services	Standardised sample paper survey.	Sample of service users across all PCT's services	Incorporated into performance management reporting and meet Vital Signs target.	Quarterly	One round of surveys completed for most services.
		To utilise existing feedback tools	Monitor public views via Patient Opinion	Sample of patients	Incorporate into patient experience report and feedback will act as a trigger for service improvement.	Ongoing	Monitored by NHS Bolton and incorporated into Board level report
		Pilot a patient experience tracker survey	Monitor patient experience and satisfaction via touch screens in key service points	Sample of MSK patients	Gain real-time patient experience, monitor standards of and improve service delivery		Successful pilot of patients at Derby Practice
		Add an advocacy question ("how likely are you to recommend this service to a friend or family") to the provider satisfaction surveys	Standardised sample paper survey.	Sample of service users across all PCT's services	Better indicator of patient satisfaction and enable comparators to be made across other providers and sectors.	Quarterly	Not done
		Pilot Patient Experience Based Design in MSK CATS	Various qualitative methods such as patient video diaries, one-to-one interviews and video booths.	MSK CATS patients	Collaborative redesign takes place improving the quality of the service delivered.	June 2009 onwards	Successfully completed
2.	The PCT understands and responds to patients' views.	Produce "You Said: We Did"	Succinct A4 poster published in Bolton Scene, Trust Talk and displayed at health centres and other access points, and on the website.	Entire population & staff	Enhance the reputation of the PCT and promote future participation in engagement activities.	December 2009	Posters displayed in clinics.

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Timescale	Update
3.	Enhance reputation of the NHS Bolton to improve confidence in services	Improve balance of positive over negative media coverage of the NHS Bolton services.	Highlight positive stories through media releases, briefings and photo opportunities. Manage negative stories pro-actively where possible.	Bolton population	Improved scores in public surveys carried out as part of WCC framework	Ongoing	Corporate target of 6 positive press releases a month is achieved. Some positive story opportunities are being missed.
4.	Better understanding of patients views of NHS Bolton services	Aggregate and triangulate patient data into key themes.	Bi-annual report to Provider Services Committee	Senior Managers	Act as trigger for service improvement	TBC	Completed.
Better Health							
5.	Assess and track the population's views of NHS Bolton's community services	Undertake consultation on people's health experiences, service use, and satisfaction with services & access to services.	Repeat of 2008 citizens' panel survey.	Bolton population	Provide performance monitoring information and trend data (from 2008)	Summer 2009	Completed.
6.	Understand what drives patient satisfaction with provider's services.	Undertake key driver analysis (or CHAID) of existing satisfaction data from provider service surveys.	Appropriate statistical technique such as regression analysis or correlation.		Improved satisfaction.	TBC	Due to lack of funding, not done.
7.	Ensure communications plans are in place to support emergency preparedness in respect of major incidents and pandemic flu	Finalise plans and action cards	Through existing PCT committees and working groups	All stakeholders	Improved emergency response	May 2009	No further work done on action cards, etc due to coping with real emergency – swine flu
Value For Money							
8.	Better coordinated engagement.	Work in partnership with Bolton Council to roll out a consultation database	On the internet	All staff, public and stakeholders	PCT's engagement is coordinated, offers value for money and doesn't duplicate other activities	September 2009	Interim database in place, but received no updates from provider services thus far.

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Timescale	Update
9.	Support staff to engage with their audiences.	Using the Communications and Engagement Toolkit, raise awareness of the role of the Communications and Engagement Team and support staff.	Face to face at directorate and Senior Manager briefing meetings, and through the website.	Senior Managers and Service Heads	Appropriate use of specialist internal resource.	December 09	Slowly being rolled out to train staff inc those involved in PCS.
Valuing Our Staff							
10.	Raise awareness of the “Right to Request” scheme as part of Transforming Community Services for Board to consider a social enterprise ownership model.	Develop specific communications plan on ownership models	Face to face briefings, and existing staff communications	All provider staff and trade unions	Staff fully understand options available to them and implications around models of future ownership	TBC	Face to face communications undertaken by Tim and Anna Staff Open forum and managers meetings.
11.	Ensure staff and stakeholders are well informed on separation readiness stage of TCS.	Develop specific communications plan	Face to face briefings, and existing staff communications	All staff and stakeholders	Staff are fully aware of TCS and its implications	Ongoing	Face to face communications undertaken by Tim and Anna Staff Open forum and managers meetings.
12.	Ensure staff and stakeholders are engaged with the Option appraisal stage of TCS.	Develop specific communications and engagement plans	Face to face briefings, existing staff communications and workshops	All staff and stakeholders	Staff and stakeholders have the opportunity and are satisfied with the opportunity to participate in the process.	TBC	Face to face communications undertaken by Tim and Anna Staff Open forum and managers meetings.
13.	Ensure staff are well informed on PCT’s activities and priorities and act as community advocates for the PCT	Use the Staff Open Forum consistently to advise on issues of importance to staff including communications	Communications Manager to attend each Staff Open Forum. Communications issues to be a standing item. Promote SOF as a communication channel	All staff	Communications mechanisms will develop in ways that enable staff to feel better informed and involved	Ongoing	Comms Manager attends SOF and this is useful to get a feel for staff issues.

	Issue/ Objective	Action	Method	Stakeholders	Expected Outcomes	Timescale	Update
		Optimise use of weekly e-bulletin.	Monitor and minimise other "all staff" emails.	All staff	Reduce the number of "all staff" emails, so that key information is easily accessed.	Ongoing	Weekly e-bulletin works well
		Develop better two-way staff communications	To be confirmed – enquiries email system	All staff	Staff feel listened to	December 09	Not done
14.	Ensure staff are well informed and engaged in efforts to get back in to financial balance	Develop specific communications plan to support finance strategy	Consistent message from the top and at all levels. Use of all existing staff communications mechanisms, plus specific regular briefings from the Chief Exec on this issue	All staff	Minimise impact on staff morale caused by financial savings plans. (Measure through staff survey results)	March 09 to April 10	Good series of email briefings from Chief Executive at start of financial year.
15.	Ensure staff have easy access to information to support their work, learning and career development	Consistently check, amend and update information on the NHS Bolton website and intranet	Support delegated web editors to use the new CMS system	All staff	Staff feel better supported	Ongoing	Relevant L & D staff trained to update web
16.	Provide further media training so managers can identify potential news stories, and so that we can respond effectively to interview requests. (Crisis Training only, provided in 08/09)	Commission media consultants to provide bespoke training.	In house training	Core of senior managers	Better relationship with the media. Bolton population understand and own the PCT. Staff develop pride in the PCT's achievements	Subject to funding	None recently
17.	Recognise the achievements of staff	Support entries to national and regional award schemes		All Staff	Improved morale	Ongoing	Staff encouraged to enter awards schemes via publicity in weekly bulletins.
		Hold local "Diamond Awards" event	As per last year	All Staff	Improved morale	September 09 – subject to funding	Diamond awards event held