



**Dorset  
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

# Engagement and Communications Framework 2014/2015 to 2015/2016



## Document History

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**Annual Review: July 2015**

**Liane Jennings  
Deputy Director of Strategic Development and Engagement  
August 2014**

## ENGAGEMENT AND COMMUNICATIONS SUMMARY FRAMEWORK

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## NHS DORSET CLINICAL COMMISSIONING GROUP

### ENGAGEMENT AND COMMUNICATIONS SUMMARY FRAMEWORK

#### 1. INTRODUCTION

- 1.1 The NHS as a whole is facing unprecedented challenges in terms of continuing to provide high quality services in the face of the increasing demands, longevity, multiple conditions and new technologies. The challenges we face locally will mean that we will have to make courageous and sometimes unpopular decisions to ensure safe services can be sustainably provided. We are therefore keen to engage and involve all of our stakeholders both external such as our public, partners and providers and our membership and staff, as we embark on a period of transformational change for local services.
- 1.2 NHS Dorset Clinical Commissioning Group (the CCG) embraces engagement as being at the heart of everything that it does. We are committed to meaningful individual and public participation in the work that we do and to the importance of the appropriate and timely involvement of our stakeholders. Together we can achieve our mission of “supporting people in Dorset to lead healthier lives”.
- 1.3 In the delivery of its engagement and communications activity the CCG will adopt recognised good practice and focus on the need to:
- make it meaningful – ensuring the engagement and conversations take place before decisions have been made;
  - be open and honest – being transparent and making it clear what can and cannot be changed, what may or may not be possible and why;
  - provide feedback and monitoring to show how views have been considered and used to influence debates;
  - be inclusive and using a variety of ways to engage in conversations and collect views;
  - ensure the effective participation of the public in the commissioning process itself, both at a locality and CCG level, so that services provided reflect the needs of local people;
  - have realistic timescales;
  - use simple and clear language and alternative formats where required.
- 1.4 The Engagement and Communications team is central to the CCG, with members of the team proactively involving themselves in events and meetings. Engagement is part of everyone’s job and responsibility. Training and support will be provided to our staff and members and our internal communications team will ensure that they all have timely and comprehensive information so that they can feel confident in their delivery of the CCGs important messages.

1.5 The engagement and communications activity for the CCG is divided into four main themes of work:

- **stakeholder engagement;**
- **individual and public participation;**
- **public relations and reputation management;**
- **communication.**

1.6 This document explains further these four themes and also provides an overview of the CCGs statutory responsibilities with regards to participation, and its assurance and reporting arrangements for its engagement and communications activity.

## **2. STAKEHOLDER ENGAGEMENT**

2.1 We value everyone's view and having these insights helps us to ensure that we plan appropriate engagement and communications activity to suit the audience.

2.2 We will be exploring the use of technologies to increase our stakeholder insight and to manage the way in which we understand, involve and engage with people.

2.3 Our work in this area will focus on the:

- design and implementation of a CCG stakeholder management, analysis and engagement process to support corporate, locality, clinical commissioning and transformation programmes of work;
- the development of effective working relationships, engagement and involvement with our partners such as MPs, HealthWatch, Local Authorities including Public Health, Health and Wellbeing Boards, Health Scrutiny Committees and our Providers.

2.4 A more detailed explanation of our approach to working with our stakeholders can be seen in **Appendix A**.

## **3. INDIVIDUAL AND PUBLIC PARTICIPATION**

3.1 The CCG has adopted NHS England's guide publication Transforming Participation in Health and Care 'The NHS belongs to us all' as its primary reference and guidance document in terms of delivering good practice and meeting its statutory requirements.

3.2 Some of the main areas of work in this area are:

- a review of the CCG's Local and Health Involvement Networks and their relationship with local Patient Participation Groups with a view to improving collaboration and more effective ways of working;

- development of the ‘Supporting Stronger Voices’ forum which is a network of patient, carer and public representatives from across the range of our wider involvement networks and groups;
- provision of engagement and communications support to clinical commissioning programmes in developing their knowledge of engagement and communications tools and techniques to support their service review and design projects;
- provision of engagement and communications support to localities in developing their knowledge of engagement and communications tools and techniques to support their local commissioning and development projects;
- development and implementation of an Engagement and Communications toolkit to support commissioners and localities;
- engagement and communications support to the CCG’s transformation programmes.

3.3 More detail of how we carry out this work can be seen in **Appendix B**.

#### **4. PUBLIC RELATIONS AND REPUTATION MANAGEMENT**

4.1 We are keen that the public and the media know what is happening across the health sector in Dorset. As the local leader of the NHS in Dorset we will take the opportunity to proactively explain, involve and inform.

4.2 Some of the main areas of work in this area include:

- design, delivery and approval of CCG Annual Report;
- review and refresh of the corporate identity;
- ensuring a co-ordinated approach to communications and public engagement across the NHS, and public services generally in Dorset;
- proactive approach to the management of CCG reputation and brand development.

4.3 More details of the work that we carry out in this area can be found in **Appendix C**

## 5. COMMUNICATIONS

5.1 The CCG is committed to ensuring that all of its communications are:

- **Accessible:** delivered in the most appropriate way for target audience;
- **Understandable:** produced clearly and creatively to motivate, inspire, and encourage response;
- **Succinct:** brevity of content to ensure participation and allow evaluation when possible.

5.2 Involving all of our stakeholders and communicating effectively will be critical to our success. Some of the priorities to ensure that this happens will be to:

- review and continuously improve CCG internal communications and members' communications, including staff and membership bulletins, emails and intranet sites;
- review and continuously improve CCG external public facing communications including bulletins, email, media management and the internet site;
- develop and implement ways to monitor and measure media relations, campaigns, website content and social media;
- develop and implement an improved staff and GP intranet communications tool.

5.3 More details of the work that we carry out in this area can be found in **Appendix D**.

## 6. STATUTORY RESPONSIBILITIES

6.1 The CCG's Constitution sets out under Section 5.2 General Duties that in discharging its functions the CCG will: "Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

- working in partnership with patients and the local community to secure the best care for them;
- adapting engagement activities to meet the specific needs of the different patient groups and communities;
- publishing information about health services on the Group's website and through other media;
- encouraging and acting on feedback;

- delegating appropriate responsibility to its Governing Body, a committee or sub-committee of the Group or Accountable Officer or a Member or employee with lead responsibility to oversee how it/they discharge the duty; (ii) specifying a policy which sets out how they intend to discharge this duty; and/or (iii) requiring progress of delivery of the duty to be monitored through performance reporting and/or general reporting mechanisms.

6.2 Under the Health and Social Care Act 2012 (the Act) Clinical Commissioning Groups (such as NHS Dorset) have two complementary duties with respect to patient and public participation:

- **Individual participation duties:** CCGs must promote the involvement of patients and carers in decisions which relate to their care or treatment. This requires collaboration between patients, carers and professionals, recognising the expertise and contribution made by all. The duty requires CCGs to ensure that they commission services which promote involvement of patients across the full spectrum of prevention or diagnosis, care planning, treatment and care management;
- **Public participation duties:** CCGs must ensure public involvement and consultation in commissioning processes and in decisions. A description of these arrangements must be included in a CCGs Constitution. The duty includes involvement of the public, patients and carers in:
  - \* planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specification;
  - \* proposed changes to services which may impact on patients.

6.3 NHS England recommends that the CCG should follow the principles developed by government in response to the Civil Service Reform Plan. The emphasis is on understanding the effects of a proposal and focusing on real engagement with stakeholder groups rather than following a set process.

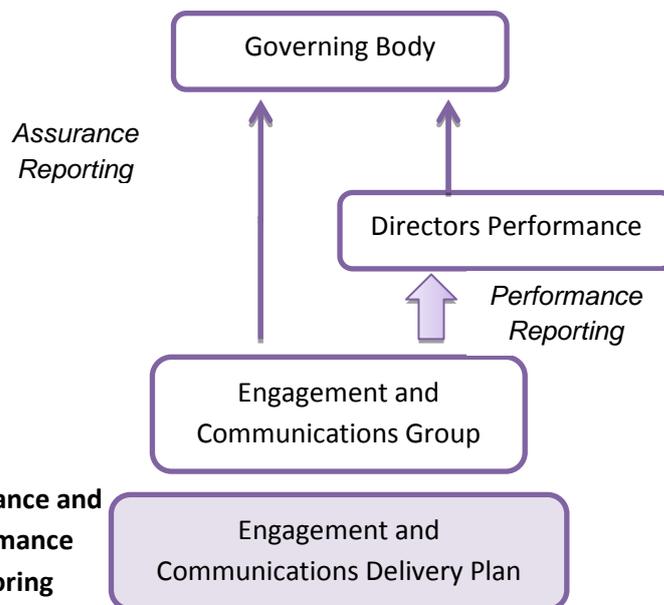
6.4 The CCG has adopted the governments civil service recommended principles for consultation. The CCG will:

- follow a range of timescales rather than defaulting to a 12-week period, particularly where extensive engagement has occurred before;
- give more thought to how it engages, and uses real discussion with affected parties and experts to make well informed decisions;
- explain what responses it has received and how these will be used in formulating policy;

- make the most of digital technology when undertaking consultation, whilst recognising that other forms should be used where these are needed to reach the groups affected by a policy.

## 7. DELIVERY ASSURANCE AND REPORTING

7.1 The diagram below sets out the structure for the CCG's internal assurance and performance monitoring.



**Figure1: Assurance and Performance Monitoring**

- 7.2 Progress against the delivery plan will be monitored at team meetings, directorate meetings and update reports will be given to the engagement and communications group. Supporting this will be the Commissioning Support Services key performance indicators that are reported every 6 months to the Audit and Quality Committee.
- 7.3 At least once a year a report on engagement and communication activity will be presented to the Governing Body.
- 7.4 In addition to monitoring delivery internally the CCG also needs to demonstrate to NHS England that it is supporting the wider CCG assurance process. Engagement and communications play a role in all of the six domains of CCG assurance and in all the areas of commissioning excellence within the draft Framework for Excellence in Clinical Commissioning (NHS England).
- 7.5 Table 1 shows how the four key themes within Engagement and Communications support each of the six domains of CCG Assurance and the framework for commissioning excellence.

**Table 1: CCG Assurance Domains and Engagement and Four Engagement Themes**

<b>CCG Assurance Domain</b>	<b>Framework for Excellence in Clinical Commissioning</b>	<b>Engagement and Communications themes</b>
<b>Domain 1:</b> Are patients receiving clinically commissioned, high quality services?	A strong clinical and multi-professional focus with significant member engagement	<ul style="list-style-type: none"> <li>• Stakeholder engagement</li> <li>• Communications</li> </ul>
<b>Domain 2:</b> Are patients and the public actively engaged and involved?	Meaningful involvement of patients, carers and the public	<ul style="list-style-type: none"> <li>• Stakeholder engagement</li> <li>• Individual and public participation</li> <li>• Communications</li> </ul>
<b>Domain 3:</b> Are CCG plans delivering better outcomes for patients?	Clear and credible plans	<ul style="list-style-type: none"> <li>• Individual and public participation</li> <li>• Communications</li> </ul>
<b>Domain 4:</b> Does the CCG have robust governance arrangements?	Robust governance arrangements	<ul style="list-style-type: none"> <li>• Public Relations and reputation management</li> <li>• Communications</li> </ul>
<b>Domain 5:</b> Are CCGs working in partnership with others?	Clinical leadership	<ul style="list-style-type: none"> <li>• Stakeholder engagement</li> <li>• Public Relations and reputation management</li> <li>• Communications</li> </ul>
<b>Domain 6:</b> Does the CCG have strong and robust leadership?	Engagement and communications activity	<ul style="list-style-type: none"> <li>• Stakeholder engagement</li> <li>• Individual and public participation</li> <li>• Public Relations and reputation management</li> <li>• Communications</li> </ul>

7.6 Particular emphasis will however be in two areas:

- a strong clinical and multi-professional focus with significant member engagement;
- meaningful involvement of patients, carers and the public.

**Liane Jennings, Deputy Director of Strategic Development and Engagement  
August 2014**

## STAKEHOLDER ENGAGEMENT

### 1. STAKEHOLDER ENGAGEMENT

- 1.1 Our internal and external stakeholders are divided into categories and sub groups. This includes staff and member practices.
- 1.2 Our stakeholder database currently holds over 1,500 contacts within 613 organisations and is used to identify categories of stakeholders that need to be considered in a given situation or programme of work. The database is also used to pro-actively engage with groups of stakeholders in such areas as supporting a particular campaign or issue, involvement in service planning and re-designs, prioritisation or influencing decision making.
- 1.3 Our interactions with our stakeholders will be multi-layered depending on the situation. We are working towards a comprehensive understanding of these interactions for each stakeholder group and this information will be used to inform stakeholder involvement in the work of the CCG whether at a corporate, locality or programme level.
- 1.4 In order to aid effective engagement with our stakeholders we utilise best practice stakeholder analysis methods. This enables us to categorise our stakeholders according to their interest in a given topic and their potential influence and ensures that we have appropriate conversations with the right people.
- 1.5 Having this insight and a better understanding of our stakeholders and their interest and influence helps us to ensure we have an appropriate blend of engagement activity, involvement and communications.
- 1.6 Our internal stakeholders need to know what is going on across the organisation and how they can get involved and have influence. A blend of communication tools and techniques are used to achieve this. For example our membership engagement activity includes:
  - weekly GP Bulletin on the intranet with information relevant to member practices and with links to further information;
  - regular membership events to involve member practices in important areas for discussion and development;
  - locality clinical and management staff infrastructure to act as a conduit to all member practices.

- 1.7 The CCG is also actively developing its intranet to include a locality focussed intranet and a communications tool that supports document sharing and enables discussion forums between practices within a locality, between localities and across the CCG.

### **Working in collaboration with stakeholders**

- 1.8 The CCG needs to be proactively working in collaboration with its stakeholders to ensure effective engagement and to increase and maximise the opportunities to succeed in meeting the challenges facing the health and care system across Dorset. Some examples of this proactive collaborative working are given below.
- 1.9 **Pan Dorset Communications Group:** This group is run and chaired by the CCG and comprises communications leads from all the provider Foundation Trusts, Public Health Dorset and NHS England. The group discusses and plans projects, for example, media campaigns to ensure a joined up approach. It meets quarterly although there is regular virtual discussion and knowledge sharing. The group also discusses potential issues and sensitive situations and supports each other when one of these develops. Members of the Engagement and Communications team also sit on the Dorset Communicators Group run by Dorset County Council.
- 1.10 **Emergency Planning:** The Head of Engagement and Communications is the health representative on behalf of the NHS in Dorset for the warning and informing agenda and activities of the local resilience forum and is responsible for ensuring the coordination of activities across NHS providers during a major incident in which the CCG is the lead agency.
- 1.11 **Political element to PR relationships:** As part of the regular (quarterly) MP briefings, NHS Dorset CCG must ensure it develops these relationships to lobby for support and understanding during a period of major change and transformation over the 5-10 years. Ensuring MPs are well briefed, clear on the facts, confident at briefing constituents about any changes to NHS services and where necessary, being able to bring matters to parliament are likely to be important as services are redesigned and public and patient engagement activity is high in the region.
- 1.12 **HealthWatch:** is the national independent consumer champion created following the NHS reforms in 2013. Its role is to gather and represent views of the public, signpost services and report concerns and recommendations. It has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. The aim of local HealthWatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality; therefore the relationship between NHS Dorset CCG and HealthWatch is an important one.

1.13 Through regular meetings with HealthWatch five areas in which the relationship could be enhanced for future working have been identified and will be proactively developed collaboratively:

- more involvement in our engagement work;
- earlier insight into our planned service redesign and consultations;
- partnership in public promotion and communication;
- sharing information;
- listening to and acting upon patient insight gathered from HealthWatch.

## 2. STAKEHOLDER FEEDBACK

2.1 There are a number of mechanisms in place that enable the engagement and communications team to gain insights into the perceptions of its stakeholders regarding the CCG's performance, reputation and the effectiveness and impact of its engagement and communications activities. This insight is very valuable to us to enable as it helps us to identify areas where we could do more. Some examples of how this works in practice are given in the following paragraphs:

2.2 **CCG Assurance 360<sup>o</sup> stakeholder survey:** This is an annual survey which is commissioned by NHS England and sent to a range of the CCG's stakeholders (excluding the public) to ascertain their views on how well the organisation is performing in certain areas. The stakeholders involved in this survey are:

- GP member practices;
- other CCGs;
- Health and Wellbeing Boards;
- upper tier or unitary local authorities;
- local HealthWatch;
- other patient groups (up to 3);
- NHS providers (Acute Trusts);
- NHS providers (Community and Mental Health Trusts).

2.3 The results of this survey are available publicly and through sharing these findings and considering the messages, the CCG can prioritise the areas for development and set objectives accordingly.

- 2.4 **Membership events:** These are very important internal stakeholder engagement events and are co-designed with lead clinicians and involve representatives from each member practice. Issues and topics are presented with participants involved in debate and workshops which provides a rich source of feedback. Depending upon the subject matter the feedback is channelled appropriately to the relevant part of the CCG to inform decisions and developments. The CCG has adopted a “you said, we did” principle for events to demonstrate its responsive approach and to engender confidence in the membership that the organisation is listening and that what is heard does make a difference.
- 2.5 **CCG development workshops:** These development events are held every two months and include the governing body members, clinical leaders, directors and deputy directors. It is at these workshops that the findings of stakeholder surveys would be considered in more depth. Development topics are considered and priorities and actions agreed which will include engagement and communications objectives. These events also adopt the “you said, we did” principle.
- 2.6 **Commissioning support services customer survey:** This is an internal survey that the CCG undertakes to determine how well its ‘in-house’ commissioning support services functions are performing. This survey will be conducted annually and the findings will inform the directors of the development areas for the organisations support services functions but also provide opportunities to celebrate successes. An Annual Report for Commissioning Support Services is produced which includes success stories and case studies, a summary of performance and the results of the customer survey.
- 2.7 **Public participation events:** Many of the activities described in the Individual and Public Participation section of this framework, will provide the engagement and communications team with extremely useful insights into what is perceived to be working well and what is not working so well. This feedback is invaluable in helping to shape the way that the engagement and communications method and channels are developed in order to best suit the needs of our different audiences.
- 2.8 **Public surveys:** The CCG is invited to participate in a Citizens Panel survey every quarter with colleagues from the local authority. The questions within the surveys can be crafted to gauge opinion about a specific topic about which the CCG is seeking to gauge public opinion. This could be about a specific area of healthcare service development or it could be more organisationally focussed, for example regarding the CCG’s reputation or the perceived effectiveness of its engagement with stakeholders.

INDIVIDUAL AND PUBLIC PARTICIPATION

1. INDIVIDUAL AND PUBLIC PARTICIPATION

1.1 The organisation has very clear statutory duties with regard to individual and public participation and the engagement and communications team will support commissioners in ensuring that they are meeting these responsibilities. The CCG has adopted NHS England’s guide publication Transforming Participation in Health and Care ‘The NHS belongs to us all’ as its benchmark of good practice in meeting these statutory requirements.

1.2 The CCG has adopted the national Engagement Cycle which compliments the Commissioning Cycle as shown in the illustrations below.

The commissioning cycle



The engagement cycle



### **Individual participation**

- 1.3 The engagement and communications team will work with colleagues in the CCG to support the statement in NHS England's Business Plan 'Putting Patients First', this states that "by 2015, 80% of CCGs will be commissioning to support patients' participation and decisions over their own care". This will include ensuring that people have information and support for self-management, personalised care planning and shared decision making.
- 1.4 The CCG believes that the views of local people should be at the heart of their NHS. We work with a variety of committed volunteers on an on-going basis and their views help to inform service provision and development. It is really important that these people are supported in their involvement roles and we have therefore developed "Supporting Stronger Voices".
- 1.5 This is a 6-monthly forum which provides the following:
- information and support to empower people in their role;
  - feedback on how people's views are informing change;
  - view seeking on a proposed area of service change;
  - the opportunity to network and support each other.
- 1.6 Membership includes:
- patient and carer representatives on condition-specific groups;
  - chair people of our locality involvement networks;
  - our lay-representatives;
  - patient participation group chair people;
  - members of our Black Minority and Ethnic (BME) Health Network.

### **Public participation**

- 1.7 As recommended in Transforming participation in health and care 'the NHS belongs to us all' NHS England (September 2013), the engagement and communications team have adopted the nationally recognised 'engagement cycle' to frame their work [www.engagementcycle.org](http://www.engagementcycle.org).
- 1.8 The public participation activities aligned to the stages in the engagement cycle apply equally to clinical commissioning programmes, localities and transformational programmes of work.

1.9 Activities that support this stage of the cycle are:

- development and support of the Dorset Health Involvement Network (HIN) with regular events and publication of quarterly Feedback newsletter;
- development and support of locality based patient participation groups;
- surveys to Health Improvement Network (HIN) members and pan Dorset Citizens Panel (run in conjunction with local authority colleagues);
- media campaigns to encourage participation in commissioned surveys such as 'the Big Ask' in 2013. Over 6,000 people responded to a postal and on-line survey sent to 12,000 random postcodes throughout Dorset. 1200 of those that responded also signed up to become members of the Dorset HIN. The research study also involved more in depth qualitative enquiry through 10 focus groups.

#### **Patient and carer engagement to improve services**

1.10 The CCG engagement and communications team has developed a guidance document entitled 'Engagement Process for Service Review or Change' to support this stage in the commissioning cycle. It sets out the key steps in the engagement process:

- stakeholder analysis;
- gathering insight;
- communication planning;
- informing plans for service change;
- engagement on proposed changes;
- Equality Impact Assessment process;
- informing Health Scrutiny;
- outcomes and the duty to report.

1.11 The guidance is available in hard copy and on the support pages of the internet and contains links to sources of further information, guidance and useful tools. The engagement and communications team work with commissioners, programmes and localities to encourage and support them to embed this approach within their programmes of work. The objective being that commissioning leads will become self-sufficient in the implementation of these processes.

### **Patient, carer and public engagement to procure services**

- 1.12 Many of the processes described in the 'Engagement Process for Service Review or Change' guidance as described above can be applied to the procurement stage in the commissioning cycle. Guidance documents will be implemented to support each specific stage in the cycle.

### **Patient and carer involvement to monitor services**

- 1.13 In 2013, the CCG commissioned a report into patient experience information. The report concluded that the CCG has established mechanisms in place to collect, combine and use patient experience information in its commissioning process; that existing mechanisms should be strengthened by systematically obtaining 'soft' information through a variety of ways detailed in the report; and that ways that such information is combined and used for performance management of providers and to inform commissioning processes should be further enhanced.
- 1.14 Currently the CCG collects a range of 'hard' or written down information such as: Serious incidents, complaints, infection control, surveys, MP letters, Freedom of Information requests, safeguarding, formal inspections, medicines management etc. In addition some 'soft' information is collated from unannounced visits to providers and through established interaction mechanisms with service users and carers.
- 1.15 The CCG is exploring ways in which this insight information can be more intelligently used collectively with feedback through other mechanisms such as patient experiences fed back to GPs, feedback from Patient Participation Groups and Local Involvement Networks and what our Health Involvement Network members are telling us etc. The development and implementation of a more joined up approach to the collation of hard and soft patient insight will be included in the delivery plans for engagement and communications.
- 1.16. A set of guidance documents for engagement and communications activity at each stage of the commissioning cycle will be available on the engagement and communications support web pages.

## PUBLIC RELATIONS AND REPUTATION MANAGEMENT

## 1. PUBLIC RELATIONS AND REPUTATION MANAGEMENT

- 1.1 Our position and perspective, as the third largest CCG in England, is of vested interest to the public and journalists and we should be bold in seizing the initiative to explain, engage and educate them about our role in health.
- 1.2 Our coordinated corporate communications approach, using traditional and digital media, means we can scale up our public engagement efforts by getting relevant messages to more of the people, more of the time which helps build, maintain and enhance reputation and build better brand position. The changing face of the NHS is a really good example of why we must adopt the principles of true public relations.
- 1.3 Placing emphasis on public relations helps us improve understanding with opinion formers and leaders. The Chartered Institute of Public Relations (2014) defines PR as *'...the discipline which looks after reputation, with the aim of earning understanding and support and influencing opinion and behaviour. It is the planned and sustained effort to establish and maintain goodwill and mutual understanding between an organisation and its public.'*
- 1.4 Managing, maintaining, enhancing and at times, defending the reputation of the NHS in Dorset is a high priority. Our development plan will focus on a step-change in our approach by strengthening our public relations activity. This includes media relations, events, campaigns, lobbying and crisis PR.
- 1.5 **Media relations:** The CCG will develop a press office-type environment and a shift in the focus of work planning from reactive to proactive. Specifically this approach will mean:
- changes to the way we source news stories enabling cross organisational ownership, involvement and support from our clinicians, directors and their teams;
  - the development of subject matter content through a well-developed sense of what makes news by responding daily to the wider national news agenda, putting across a well-informed and joined up NHS in Dorset angle;
  - the introduction of a pro-active approach to selling what we want to say to the media (pitching) and media relationship management to help develop stories ;
  - the creation of a media guide to CCG experts to increase breadth and range of clinicians who are available quickly and trained to comment on regional and national health stories;
  - enabling greater insight into media tone and coverage analysis and metrics;

- development of public relations plans to support our Chair and Chief Officer specifically designed to raise their profile in the media via thought leadership and debate.
- 1.6 **Events:** An **Engagement Events Calendar** is updated throughout the year and outlines our activity across our localities in Dorset. The latest available version of this will be available on our intranet web pages.
- 1.7 **Campaigns:** An **Annual Campaign Plan** outlines our public engagement work in mass media channels (broadcast, print, online, digital) centred around clinical themes, hot topics and national priorities. Our campaign plan is available on our website <http://www.dorsetccg.nhs.uk/involve/our-campaigns/>
- 1.8 **Lobbying:** A series of regular MP briefings are organised to enable the CCG to develop mutually beneficial relationships and gain support for areas of concern.
- 1.9 **Crisis PR:** Given the difficult climate in which the organisation operates, a robust approach to crisis PR is needed to enable the CCG and its provider organisations to offer a synergistic, joined-up and supportive role during potentially difficult and volatile situations. This work differs from the organisation's current emergency / crisis planning as it often develops due to a poor patient experience and the PR handling and response requires expertise from communications professionals.

## COMMUNICATIONS

### 1. COMMUNICATIONS

1.1 The CCG is adopting a new, multimedia communications approach which focuses on tailored, timely messages.

1.2 There are a number of drivers for adopting a different approach to our communications activity:

- reduce duplication of effort;
- prioritise and segmentation stakeholders;
- assess relevancy of content;
- review production methods and timescales;
- utilise resources and efficiencies;
- drive behavioural change;
- become innovative and creative;
- measure and evaluate;
- exploit opportunities for engagement across the whole of the Dorset community;
- provide evidence of public engagement across the whole of the Dorset community.

1.3 Multimedia communications is the process of underpinning the CCG's priorities by harnessing mass communication tools and techniques via **traditional media** (print/press/broadcast) and **digital media** channels such as website, intranet and social media tools. This offers a truly **integrated multi-media** approach.

1.4 Our new approach to communications focuses on four steps which are integral to planning. Any communications produced and delivered by NHS Dorset CCG must always be:

- targeted to an identified audience;
- delivered in the most appropriate communications channel for that audience;
- produced using the most engaging method of content which will motivate, inspire or provoke the target audience to respond;

- able to be measured and evaluated for effectiveness.
- 1.5 **Publications – digital / electronic and print:** Our Publications Audit (available on our website) indicates how we will apply the four-step communications model above to each of our targeted audiences. This document will be reviewed annually to check for effectiveness and to ensure any new channels and concepts are applied.
  - 1.6 **Marketing communications – targeted campaigns:** There is an annual campaign plan to drive public engagement by making our brand helpful and purposeful (e.g. health tips and advice).
  - 1.7 **Market research:** A market research repository will be developed which will benefit the whole organisation by ensuring existing secondary and primary research is stored, coded and analysed centrally to advise trends, patterns and perceptions and will inform commissioning planning and decision making.
  - 1.8 **Digital and social media - Website:** Our website will present the public ‘face’ of the organisation and is fundamental to the delivery of our digital communications. It will be reviewed regularly in terms of accurate content and to ensure it embraces technological advances. All digital media must be based on interaction. Website content provides push / pull communications – it enables us to anchor content while also being able to populate our messages in a plethora of other relevant channels and sources.
  - 1.9 **Digital and social media - Social media:** Our profile in social media (Twitter, Facebook, YouTube and other emerging platforms) will be more consistent and focused on conversations and debate with key influencers, in addition to mass public consumption. A set of clear metrics will enable us to evaluate campaigns and conversations in addition to continuing to build our followers.
  - 1.10 **Digital and social media - Rich media production:** The definition of rich media is production of content that can be viewed, listened and shared across multi-platforms. Examples include videos, podcasts, blogs and live streaming. We propose a move away from lengthy text documents and printed publications to a digital platform which offers opportunities to share, exchange, debate and solve. This approach also future proofs this Framework, given further technological developments over the next five years.
  - 1.11 **Digital and social media - Intranet development:** The staff intranet should be the ‘go-to’ place for information, documentation, conversation and debate. Regular upgrades and products can be added to this platform to ensure we are maximising it to its full advantage. Internal communications campaign can enable teams to understand how to get the best from their intranet.
  - 1.12 The stakeholder segmentation model advocated in this Framework will also be applied to the intranet with a more clearly defined platform based on user needs and experience, as we all have different needs: e.g. GPs and members, localities, clinical commissioning teams, professional services and directorates. There is a move away from large, multi-way e-mails and large attachments to a shared, secure

collaborative digital space where users take more responsibility. An internal communications program to drive digital behaviour will be required to achieve this.

- 1.13 **Internal communications and employee engagement:** External communications influences internal communications and employee engagement – and vice versa. NHS employee communications offers a unique proposition as we are all stakeholders in the business. People who work in the organisation want to hear / see the organisation communicating with its public. As NHS employees we are passionate about the brand; as patients / members of the public we are brand advocates for the organisation. Any messaging we deliver for external stakeholders is integral to the delivery of messaging for our internal audience too.
- 1.14 **Engagement and Communications Toolkit:** Communications (and engagement) are not discrete disciplines. They are carried out by the majority of people in the organisation. It is important to up skill colleagues so any piece of communications collateral (or conversation and interaction) is effective, professional and in line with our brand values. It is also necessary for teams across the organisation to become more accountable and self-sustainable for their own communications.
- 1.15 With this in mind, an Engagement and Communications Toolkit has been designed to advise and guide colleagues in a range of matters, including corporate identity, market research and engagement tools, self-production of marketing material such as flyers and posters, how to write a news story and access to an image bank. The Toolkit also promotes the services of the Engagement and Communications team for larger-scale projects such as those identified in the CCG's two-year delivery plan. A regular series of staff workshops will take place annually to enable staff to be confident in using the Toolkit.