

**Clinical Commissioning Group Governing Body  
Paper Summary Sheet  
Date of Meeting: 25 March 2014**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

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| <b>Agenda Item and title:</b>                   | <b>GOV/14/03/14 Communications Department Annual Work Plan</b>  |
| <b>Author:</b>                                  | Helen Robinson-Gordon, Head of Communications and Engagement  |
| <b>Lead Director/GP from CCG:</b>               | David Noyes, Director of Strategy, Planning and Performance   |
| <b>Executive summary:</b>                       | This paper sets out the proposed programme of activity – the annual work plan 2014/15 – for the Communications and Engagement department of the Clinical Commissioning Groups (CCG). The paper outlines how communications and engagement can support the CCGs to fulfil their commitment to putting the public and patients at the centre of decision making. This plan identifies how, why and when the two CCGs will communicate and engage with stakeholders. The plan also shows where progress will be monitored and evaluated to ensure that the communications and engagement work plan is making a difference. |
| <b>Evidence in support of arguments:</b>        | <ul style="list-style-type: none"> <li>• Everyone Counts: Planning for Patients 2014/15 to 2018/19'</li> <li>• The Health and Social Care Bill 2012</li> <li>• Joint Health and Wellbeing Strategy 2013-14</li> <li>• NHS Constitution</li> <li>• NHS Wiltshire and Wiltshire council: Better Care Plan</li> </ul>  |
| <b>Who has been involved/contributed:</b>       | This paper complements the CCG's Communications and Engagement Strategy 2013 – 2016 which had direct input from Lay and Exec Governing body members. The paper has taken into account feedback about engagement and participation collected from stakeholder events during 2013.  |
| <b>Cross Reference to Strategic Objectives:</b> | The paper is supportive of the vision and values contained within the CCG's 'Clear and Credible Plan' which sets the priority of putting patients at the centre of the decision-making and being open and honest in engagement and involvement with our communities   |
| <b>Engagement and Involvement:</b>              | The plan has been written in consultation with both CCGs and if agreed, stakeholders will be closely involved in the implementation and evaluation of the projects outlined in the paper.   |
| <b>Communications Issues:</b>                   | Public document   |

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| <b>Financial Implications:</b>   | If there are additional costs to support a specific project, these will be outlined and agreed in the project's individual plan.   |
| <b>Review arrangements:</b>  | 6 months post implementation   |
| <b>Risk Management:</b>  | There is a risk that further projects may be added to the annual plan once it has been approved and until the department can recruit to the vacant posts (currently 2) there isn't sufficient capacity to successfully execute further projects. |
| <b>National Policy/ Legislation:</b>   | NHS Constitution – involving patients in their care.   |
| <b>Equality &amp; Diversity:</b>   | An EIA will be carried out for each approved project.  |
| <b>Other External Assessment:</b>  | N/A  |
| <b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b> | The Governing Body to discuss.   |

## **Annual Work Plan and Projects for Communications and Engagement for NHS Wiltshire and NHS Bath and North East Somerset CCGs**

### **Executive Summary**

This paper sets out the proposed programme of activity – the annual work plan 2014/15 – for the Communications and Engagement department of the Clinical Commissioning Group (CCG).

The Communications and Engagement team is employed by Wiltshire CCG and under a Service Level Agreement, (SLA) also provides communications, PR, stakeholder engagement and media management services to Bath and North East Somerset CCG. Within the SLA, BaNES receives 40% of the available resources and Wiltshire 60%.

Because of the similarities in the type of projects and work undertaken for the two CCGs and the almost 50:50 split in terms of allocated resources and capacity, this work plan outlines the department's priorities for both CCGs and how the team members will provide a service to them.

Both CCGs are committed to keeping patients, GP membership, partners, public and other stakeholders engaged, informed and involved. It is a local as well as national commitment to ensure that people are involved in all aspects of healthcare service design and that patients are given every opportunity to participate and help shape their care.

This plan outlines how communications and engagement can support the CCGs to fulfill that common commitment. This plan identifies how, why and when the two CCGs will communicate and engage with stakeholders. The plan also shows where progress will be monitored and evaluated to ensure that the communications and engagement work plan is making a difference.

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**Introduction**

Both CCGs recognise that excellent communications and engagement are integral to the success of the organisation and that they are the responsibility of all members of staff, not just those in the communications department. The work plan will support that understanding through the following four key principles:

**1. Establishing each CCG as a local leader of the NHS:**

- Communicating openly and honestly about what each CCG and its providers do well and what requires improvement
- Being accountable and transparent with decisions- by making strategic plans and documents easily accessible and available and by holding regular meetings in public.
- Managing the reputation of the CCGs, especially if questioned on commissioning challenges in the current financial climate

**2. Customer and client experience:**

- Proactively seek out and respond positively to patient, public and carer feedback and comment.
- This includes acting on comments, concerns, compliments and complaints, local and national surveys and provider’s Net Promoter scores
- Use patient and community experience stories to enhance services and as drivers for improvement with providers and those that the CCG commission services from.
- Working with members of patient and public participation groups, ‘Your Health Your Voice’ for BaNES and ‘Wellbeing for Wiltshire’ (proposed name)
- Embracing new and innovative ways of communicating and engaging with people and groups including social media and new technology; whilst avoiding loss of effective mechanisms of communication that would lead to inequality of access
- Develop and support a ‘network model’ of engagement within the two CCGs
- Develop effective mechanisms for the patient voice to influence commissioning intentions and decisions

**3. Every clinician and commissioner is involved:**

- Involving GPs and other clinicians in relevant aspects of engagement and patient and public participation
- Developing an improved network of internal communications and involvement with GP members and non-clinical staff
- Promoting two way communications and engagement between clinicians and CCG partners

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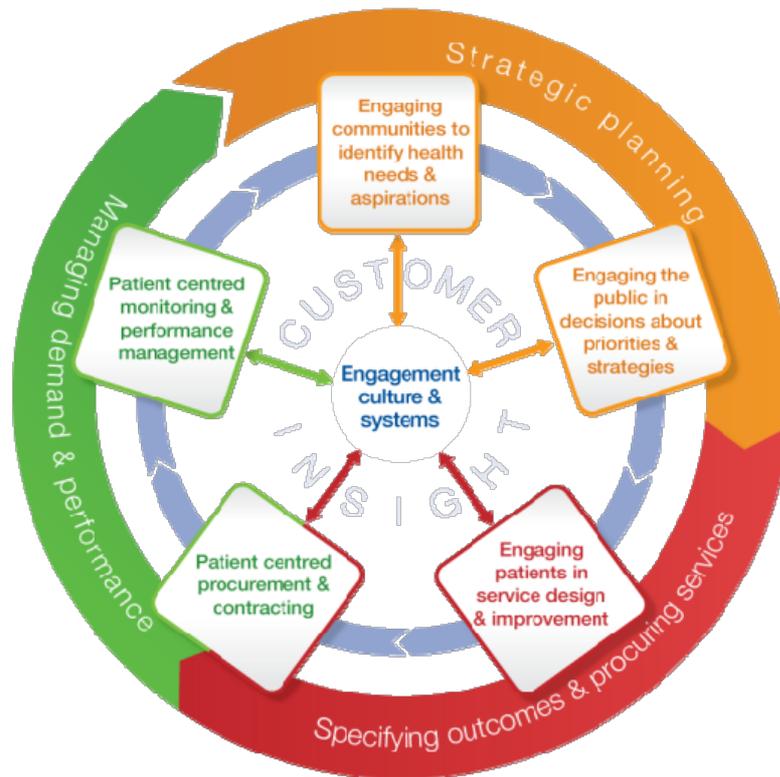
**4. Transform commissioning and the provision of services- through effective partnership working:**

- Ensuring there is sustainable partnership working with local Councils and a coordinated approach to projects and campaigns
- Ensuring there are effective relationships with Councils, Public Health, Providers and partners such as Healthwatch and user groups to facilitate a coordinated approach not only to communications and engagement but to services as a whole
- Engaging with our providers and listening to their concerns and suggestions
- Wherever possible communicating as a health economy to show a coordinated response to challenges and successes. This fits with a need to reduce confusion around the local NHS and social care provision
- Engaging with the respective Joint Strategic Needs Assessment (s) and ensuring clinical commissioning embeds the use of this resource
- Developing clear action plans, including corporate campaigns to be reviewed on a quarterly basis
- Ensuring any communications is justified as one of the CCG's key indicators.

These four principles can also be illustrated in the following diagram.

Engagement Cycle: This is a representational model highlighting who needs to do what to engage patients and the public at each stage of the commissioning cycle

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### The Communications Function

The Service Level Agreement has been in place since April 2013 and in September it was reviewed and incorporated into a new business plan to develop the department. It was accepted that in order to meet the communication and engagement requirements of two CCGs, the existing team and available skills needed to be expanded.

The business plan sets out the composition of the team – the roles, skills mix and non-staff resources required to provide a full communications, PR and engagement service for both CCGs. Recruitment to the posts is underway and whilst this has been largely successful with strong candidates being shortlisted and appointed, two vacancies remain.

Within the SLA, BaNES receives 40% of the available resources and Wiltshire 60%. This means each team member works two days per week in Bath and three in Devizes. To assist in continuity, project management and overall visibility, this is done on a rota basis. However, given the unpredictable nature of communications and the need to provide stakeholder engagement and participation opportunities outside the regular Monday to Friday 'office hours' regime, a certain amount of flexibility is anticipated and accommodated within the rota.

There are a number of projects that are common in principle to both CCGs; for example

- the creation of a patient and public participation group for each CCG;

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- stakeholder engagement and participation in the development and implementation of services within the 5 Year Plan, incorporating the Better Care Fund
- using patient experience to improve and develop services
- corporate reports and publications
- developing more sophisticated and reactive internal communications mechanisms particularly for GP membership
- developing commissioner and service leads awareness for stakeholder engagement
- supporting public involvement in Governing Body/Board meetings in public
- developing a range of stakeholder events/surveys and feedback mechanisms.

When developing specific plans for each CCG, the communications team will ensure that it shares best practice, learning from existing experience and deploy the most appropriate skills mix and resource within the bounds of the SLA to meet the project's aims and objectives

### **Annual Work Plan**

The following table outlines *specific* projects for BaNES and Wiltshire CCGs that the Communications team will undertake during 2014/15. It sets out a brief description of each task, when it will be implemented, the expected outcomes and how those outcomes can be measured. For each of the projects agreed, a detailed action plan will be developed as appropriate.

It does not include all the routine activities which the team fully expects to undertake on a daily basis for both CCGs – for example, managing media activities, regular communications to key stakeholders such as MPs, Healthwatch, Scrutiny panels, Health and Wellbeing boards and Area Boards; refreshing inter and intranet pages, creating presentations, support and guidance to commissioners and service re-design leads around routine stakeholder engagement.

The purpose of the Work Plan is to identify specific tasks and projects for each CCG, identify the resource required to complete them successfully and where necessary identify any resource and capacity issues and what steps may be required to mitigate that risk.

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| Proposed Project   | CCG  | Key Actions for implementation   | Projected Implementation/Completion dates  | Desired Outcome   | Evaluation   |
|--|------|--|--|---|--|
| 1. Creation of new websites – public facing and secure staff/GP login area using the CSU ‘Hub’ system for staff and GPs. | Both | <p>Write business case (and gain approval) to build and develop 2 websites, both with secure staff login in areas.</p> <p>Explore the option of using the ‘Hub’ product for staff areas.</p> <p>Put project out to tender<br/>Appoint web developers<br/>Create web implementation groups and staff/public focus groups to work with web developer to build sites</p> <p>Launch development sites and populate pages</p> <p>Review and refine draft content</p> <p>Go live</p> | <p>BaNES website to go live by end of October 2014</p> <p>Wiltshire CCG website to go live by end of November 2014</p> | <p>Both CCGs will have websites fit for purpose and which have been built with strong staff and public engagement and involvement.</p> <p>Websites are recognised as a useful and reliable source of information and can be used as a valid communications and engagement channel via links with social and new media and for audiences with special learning requirements or disabilities.</p> <p>Staff recognise them as useful and reliable sources of up to date information that can be accessed outside the working environment and which contains appraisal and objectives data and support information for PDP etc.</p> | <p>Approval of business plans by CCG Exec teams</p> <p>On-going feedback from focus and steering group members</p> <p>External feedback from public website users</p> <p>Using established measurement tools such as Google analytics to measure traffic and hits.</p> |

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| Proposed Project  | CCG       | Key Actions for implementation  | Projected Implementation/Completion dates  | Desired Outcome   | Evaluation  |
|---|-----------|---|--|---|---|
| 2. Five Year Plan and Better Care Fund stakeholder participation and engagement | Wiltshire | <p>It's imperative that there is agreement with the council from the outset that the work is done in partnership and is meaningful and sustainable.</p> <p>The engagement and participation work on the 5 Year Plan builds upon the significant work already achieved within the Community Transformation Programme (CTP). The engagement work for the 5 Year Plan will remain supportive of the achievements and the aims and objectives of the CTP.</p> <p>Ensure tangible CTP developments are included on agenda of all regular CCG stakeholder events</p> <p>With agreement, identify partner events where CTP can be part of the engagement programme or agenda</p> | <p>First phase of stakeholder engagement programme due to commence late March 2014.</p> <p>Phase 2 will commence in late April and will be structured to seek views and opinions on the proposed models of care. It will also seek feedback on how the CCG may model schemes for on-going participation in the 5 Year Plan.</p> <p>Phase 3 Spring 2015 – evaluate participation and engagement to date</p> | <p><i>For both CCGs the desired outcomes are very similar in principle:</i></p> <p>That stakeholders feel genuinely involved in the development and delivery of health care services.</p> <p>That the CCGs can be confident that the engagement programme has shown genuine partnership working – evidenced, and partners feel involved and engaged in the process</p> <p>That the CCGs have actively encouraged participation and involvement in a relevant and timely manner</p> <p>That staff and the CCG membership are advocates of the new models of care and have had genuine involvement in understanding the</p> | <p>Use a range of communications tools – focus groups, questionnaires, social media, and surveys, to benchmark awareness of the CCGs' respective 5 year plans, before, during and after engagement and consultation periods.</p> <p>Employ a range of 'You said we listened' tactics to gauge stakeholder confidence in the value of their participation.</p> |

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|  | BaNES | <p>Phase 1: In partnership with the Council and ABC Consulting, devise participation and engagement project with selected focus groups in Wiltshire - To gain views, opinions and constructive comment on Key Design Principles within the 5 Year Plan and any barriers to success have been identified and explored.</p> <p>Devise and produce report on engagement and participation activities and feedback to date for inclusion in draft of the Plan to be submitted in June 2014</p> <p>Develop support materials for on-going engagement – web pages, audio visual aids, printed materials, feedback mechanisms</p> <p>Support the joint CCG/CSCSU Comms stakeholder engagement plan and activities for BaNES during April and May.</p> <p>Support the CSCSU to develop support materials for on-going engagement – web pages, audio visual aids, printed</p> | <p>CSCSU Comms commissioned to carry out initial patient and public stakeholder meetings in March/April 2014.</p> <p>Phase 2 will commence in late summer/early autumn. To seek views and opinions</p> | <p>implementation and delivery of them.</p> |  |
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materials, feedback mechanisms  
 Devise and produce report on engagement and participation activities and feedback to date for inclusion in draft of the Plan to be submitted in June Review

on submitted plan and develop models and schemes for on-going participation in how CCG develops future models of care.

Phase 3 Spring 2015 – evaluate participation and engagement to date.

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|------------------|------|---|---|---|--|
| 3. Social Media  | Both | <p>Write social media policy then strategies and action plans to define requirements for each CCG in terms of</p> <ul style="list-style-type: none"> <li>o provision</li> <li>o desired outcomes</li> <li>o resources required,</li> </ul> <p>to implement an appropriate and effective social media presence for each CCG.</p> <p>Assess technical capability of CCGs lap tops and desk top PCs to access social media platforms and recommend changes and improvements where needed</p> | <p>Explore and devise appropriate social media platforms for both CCGs. Provide each CCG with detailed recommendation for effective use of social media platforms by 1<sup>st</sup> June</p> <p>If recommendations are approved, provide training and staff engagement opportunities during June</p> <p>Appropriate platforms such as Twitter, MEME, Instagram, Pinterest, Jelly and Facebook to be adequately resourced and launched in early July 2014.</p> | <p>That the CCGs adopt and exploit the use of social media to successfully engage with relevant stakeholder groups and thus widen awareness of their function to these groups</p> <p>That there is a steady increase in stakeholder engagement and awareness of the social media tools being employed by the CCGs</p> | <p>The quality and quantity of the interaction between the CCGs and stakeholders via social media shows steady and sustained growth</p> <p>That staff and GP membership recognise the value and are advocates of social media for the CCGs</p> |

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| Proposed Project  | CCG       | Key Actions for Implementation  | Projected Implementation/Completion dates   | Desired Outcome   | Evaluation  |
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| 4. Creation of a public and patient participation groups. | BaNES     | <p>Following on from the general taster sessions for all members of the public, a programme of more targeted recruitment for members from 'difficult to hear' communities is required</p> <p>Review applications and feedback from taster sessions to create membership of Core group</p> <p>Review and agree agenda and ToR</p> <p>Review and agree publicity materials going forward</p> <p>In consultation with Lay Member, agree dates and locations for 6 public taster/awareness raising sessions to create PPP group for Wiltshire. Lay member to Chair group going forward.</p> | <p>Recruitment for membership undertaken in Feb and March 2014 for 'Your Health Your Voice'</p> <p>First full meeting expected to be held in April 2014 and every other month thereafter.</p> <p>Report to each CCG Board meeting. Written by Comms team lead and presented by Lay Member</p> | That the CCGs create an effective and sustainable mechanism and conduit for patients public and carers to make their views and opinions heard and for group members to have confidence they will be acted upon. | <p><i>Evaluation for both CCGs as follows:</i></p> <p>Membership is sustained and or grows</p> <p>CCG Boards and membership value feedback and act upon it where possible</p> <p>Wider community recognises there is a legitimate and reliable way of participating in shaping local health services and recommends it.</p> |
|   | Wiltshire | <p>Following on from the general taster sessions for all members of the public, a programme of more targeted recruitment for members from 'difficult to hear' communities is required</p>   | <p>Recruitment meetings for Wiltshire CCG to be held in April 2014.</p> <p>First meeting proper in May 2014 and every other month</p>   |   |   |

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|  |  | <p>Review applications and feedback from taster sessions to create membership of Core group</p> <p>Review and agree agenda and ToR</p> <p>Review and agree publicity materials going forward</p> | <p>thereafter.</p> <p>Report to each CCG Board meeting thereafter. Written by Comms team lead and presented by Lay Member</p> |  |  |
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| Proposed Project  | CCG                 | Key Actions for implementation   | Projected Implementation/Completion dates  | Desired Outcome   | Evaluation   |
|---|---------------------|--|--|---|--|
| 5. Develop internal staff /member communications and engagement | BaNES               | <p>Test example of internal staff bulletin (14 Days) with BaNES staff for feedback to then create a tailored version.</p> <p>Regular e-letter briefing from GP Forum (monthly) to be written and distributed</p> <p>Explore possibility of implementing the 'Hub' as an online comms and development resource for staff. CSCSU and product developer to present merits of the product to BaNES</p> | <p>Sample distributed in March 2014</p> <p>New staff briefing for BaNES staff live by 8<sup>th</sup> April and each fortnight thereafter.</p> <p>GP Forum newsletter-goes live April 2014.</p> <p>Web and Publications Manager due to be in post by mid-April and will assume responsibility for on-line comms tools.</p> <p>Annual staff survey to be devised and distributed in June</p> | <p><i>Common to both CCGs</i></p> <p>Staff feel they understand their roles and responsibilities within the CCG,</p> <p>Staff feel they are informed and aware of on-going projects.</p> <p>There is awareness by clinical and non-clinical staff of the issues and priorities faced.</p> <p>There is an awareness of the work we are going in partnership</p> <p>Staff health and wellbeing improves through improved communications and the development of staff activities</p> | <p>Metrics such as staff sickness levels, appraisals and turnover rate could be used.</p> <p>Annual internal staff survey could be used to assess staff satisfaction</p> <p>Feedback and constructive criticism on comms channels used</p> |
|   | BaNES and Wiltshire | <p>Explore alternative comms tools for raising staff awareness and involvement such as webcasts, short films, on-line interactive newsletters</p> <p>Explore the option of providing staff with more activities to improve well-being – events, classes, corporate partnership discounts etc.</p> <p>Explore option of creating a staff social committee to help organise</p>                      | <p>Comms team members to attend GP meetings on a regular basis such as GP Forum in BaNES, GP Locality Exec meetings and Clinical Executive meetings to develop relationships and trust.</p>  |   |  |

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|  | Wiltshire | <p>external events</p> <p>Implement annual staff survey for the CCGs</p> <p>Hold regular face to face staff briefings</p> <p>Pilot a monthly blog or webcast from DF or SR</p> <p>Develop a sustainable programme of engagement with GP and Practice staff</p> <p>Create regular method of briefing for GPs to help share news across the Localities and from Southgate House</p> | <p>'14 Days' already live for Wiltshire staff and issued every fortnight. Feedback positive</p> <p>Devise and implement appropriate GP and Practice staff communications and engagement tools by July 2014.</p> <p>Annual staff survey to be devised and distributed in June</p> |  |  |
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| Proposed Project  | CCG  | Key Actions for implementation  | Projected Implementation/Completion dates  | Desired Outcome   | Evaluation |
|---|------|---|--|---|------------|
| 6. Develop more robust equality and diversity metrics in all comms and engagement | Both | <p>Equality Impact Assessment completed on all Board papers</p> <p>Ensure web and printed publications are available in suitable alternative formats and that this facility is clearly advertised</p> <p>Ensure that public and patient participation events and initiatives take account of needs of ethnic and difficult to hear sectors of the community and evidence their involvement or invitation to involvement</p> | To be rolled out across the year as each project is undertaken and when websites go live | <p>That the needs of all members of the community are considered and reflected in the work of the CCGs</p> <p>That the CCGs make adequate and appropriate provision for all sectors of the community when considering implementing new services or service change</p> <p>That all CCG staff understands the need to have knowledge and awareness of their responsibilities within the equality and diversity remit.</p> | TBC        |

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| Proposed Project                                     | CCG       | Key Actions for implementation  | Projected Implementation/Completion dates   | Desired Outcome  | Evaluation |
|--|-----------|---|---|--|------------|
| <b>7. Annual stakeholder events and surveys</b>      | BaNES     | <p>Suggest and devise suitable format for annual stakeholder event as part of AGM</p> <p>Devise and produce annual stakeholder survey</p> <p>Collect and collate feedback from survey</p>   | <p>In line with NHS England guidelines, the Annual Report and Accounts must be presented at a public meeting no later than 30<sup>th</sup> September 2014.</p> <p>Launch annual stakeholder survey at the AGM – Sept 2014</p> | <p>The CCG provides opportunity for local residents and communities to hear about the work of the CCG, provide feedback, question members and provide input into following years programme of work</p>   | TBC        |
| <b>8.AGM/Stakeholder day and engagement sessions</b> | Wiltshire | <p>Suggest and devise suitable format for annual stakeholder event as part of AGM – Sept 2014</p> <p>Arrange a local stakeholder event in each locality - 1 in each locality per annum – proposed May, Oct (2014) and Feb (2015).</p> <p>Devise and produce annual stakeholder survey</p> <p>Collect and collate feedback from survey</p> | <p>In line with NHS England guidelines, the Annual Report and Accounts must be presented at a public meeting no later than 30th September 2014.</p> <p>Launch annual stakeholder survey at the AGM – Sept 2014</p>            | <p>The CCG provides opportunity for local residents and communities to hear about the work of the CCG, provide feedback, question members and provide input into following years programme of work</p> <p>The locality based stakeholder events provide an opportunity for greater focus on local issues. This is important given the size and geographic diversity of the county.</p> | TBC        |

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| 9. Develop closer working relationships with Commissioners and procurement | Both | <p>Implement regular meetings with commissioners and commissioning teams to raise awareness of the support the Communications team can provide.</p> <p>Ensure communications staff are more involved from the start of the commissioning/procurement process to help support for engagement and participation phases.</p> <p>Devise short training manual to assist commissioners and procurement teams to better understand the needs and processes for engagement and patient and public participation and provide short training sessions</p> <p>Ensure commissioners and partners understand the need to include the Communications Team in small as well as large scale projects.</p> | <p>Training guide written for Wiltshire staff and sent out to healthcare and community partners for comment. Final to be produced by early April 2014</p> <p>Draft for BaNES being produced and ready for comment by mid-April 2014</p> <p>Regular meetings with commissioners across both CCGs to begin in May 2014.</p> <p>Short training sessions on engagement and participation to be devised, arranged and set up at appropriate intervals across the year. These will last for approximately an hour and a half to avoid being too onerous on peoples time management.</p> | <p>A better working relationship exists between the commissioning and procurement teams and communications to improve the service creation and service redesign process and to underpin the CCGs' commitment to public and patient involvement.</p> <p>Public, patients and GP members feel better informed and engaged in the process.<br/>*Examples of good involvement: Rheumatology redesign, vascular services, dementia care.</p> | TBC        |

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Ensure that within the available resources specific projects and work streams, for example, the Community Transformation Project (Wiltshire), Rheumatology/MSK (BaNES) has a sustainable programme of support and guidance form the Comms team.

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|--|-----------|---|---|---|---|
| <b>10. Regular media briefings/meet the team</b> | Wiltshire | <p>Arrange a series of media lunches/question and answer sessions between clinical and non-clinical members of the CCG and local and regional media editors/health correspondents.</p> <p>Media train willing members of staff who have clinical or specialist knowledge</p> <p>Create on-line directory of specialists and media spokespeople within the CCG that local and regional media are made aware of and can access.</p> | Potential to arrange them for once every other month across the year beginning in April 2014. | <p>To improve relations and understanding between the CCG and the local media. To build an understanding among the media that the CCG has experts in certain areas; for example, urgent care, dementia, Safe-guarding, funding, commissioning.</p> <p>To raise the CCGs' profile and encourage greater presence in trade journals such as HSJ, Pulse, Nursing Standard/Times etc.</p> | <p>An increase in the amount and quality of balanced media coverage</p> <p>Increased awareness of the expert advice the CCG can provide on a given topic.</p> |

### Implementation Support

This Plan offers both CCGs a comprehensive range of stakeholder communication, engagement and participation projects and in so doing, underpins the local and national commitment to putting patients at the heart of all they do.

It is not without its challenges however: embarking upon this range of projects for each CCG within the bounds of the SLA represents a considerable amount of work and project management to ensure each client's needs are being met.

Before embarking on a given project, the Comms Team member taking the lead will be expected to meet with the lead within the CCG and agree the extent of the project and what can be delivered with the resources available. In this way, the project contents are defined and deliverables are agreed. During the time of the project there will be meetings to ensure it is on track and to review if it is not. In addition, the senior staff member from each CCG who holds Communications within their portfolio will be invited to meet with the Head of Communications on a monthly basis to ensure the annual plan remains in track and any strategic or operational concerns are managed.

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