

A communications and engagement strategy for The London Ambulance Service 2014-2017

Executive Summary

We have taken two clear messages from the Francis report in developing this strategy: – we must listen to patients and we must listen to staff – and we must act on what we hear. Patients, staff and stakeholders must feel they are being treated as partners; they must be confident their feedback is listened to and see how this is impacting on their own experience of the Service and the experience of others. For The London Ambulance Service – this strategy proposes we must listen in a more consistent way, and we have processes in place to show people how we taken action on what we have heard.

This strategy builds on the *Listening into Action* programme that was initiated at The London Ambulance Service in 2013. One of the outcomes of that work was the clear need for a strategic approach to staff engagement across the Service. This strategy proposes one.

This strategy has three main audiences for communication and engagement:

- staff
- patient and communities
- and stakeholders

This paper proposes a consistent communications and engagement approach for each of these three groups.

1. Take action on insight
2. Communicate our story (strategic narrative)and co-design change
3. Positively influence perceptions and behaviour
4. Communicate how we are accountable

We need to communicate our story, listen to the feedback, adapt our story and the outcome will be a positive change in perceptions. The aim of this communication strategy is to make The London Ambulance Service a listening organisation and an influencing organisation.

It proposes we empower staff locally to engage staff and feedback up to the senior leadership the most important themes for consideration and action. For patients we must ensure we have robust processes to listen to their views and experiences, and take action as a result. For stakeholders the foundation is strong relationship management with a prioritised group.

It is vital the organisation makes decisions informed by our staff, patients, communities and stakeholders views. The organisation also needs to be able to influence the perceptions and behaviours of these groups, as well as its own future in London's health and emergency care landscape.

All communications and engagement activity must support the organisation's corporate objectives – this plan aims to streamline existing work and ensure all activity is focused on supporting the organisation achieve its goals.

The key themes running through the activities for each group are a movement in approach from monologue to dialogue, and from control to empowerment, and being clear for each audience "*what does it mean for me?*"

Staff engagement is a particular challenge for the Service and priority has been given to this section. The front-line workforce is rarely in the same place at the same time, and this is matched with a historic lack of investment in middle management development. Recent research has demonstrated that the level of staff engagement is directly linked to productivity and retention (Engage for Success Taskforce 2013/ Hay Group research - engaged staff are 30% more productive). If we get staff engagement right, it will also drive successful patient and stakeholder engagement.

The politics of the capital are also key to this strategy: London has a disproportionate influence over both policy and politics. Decision-makers live here, there are a large numbers of constituencies and a large number of marginal seats, voting allegiances are more volatile and the Mayor has influence over health policy affecting London. Local issues can often become national stories for our service due to the concentration of influential stakeholders in the capital. The strategy proposes to re-position The London Ambulance Service as an essential and credible voice on London health issues.

Finally, it is essential to measure and evaluate our communications and engagement activities. We spend around £300m providing services run by our 4,500 staff, for patients via our commissioners. Future business growth and survival of the organisation is contingent on these groups having high satisfaction rates – unless we measure it we can't improve it.

Introduction

This communication strategy for The London Ambulance Service has been developed with engagement from staff, unions, patient representatives and stakeholders. If the Board approves this plan, a phased implementation plan would be produced, and then it would be evaluated after 18 months to test its effectiveness. To meet the Service’s day-to-day operational challenges as well as to grow in the future, will require the Board to bring staff, patients and communities and stakeholders along with us: we cannot achieve it alone.

The aim of this communication strategy is to make The London Ambulance Service a listening organisation and an influencing organisation. It is vital the organisation can make decisions informed by our staff, patients, communities and stakeholders views. The organisation also needs to be able to influence the perceptions and behaviours of these groups, as well as its own future in London’s health and emergency care landscape.

This paper is divided into the following sections:

Contents

1. The NHS Context	4
2. What does The London Ambulance Service want to achieve?	4
i. Organisation’s Aim	4
ii. 2014-2015 organisation deliverables.....	5
3. What communication and engagement needs to happen to support this organisational aim?	5
4. How do we do it?	7
5. Staff Engagement Plan	7
i. Taking action on insight	8
ii. Communicate the strategic narrative	8
iii. Positively influence perceptions and behaviour	10
iv. Communicating accountability	11
6. Stakeholder engagement plan	11
i. Take action on insight	12
ii. Communicate the strategic narrative	12
iii. Positively influence perceptions and behaviour	13
iv. Communicate accountability	15
7. Patient and communities engagement plan.....	16
i. Take action on insight	16
ii. Communicate the strategic narrative	17
iii. Positively influence perceptions and behaviour	17
iv. Communicate accountability	18
v. Media and Social Media.....	18
8. Timescales and cost	21
9. Evaluation.....	21
10. Next Steps	22
11. Appendices – available on request	22

I. Staff engagement presentation – with research data summarised	22
II. Report of comments from patient representatives engagement meeting on 4 June	22
III. Stakeholder audit data.....	22

1. The NHS Context

The Francis report gave us two clear messages: – we must listen to patients and we must listen to staff – and we must act on what we hear. Patients, carers and the public must increasingly be treated as equal partners, they must be confident their feedback is listened to and see how this is impacting on their own care and care of others. This communication and engagement strategy aims to make it easier for the organisation to do this, by creating processes to ensure the views of staff, patients, communities and stakeholders are heard in a systematic way, with a strong evidence base, and that action taken as a result is communicated. The Board will want to see evidence of those views and be assured action has been taken.

Strong communications and engagement within the Service will also ensure every member of staff working at The London Ambulance Service knows what their role is in delivering safe, effective, and responsive care. This strategy should be seen in the context of: the *Listening Into Action Programme* that began in 2013; and the evolving management development programme and organisational development plan. Finally, it is important that the forthcoming duty of candour is referenced at the start of this document: the principle of transparency is the foundation on which this strategy has been constructed.

2. What does The London Ambulance Service want to achieve?

The London Ambulance Service’s communication strategy must be under-pinned by a clear understanding of what the organisation is aiming to achieve and its vision for getting there. The strategy must be wholly focused in helping the organisation achieve this aim – all other activities should be stopped.

i. Organisation’s Aim

- Make it easy for people in London to get the urgent and emergency care they need quickly – developing a single point of access by bringing together 111 and 999, with LAS ideally running 111 for London
- Do more for people in London - developing and growing services so that our Clinicians can provide more care and treatment for patients at scene or at home
- Provide the right response - Increasingly offering advice and care via the telephone and other technologies; supporting patients to care for themselves
- Use technology to improve care so that our Clinicians can improve clinical treatment and outcomes; developing telehealth solutions
- Develop and invest in our staff so that we have a motivated, stable and engaged workforce
- Support the implementation of local priorities and improved urgent and emergency care solutions in partnership with our Clinical Commissioning colleagues
- Be a leading health partner; working with partners across health and social care to integrate our services so that our patients receive joined up care and experience better outcomes;

- Be a leading emergency care partner; collaborate further with other emergency services, whilst remaining at the heart of the NHS, to ensure we are joined up, meeting the needs of, and providing value for people in London
- Continue to develop as an organisation with a clear commitment to learning and transformation
- Always be there to support London during major events and in times of major incidents

ii. 2014-2015 organisation deliverables

- **Improve patient care**
Clinical improvement seen for patients with Mental Health issues; Defibrillators increased across London saving lives
- **Improve recruitment and retention**
Reduction in clinical vacancies, improved retention of clinical staff and improvement in staff satisfaction
- **Implement the modernisation programme**
Modernisation programme fully implemented, supporting consistent performance across the year
- **Achieve sustainable performance**
Sustainable performance achieved across the year; Solid reputation for delivery
Fleet replacement commenced, e-ambulance funded & implementation planned
- **Develop our 111 service**
Development of the LAS 111 service to meet the needs of CCGs
- **Simplify our business processes**
- **Increase organisational effectiveness and development**
Organisational resilience improved; Organisational efficiency review conducted to release resources for investment

3. What communication and engagement needs to happen to support this organisational aim?

The organisation's objectives cannot be met without the engagement and support of staff, patients, communities and stakeholders. This strategy is the enabling mechanism for The London Ambulance to be a more transparent and open organisation. The aim of this communication strategy therefore, is to make The London Ambulance Service a listening organisation and an influencing organisation. Informed to make decisions, and able to influence behaviour and its own future.

To do this we need:

- **A plan to engage our staff** - so that we are informed, listen and act on their views, and that staff understand and want to play their part in delivering the organisation's objectives. The outcome being a motivated, stable and engaged workforce, who are more productive. (Hay Group research - has shown engaged staff are 30% more productive)

- **A plan to engage our patients and local communities** – so we are accountable to the people we serve and are transparent in how we operate. We need to meaningfully engage with patients and local communities so their views influence how we improve the patient experience and the patient has a voice in changes to the service we provide and in strategic decision-making. Key to delivering this will be our media and social media plan, which forms a sub-set of this section.
- **A plan to engage our stakeholders – both at a local and London level.**
 - With local clinical commissioners to convince them that with their support, we can provide a sustainable service and to give us funding to expand and be their preferred provider
 - With local stakeholders including providers, local authorities and politicians and media so they understand and actively support us in delivering the service day-to-day, and our plans for growth
 - With London-wide stakeholders to re-position The London Ambulance Service as a health leader in London. In this way we can influence London’s future in a way that benefits our patients, staff and organisation. We aim to do this by positioning the London Ambulance Service as an essential and credible voice on London health issues.

- **Communications planning for organisational projects**

This strategy proposes mechanisms for communicating content and changing perceptions/behaviour with the three key groups – staff, patients and communities and stakeholders. These will remain consistent. Organisational projects as described in the corporate objectives will change over time. These projects will have communications plans that will have bespoke messaging and content, but will use these consistent mechanisms for each audience. The projects requiring communications plans for 14/15 are:

- Modernisation
- Recruitment and retention
- Efficiency and effectiveness programme
- Performance
- 5 Year Strategy – the vision for the organisation
- NHS 111
- Foundation Trust application

- **Measure it** – we need systemised processes to engage and collect the views from staff, patients, communities and stakeholders so we can record, analyse, prioritise and act on them. We also need to understand if the engagement we are doing is having the desired effect on behaviours and perceptions.

It also makes good business sense: we spend around £300m providing services run by our 4,500 staff, for patients via our commissioners. Future business growth and survival of the organisation is contingent on these groups having high satisfaction rates – unless we measure it we can’t improve it.

- **Major Incident preparedness**

As part of organisation’s aim to *“Always be there to support London during major events and in times of major incidents”*, the communications team will continue to regularly review the communications elements of the incident plan, and practice for these events.

4. How do we do it?

We need to communicate our story, listen to the feedback, adapt our story and the outcome will be a positive change in perceptions. To do this, it is proposed that we use this same approach with all three groups – staff, patients and communities, and stakeholders:

1. **Take action on insight** and feedback from local views and experiences - record, analyse, prioritise and take action on feedback from local experiences of the Trust (staff experience, patient experience or stakeholder experience)
2. **Communicate our story, (strategic narrative) and co-design plans for change** - communicate where the organisation is going to and engage on and communicate the organisations' plans to get there. Engage on change being clear what can be influenced and adapted by views from these groups. Clear communication about people's role in supporting the organisation's aims
3. **Positively influence perceptions and behaviour** - of each of these groups, as a result of bespoke communication on "what's in it for me" and strong relationship management
4. **Communicate accountability to** the people we serve: our staff, patients/communities and stakeholders. The concept of *You Said: We Did* - evidence that action is being taken as a result of listening to local experiences and views on plans for change and the future.

Evidence-based and co-designed strategy

For each of these groups, we have looked at the evidence and co-designed this strategy. For staff – we reviewed all the *Listening into Action* surveys, all the communications surveys, met with managers and Unions and front line staff, and referenced the national *Engage for Success* research programme. For stakeholders we reviewed all the perception audits and asked key stakeholders how they would like to be engaged with. For patients and communities we held a patient representatives event on 4 June of 36 attendees from across London, from a range of patient groups and communities to inform the patient engagement section of this strategy, based on NHS England's model of best practice.

Leadership commitment to communications and engagement

As will be evident from this plan, effective communications and engagement requires Board and senior leadership commitment. This is not only in ensuring action is taken as a result of listening to staff, patients and stakeholders, but a belief that better decisions are made when organisations are informed and influenced by staff, patients/communities and stakeholders.

Our leadership at all levels also needs to believe in the vision and direction of the organisation and have a strong desire to influence and persuade others this vision should become a reality.

5. Staff Engagement Plan

As with all our groups we have approached this in the same way by looking at the four areas above as the template for good communications and engagement.

Key to this section is continuing the productive work started in 2013 by the *Listening into Action Programme*. This programme strongly demonstrated the need for a refreshed staff engagement strategy to join-up many of the good ideas generated by staff.

The research, both national and local LAS, (referenced in the appendices) also makes clear the vital role that line-

managers play in staff engagement. For example, employees are up to nine times as likely to support change if they hear it from their manager (*Towers Perrin, Tom Lee, T. Larkin: Communicating big change 2006*).

A major part of staff engagement must be to support and empower local managers to engage their staff, and give them time to do so.

The model for staff engagement that is being proposed is clear central messages and feedback to the centre, but localisation of these messages and local delivery by tailored mechanisms that work for that operational area or staff group. This must be mapped so the Board can be assured this is happening, but this is not a one-size fits all approach. We must also be clear with staff that we will expect local managers to “triage” their feedback and report the key themes and issues via the management cascade back up to EMT.

The retention work being undertaken by the Director of Support Services will also support this staff engagement piece and we will work to make sure our messages and mechanisms are consistent and fit within this overall strategic framework.

i. Taking action on insight

Staff feedback from the monthly Service Brief

Introduction of a monthly Service Brief with feedback from staff reported via the management cascade back up to the Executive Management Team (EMT). EMT will review the feedback themes and generate the next month’s messages.

Continue staff survey “pulse –checks” three times a year

To ensure regular information about staff views, including smaller and targeted surveys to be introduced across the trust with fewer questions.

Increase presence and monitoring of “Listening into Action” Facebook page

To maximise the real-time insight and engagement from the LIA Facebook page by increasing the number of managers per cluster and directorate areas.

Create local Facebook pages – for frontline areas - where local leadership believe this will support them (already successfully piloted under LIA in several complexes)

Communications reps at each ambulance station and for different staff groups – test the feasibility and willingness of clinical team leaders to volunteer for this role. Research shows peer-to-peer is the most trusted source of communication (appendix 1). We would give these individuals information and use them as a sounding board for communications messaging and mechanisms. We would ask them to act as a source of corporate knowledge for staff at each station.

ii. Communicate the strategic narrative

Staff webinars to communicate and engage on the strategic narrative

Design an info-graphic for The London Ambulance Service

To use as a starting point for local discussions about where the organisation is and where it is going to.

Introduce a monthly Service Brief

Three key messages agreed by EMT and issued week one and week two, feedback week three, next month brief agreed week four.

Each Cluster ADO and Director has their bespoke plan to ensure all their staff are briefed. This would ideally include 30 minutes protected time each month for all staff to have the opportunity to receive face to face communication.

Recognising the difficulty in achieving this ideal situation for frontline staff and the potential impact on performance targets, EMT has agreed the priority for this ideal scenario would be:

- Face-to-face communication
- Protected time to engage
- Timely and regular communication –monthly
- 30 minutes

Bespoke plans are being finalised and include the following ideas, but essentially ADO/DDOs in their local plans ensure monthly contact time: traditional cascade through line managers, video or webinar of local leader delivering the briefing, local leaders in various locations and in “surgeries” during “comms week”, and recorded message of monthly brief on answer phone, dissemination through Facebook , in-cab briefings, briefing in all staff pigeon-holes on station.

Template for Monthly Service Brief

- Recognition/thank you
- Three corporate messages
- “What does it means for me and my team”
- Your views - feedback

Employee Voice on strategic decisions

Employee voice is canvassed through all channels and a feedback report provided for the Board so these views can be considered in decision-making on strategic issues.

Air Traffic Control for corporate communications – reduction of multiple channels and times of issue

“Create a single source of truth”: there are too many channels of communication and communication is too often ad hoc and missed by staff. The overuse of bulletins and “all-users” email makes them ineffective and their impact is lost. We need to guide staff and direct them to the information that is important. All news should come out on a Tuesday in the RIB weekly news sheet, unless there are exceptional circumstances.

- One briefing sheet to signpost all communication within the week issued each Tuesday within the RIB
- All bulletins/updates go in the RIB – the Weekly News Brief on a Tuesday.
- Exceptional bulletins only to be issued on an adhoc basis –
- All active user emails to be restricted – exceptional use only – all news goes into the Weekly news briefing in the RIB on a Tuesday

These exceptional issue emails and bulletins will be reviewed monthly by EMT.

New intranet

Staff will be able to access the new intranet via the web, this will enable all communications to be viewed from mobile devices as well as personal PCs. Feedback has shown this is important to them. For transactional as well as emotional engagement, the social media options are better than external providers e.g. Yammer instead of Facebook and more potential for blogs, video etc.

Video blog from Chief Executive

Chief Executive to communicate the strategic direction of the Service and progress on key issues. This has been trialled with the recent exam-issue and received a very positive response from staff.

iii. Positively influence perceptions and behaviour

Management development programme to strengthen staff engagement locally

- Support this programme led by the Director of Strategy and Transformation
- Staff engagement competencies in appraisal and all manager's job descriptions and objectives
- Support to local leadership in understanding the evidence of the business benefits of staff engagement and to empower them to own and implement it locally

Segmentation of communication messages for each audience

- Co-design a communications plan for each Cluster and Directorate so that each has a bespoke plan that works for them and their staff groups, ensuring the “*what does it mean for me?*” questions are addressed. This will be particularly important for 111 staff, and other groups that are vital to the services who it has been suggested can sometimes feel forgotten e.g. Patient Transport, Fleet
- Boost profile of Cluster ADOs – to enable them to lead and empower staff locally.

Review of staff recognition activities on advice of *Listening into Action* recognition group. For review by EMT.

The LIA recognition group has worked with communications and has developed a set of proposals for a new staff recognition plan. These proposals are being discussed by EMT in the next few weeks and resourcing options, including corporate sponsorship, are being explored. In essence, the group reviewed the evidence and proposed that where possible recognition should be devolved more to line managers – as the evidence shows that this is where staff want recognition from the most. The group also used survey data to determine at which stages of their employment time with us, staff would most value recognition.

Leadership Visibility

To refresh the leadership visibility programme to ensure staff feel supported by the senior leaders in the service. Evaluate and publicise this.

Recognition of the difference between transactional and emotional engagement for staff – and a requirement for both types

Transactional engagement enables an employee to have the information they need to do the day job. Emotional engagement is about feeling valued by, and engaged with the corporate organisation as well as the job role. Emotionally engaged employees are likely to do more, have high levels of well-being, and tend to perform better.

Employee generated video

Emotional rather than transactional engagement to generate a sense of community, belonging to London Ambulance Service as well as engagement in the job-role, which the research shows is strong. Video would be used on the intranet or externally for campaign e.g. recruitment.

Integrated communication of good news stories

Programme of staff good-news stories pushed out through all communications channels focused on behaviours the organisation values, as well as “emotional” feel-good stories to generate positive perceptions of the organisation and its staff.

iv. Communicating accountability

Monthly Service Brief

Report to The Board – with insight and feedback actions – “You Said, We Did”

Staff survey “pulse checks”

More joint communication from the unions and management

On difficult or controversial issues, joint communications with trade unions inspires trust and strengthens any call to action. Advance notice of corporate communications to be issued to union leadership and vice versa.

Public Board meetings in public for audio or web transmission

It is proposed that to further increase transparency with staff we help more people access our Board meetings. We will investigate options around web cameras and audio recording.

Corporate webinars on key issues throughout the year – two-way communication and feedback already successfully trialled e.g. corporate strategy, new uniform

Activities we propose stopping to enable focus on the above: :

- LAS News
- All adhoc bulletins/updates –all go into Weekly News
- All active user emails – stop and put in weekly news
- Some recognition activities to enable resource to be focused on new ideas from the LIA Group – to be reviewed by EMT
- All other related staff engagement work that does not relate to this programme.

6. Stakeholder engagement plan

The London Ambulance Service is the only NHS Trust that serves the whole of London. Stakeholder communications and engagement then has to take place at an intensely local level with local commissioners, health and social care partners as well as local politicians, but also at London-level where The London Ambulance Service is expected to behave and respond as other pan-London agencies do, such as the GLA/Mayor’s office, The Met, TFL, etc.

With local and London stakeholders our aim is to help them better understand what we do day-to-day as well as support our plans for growth, so they understand and actively support us. We also aim to re-position The London Ambulance Service as an essential and credible voice on London health issues.

This section outlines a public affairs programme – the politics, influencers and decision-makers in the capital mean that our issues will always be scrutinized and politicised.

As with all our groups we have approached this in the same way looking at the four areas as the template for good communications and engagement. Stakeholders are at Cluster level and London-level. These are two distinct groups of stakeholders with different expectations: the techniques and core communications content for each are consistent, but the delivery is either Cluster or centrally-led.

Before we can begin stakeholder communication and influencing we need to identify and prioritise the top 10 to 20 stakeholders in each Cluster and the top 40 London-wide. This is an iterative process with the Cluster leads and EMT. All stakeholders are not equal. With finite management time, we need to prioritise and focus the time we invest. Stakeholders' interest and influence will need to be mapped, and kept refreshed as this will change over time.

Relationship Management is vital to successful stakeholder management. This means the role of the Cluster lead in delivering local stakeholder management is key. The communications team will work closely with Cluster leads to support them, provide the intelligence to enable them to do this effectively. Our approach to stakeholders should be responsive and open, and we will RAG rate our priority stakeholders perceptions and behaviour as well as identifying tactics to improve these if required.

i. Take action on insight

Map existing stakeholder meetings at cluster and London level

Establish if we are attending the correct meetings

Establish a process to collect, analyse, and report feedback from these existing meetings

Predominantly Cluster ADOs and Directors to report insight and feedback. We would look for themes within and across Clusters as well as at London level and take operational action or adapt our communication as a result.

Relationship Management Plan

Map and prioritise the top 10 stakeholders in Cluster areas and top 40 pan-London and establish a relationship manager and plan for each. Establish a process to collect, analyse and prioritise feedback from these meetings. Support to cluster ADOs and Corporate Directors/CE to build on and develop these local relationships and ensure prioritising: relationship management is only successful if it is frequent and personal.

Bi-Annual survey of stakeholders at Cluster and pan-London level

To measure if we are shifting perceptions and behaviours as a result of our stakeholder activities.

ii. Communicate the strategic narrative

Relationship Management Plan – as described

Deciding what we want people to think about us

- **Introduce corporate three monthly messages for active communication**
Three key messages agreed by EMT, plus relevant hot issues that may arise.
Each Cluster ADO and Director has their bespoke plan to ensure all their stakeholders are briefed.
- **Pan-London Stakeholder E-Bulletin – quarterly**

E-marketing tool to evaluate whether or not the bulletin has been read and which stories were most viewed

- **Bespoke Commissioner E-Bulletin from Cluster ADOs - quarterly**
Core briefing plus Cluster ADO to add a local update for their area
E-marketing tool to evaluate whether or not the bulletin has been read and which stories were most viewed. Work with authors to review current GP newsletter – content and distribution.
- **Design an info-graphic for The London Ambulance Service**
To use as a starting point for local discussions about where the organisation is and where it is going to.

Enhance the corporate identity of the Service

Review the corporate style guide to ensure the organisation presents itself consistently and professionally.

Stakeholder voice on strategic decisions

Stakeholder voice is canvassed through face to face meetings, one to one and as part of other wider operational meetings and a feedback report provided for the Board so these views can be considered in decision-making.

Webinars to engage stakeholders

Test the feasibility and appetite for engaging key stakeholders on the organisation’s plans for the future

Website

Review the website using analytics and surveys to understand how stakeholders currently use it and what they are looking at most. With this evidence we can move forward to enhance the information and support we provide to stakeholders through the website.

Stakeholder breakfast meetings

Test with stakeholders and if they would value the chance to meet face-to-face as a group at 8am- 9am once or twice a year, locally at Cluster level and also at pan-London level.

This would give the organisation the chance to set the agenda and talk about the issues we wanted to, rather than working to other agendas in general meetings.

iii. Positively influence perceptions and behaviour

Perception/behaviour tracking and bespoke action

For each of the identified local and pan-London stakeholders, work with their relationship manager, either Cluster ADO or Director, and work through this perception/behaviour tracker and agree actions to achieve the desired change.

Stakeholder	Current perception/behaviour (RAG rated)	Desired perception/behaviour	Tactics to achieve

Support Cluster Leads in intelligence about the key stakeholders in their patch

A report produced for each Cluster Lead detailing information and profiles on key stakeholders including

media, politicians and opinion leaders.

Communication with front line GPs

CCGs are membership organisations and so the governing body is beholden and very influenced by their GP membership in a way that was less the case with PCTs.

It is proposed that in partnership with the Director of Strategy and Transformation and Cluster ADOs and:

- we review the material available to frontline GPs that enables them to do their day-job in the easiest most efficient manner. Making sure that we provide clear information and help GPs to use our services efficiently we can improve confidence in ability to grow our services.
- we ask front-line GPs how they would like us to engage them in better understanding the London Ambulance Service, what we do today and how they can support us, and what we could do in the future. Options could include a GP reference group, GP webinars, visits programme etc.
- we explain the role and power of clinical commissioners to staff, and how they are pivotal to the future of the Service.

Positioning the London Ambulance Service as an essential and credible voice on London health issues

We propose to look for suitable opportunities to influence the development of policy and plans for London's health services. This will include responding to consultations and reports from our point of view. This gives us an opportunity not just to input into the consultations themselves but also to be seen to be doing so by sharing these responses with our stakeholders.

We will also consider representation at conferences including the NHS Confederation and NHS Alliance through speaking opportunities, sending delegates and exhibiting. Ambulance Services nationally lack participation in these events, notably there were no speakers or exhibitors from any ambulance service at the NHS Confederation Conference 2014. This provides an opportunity to reshape thinking amongst both national and local stakeholders about ambulance services at a national level.

Develop a public affairs programme:

- ***Understanding the politics of the capital***

Supporting relationship managers to understand the politics of the capital and that London has a disproportionate influence over both policy and politics. Decision-makers live here, there are a large numbers of constituencies and a large number of marginal seats, voting allegiances are more volatile and the Mayor has influence over health policy affecting London (though his direct powers and responsibilities are limited). The Mayor's media presence means that issues on which he focuses secure more than their fair share of voice.

- ***Mapping the different organisations and committees in London (and possibly nationally) that have health responsibilities or influence over health policy in London***

Taking a decision about which of these The London Ambulance should target – either for membership or to influence outside of membership, understanding their schedule and programmes and where we can ask to formally respond e.g. GLA health and sub-committees and inquires, London Health Board, London Health Commission, London Clinical Senate, NHS England's Call to Action

- ***Having a strong voice in the key reconfigurations of London's health services***

There are four major reconfigurations at different stages in North West, South West, South East and

North Central London. It is proposed that The London Ambulance Service should consider the case for taking a public position on each of these and raise its profile with stakeholders as an essential and credible voice on the future of health services in the Capital.

- ***Identifying a small number of London MPs and council leaders to act as advocates***

We will target a small number of London MPs and council leaders to develop a strong relationship with, to publically advocate support for the Service either in times of trouble or when we need support for campaigns or growth in our business. Essentially we want to ensure vocal and influential politicians are committed to our future. This will be reviewed pre-election (during what is known as “purdah”) as it is essential the organisation is politically neutral.

- ***Making use of our data***

The London Ambulance Service has access to huge amount of London-wide and local data that can be used in many different ways to support viewpoints we may wish to state publically. We need to use this information more to help The London Ambulance establish itself as “the expert “in health related matters in London.

Develop a process for managing and seeking external visits

Both pro-active and re-active, to make sure they are effectively and strategically, as a means to influence London and national decision makes and opinion leaders.

Relationship management – as previously described

iv. Communicate accountability

Commitment to transparency

The Board reaffirms its commitment to openness and transparency in the light of the recent Francis Report and others of a similar nature. By approving the communications strategy the Board will be a stronger informed and influencing organisation and this makes us more accountable to the people we serve

Public Board meetings in public for audio or web transmission

It is proposed that to further increase accountability we help more Londoners access our Board meetings. We will investigate options around web cameras and audio recording.

You Said: We Did

As part of reporting to the Board we should be able to demonstrate how the organisation has listened and adapted in the light of staff, stakeholders and patients views.

Website

We will review the website to help stakeholders understand how our organisation works and make accessing governance arrangements and Board agendas/minutes easier.

Social media and media

We will continue to advertise Board meetings through social media to encourage attendance and in the future to make it easier for more stakeholders to attend or virtually attend.

7. Patient and communities engagement plan

The director of nursing and quality, and the director of communications have jointly written this section.

These proposals set out a plan to ensure The London Ambulance Service meaningfully engages with patients so their views influence how we improve the patient experience, and the patient has a voice in changes to the service we provide and in strategic decision making.

This section proposes processes to ensure we hear and take operational action as a result of the patient voice on experience and decisions about service change. It also proposes The Board and senior leadership commit to changing the culture of the organisation to think about patient engagement in a different way: “nothing about us without us”.

As with all our groups we have approached this in the same way looking at the four areas as the template for good communications and engagement. The NHS England model of good practice for patient engagement has been adapted here to fit into our four pillars of good engagement.

i. Take action on insight

Map and document the full range patient experience evidence we have access to

To generate comprehensive insight, to triangulate and inform our service improvement (FFT, Community Outreach, Healthwatch, Social Media, Complaints, Incidents etc)

Increase the amount of patient experience data we collect by:

- **Working with local providers and commissioners**
As part of collecting more data on patient experience – investigate the feasibility of working with providers and clinical commissioners to ask them to include LAS specific questions into their Friends and Family Test and other patient survey questions.
- **Working with Healthwatch to share their data**
Test the feasibility and willingness within Healthwatch groups in London to co-design a patient feedback approach with them, including a process for coding issues and data sharing that relate to The London Ambulance Service as they are identified at source.
- **Pro-actively seeking feedback through social media**
To include sites such as Patient Opinion, NHS Choices, Healthwatch
- **Undertaking an annual telephone survey**
With a random sample of patients who have used the service

Insight and Feedback Report and Action Plan to Board – twice yearly

Develop a process to provide a thematic analysis of qualitative and quantitative intelligence gathered through those patient experience sources above and look at how we present the data in a meaningful way e.g. perhaps by borough or by disease/condition. The system should also enable us to track our progress against criteria that are important to the organisation e.g. dignity and respect. These criteria should be co-designed with patient representatives. Through this reporting, establish a prioritisation process to identify specific areas for improvement.

Publish the findings and actions from feedback

On the website and through other media and social media in the form of 'You Said, We Did'.

ii. Communicate the strategic narrative

Establish a proactive community outreach programme

We will use our public education community programme for public engagement as well. We will now target specific groups for education and involvement activity. This will focus on communities who use our services more frequently, those with higher health inequalities or groups whose voices are seldom heard.

Seven Community Involvement Officers (CIOs) in the Trust

As part of local management teams at seven stations part of their role is to lead on local community engagement. CIOs provide a local 'link' between the LAS and external stakeholders and patient groups, gathering intelligence and contacts relating to local issues. They are able to increase the Trust's capacity to get involved in stakeholder and patient engagement.

Foundation Trust Membership

Continue to use and engage with the substantial 9,000 FT membership group. To engage and involve them as a strong public voice to test plans for change and strategic decisions. This involves eight events a year and a quarterly bulletin.

Establish a volunteer Community Champions network

Work with the Foundation Trust membership and the corporate team, to establish Community Champions to act as ambassadors for the Service, sharing information, informing people about the service, engaging with specific groups and communities. These roles will need clear boundaries, role descriptions and specific tasks.

iii. Positively influence perceptions and behaviour

Individual Participation – people in control of their own care and public education

Link with organisations who have trusted relationships with specific patient groups and communities.

We will look at our patient case mix and target organisations who represent those patients who frequently use our services, for example Asthma UK, Age UK, MIND. We will talk with these groups and find out what their members are telling them about their patient experience and how we could improve it.

Work with CCGs to tap into existing Patient Navigators programmes

Patient Navigators act in a similar way to Citizen Advice Bureau staff: – they are not clinicians but can advise patients at GP practice level, on the range of alternative and additional support that could be put in place for them outside traditional primary care provision, for example befriending services, social care. The aim would be to test the feasibility of The London Ambulance Service working with existing Patient Navigators so we can refer some of our patients to these services. We would recommend testing this in one borough with one CCG initially.

Co-design targeted information for specific communities

With reference to our mapping exercise of patient groups and communities identified above - based on seldom heard and high users of the service. We would describe the service, and what happens when you need to use an ambulance.

Staff training and induction

Use Patient Stories to help to illustrate the whole patient pathway and how the ambulance experience fits in and its impact on the patient and carers. Use patients to deliver elements of staff training and induction

iv. Communicate accountability

“Nothing About us Without Us” – patient engagement in service change – a process and a culture

We need to develop a culture and processes to ensure that service-change involves patients or their representatives from an early stage and when plans can be influenced by their views. We must also be clear from the outset what is open to influence and what is not. We would then feedback to patients how we have taken their views on board and adapted our plans: *You Said: We Did*.

Establish a Patient Representative Reference Group

The group would meet bi-annually and engage virtually on strategic decisions and changes to the service.

Patient representatives on assurance committees within the Service

Continue to have the patient voice represented on assurance committees throughout the service((e.g. Infection Prevention & Control Committee, Learning from Experience Group, Mental Health Committee, Patient & Public Involvement Committee, Safeguarding Committee, Clinical Audit & Research Steering Group, Clinical Quality, Safety and Effectiveness Committee, Community First Responder Group and Equality & Inclusion Committee)

v. Media and Social Media

Media and social media form an increasing part of our public engagement. Social media use is a vital part of our communications mix because it's visible to all and can help shape opinions. This is an opportunity for us to talk to people directly but also be open to scrutiny from the media and be transparent about the good and the not-so-good news. We have therefore included our media and social media plan in this section and also reference it in the patient engagement section.

i. Take action on insight

Media and social media evaluation

We will evaluate the impact and outcome of the major resource the communications teams invests in responding to media enquiries from across London. The team receives over 70 calls a week on average from local London media as well as regional media. We will undertake an exercise to evaluate the outcome of the response related to the coverage and assess the risks of reducing this resource and re-investing it in the generation of more pro-active media, social media, staff or stakeholder communications. We will also seek to support Cluster leads in breaking down this evaluation for their local areas media and social media coverage.

Local newspaper editors' views

As part of this evaluation we plan to bring together local newspaper new editors to discuss our limited resource and with them, prioritise how we respond to calls and improve efficiency so we are not responding where we are unlikely to secure coverage.

Monthly evaluation media and social media

We will introduce a broad analysis report of media and social media coverage each month. This would supplement the daily communications update and provide a more strategic analysis of output versus outcome for the communications team to review resourcing based on outcome.

Social media evaluation

Effectively evaluate social media: we need to identify who is interested in the Service and what in particular they are interested in. We have a corporate Twitter, Facebook, Linked-In, Storify, Flickr, Vine accounts. We will establish if these are the correct channels for our key audiences. With so many options we need to target our social media to the channels that best reach our patients, public, communities and stakeholders. Our plan will also determine our style, approach and social media personality that can influence how the Service is perceived.

“Learning from experience” group

We will continue to channel feedback received from social media to our learning from experience group to consider alongside their other sources.

Website review

As described previously, we will review the website to better understand how the media as well as our patients and communities currently use this facility, and enhance it as a result of the review.

ii. Communicate our story - the strategic narrative

Direct engagement with patients and communities through social media

Through social media we have our own publishing tools to communicate directly with our patients, and communities. As a result of our evaluation around which platforms to target we will use these to engage directly with the public.

Empowering staff to be social media ambassadors

We propose encouraging local teams to create their own accounts on Twitter and to communicate and engage with local communities. We would co-design a “Twitter-license” process with staff to ensure that staff who corporately tweet are trained and were supported to do so, understanding the risks and the benefits. We have already researched other sectors such as Lego and regional Police forces who run similar training programmes. We will review the staff social media policy in response to this.

Weekly London Ambulance Service Blog

We will pilot a regular blog, written by different members of staff from across the Service, hosted on our website. We believe that this would give us a voice to communicate key issues in a new way and in a less formal style that is not currently available to us. This may lessen interest in other negative blogs and help us fill the void.

Evaluation of filming projects to fit with corporate objectives

We are often approached by production companies for filming projects. We need to fully understand the contribution these will make to achieving the Service’s corporate objectives, the business outcome and resource inputs required before we embark upon these.

iii. Positively influence perceptions and behaviour

Good news grid – media and social media

A forward plan for positive stories. Stories to be issued through all integrated channels. Stories will be sourced through standard items on meeting agendas throughout the organisation. Communications will be strict with the definition of a “good news story” and will develop criteria. Stories will be tailored where possible for local media and social media channels.

Timely responses

Evidence shows that a timely response to media interest and approaches on social media takes the sting away and reduces the likelihood of a formal complaint.

Behaviour change campaigns

Communications will undertake three behaviour change campaigns each year that help deliver the corporate objectives of the organisation. For example in 2014/1015 these will be:

- “Shockingly Easy” campaign targeted at local businesses to buy, accredit and train people how to use defibrillators to save more Londoners lives
- A communications plan to support HR’s recruitment campaign
- Alcohol campaign – to work with the GLA on a joint campaign to change public behaviour around the reduction of pressure on ambulance services as a result of seasonal alcohol abuse.

Using the media and social media to position the London Ambulance Service as an essential and credible voice on London health issues

Use media and social media to re-position The London Ambulance Service as a health leader in London. In this way we can influence London’s future in a way that benefits our patients, staff and organisation. We aim to do this by positioning the London Ambulance Service as an essential and credible voice on London health issues.

We propose to look for suitable opportunities to influence the development of policy and plans outside the London Ambulance Service by responding to consultations and development of reports from our point of view. This gives us an opportunity not just to input into the consultations themselves but also to be seen to be doing so by sharing these responses through the media and social media

Making use of data

The London Ambulance Service has access to a huge amount of London-wide and local data that can be used in many different ways to support viewpoints we may wish to state publically. We need to use this information more to help London Ambulance establish itself as “the expert “ in health related matters in London.

iv. Communicate accountability

Responsive media and social media channels

We will also continue to advertise Board meetings through social media to encourage attendance and in the future to make it easier for more stakeholders to attend or virtually attend.

Public Board meetings in public are audio or web transmission

It is proposed that to further increase accountability we help more Londoners access our Board meetings. We will investigate options around web cameras and audio recording.

Using media and social media to publish: You Said: We Did

As part of regular reporting to the Board we should be able to demonstrate how the organisation has listened and adapted in the light of staff, stakeholders and patients views.

Relationship management

Strong relationship management of top journalists in London, and map and prioritise the development of relationships with our top social media influencers.

8. Timescales and cost

This is a three year strategy. It is ambitious and will require a realignment of how the communications team currently works. All extra resource and costs will be met from within the existing communications budget unless otherwise stipulated. The implementation will be phased over the following year, with priority placed on staff engagement. The implementation plan and prioritisation will be reviewed by EMT.

9. Evaluation

By virtue of the first of the four pillars of good communication and engagement: “Take action on insight and feedback from local views and experiences”, each part of this strategy for the three key groups of staff, patients/communities and stakeholders should be consistently evaluated as part of the process of communication. This will enable the communications team and senior leadership to adapt communication planning, messages and techniques as we go along.

Our model for evaluation within each audience group will broadly be:

- **Inputs** – the activity carried out
- **Outputs** – how many people had the opportunity to see or hear the activity
- **Out-takes** - what was the effect on them? did their behaviour/perception change as a result of our activity
- **Outcomes** – did we achieve our overall objective?

In more detail for each group:

Staff

We will evaluate staff perceptions and the efficacy of our mechanisms with the quarterly pulse checks. We will use targeted surveys to audit how successfully the monthly service brief is being delivered and if the messages are getting through. A twice yearly report to the Board will demonstrate these findings and remedial action taken as necessary.

Patients and communities

We will collect more patient experience data in a more analytical way, and triangulate it with our complaints reporting. We will theme and prioritise it for operational action. We will develop key indicators based on this insight data and look to measure these for improvement once we have taken the appropriate operational action. A twice yearly report to the Board will demonstrate these findings and remedial action taken as necessary.

Media and social media

Media are usually an intermediary audience, in that we target them so they will deliver the message to the end audience on our behalf. We will look at how effectively the intermediary was engaged by our activity and how effectively the intermediary communicated the message to the end audience.

We plan to review our media coverage in more depth – by sample-testing how our media responses generate negative, neutral and positive coverage and if our key messages are contained within it. This will influence where we focus our press office attention in the future. We will also look at analytics for our website to determine audience and interest so we can target these elements of the site for improvement.

We will do the same with social media analysis, looking at what behaviour or perception we are trying to change with each initiative, and how we measure that, and understanding what our followers are interested in, so we can focus our efforts in the right area. We will use social media analysis tools like SproutSocial to help us do this.

Stakeholders

We will RAG rate our priority stakeholders' perceptions and behaviour at local and pan-London level, as well as identifying tactics to improve these if required. These will be monitored by EMT. We will also survey key stakeholders bi-annually at Cluster and pan-London level to measure if we are shifting perceptions and behaviours as a result of our stakeholder activities, and develop plans as a result. A twice yearly report to the Board will demonstrate these findings and remedial action taken as necessary.

10. Next Steps

If the Board approve this communications and engagement strategy – we will then produce an implementation project plan that will look at how we resource this plan from within the existing communications team function. This will include a review to align skills and roles, and a project plan with tasks and timelines will be produced and monitored by the Director with regular updates to EMT and the Board as required.

11. Appendices – available on request

- I. Staff engagement presentation – with research data summarised**
- II. Report of comments from patient representatives engagement meeting on 4 June**
- III. Stakeholder audit data**

Charlotte Gawne
Director of Communications
The London Ambulance Service NHS Trust
June 2014