

## Board of Directors' Meeting Report – 30th July 2014

### Agenda item 210/14

<b>Title</b>	Communications and Engagement Strategy 2013–2016 – annual update
<b>Sponsoring Director</b>	Jacqueline Totterdell, Chief executive
<b>Authors</b>	Claire Hankey – Head of communications and engagement
<b>Purpose</b>	The trust sends and receives many communications during a working day. The communication and engagement strategy sets out principles to ensure that its message to stakeholders, both internal and external, is consistent and reflects our vision and values.
<b>Previously considered at</b>	Strategy = May 2013 Board meeting
<b>Executive Summary</b>	
<p>Good communication and engagement needs to be embedded at organisational, service, team and individual staff level.</p> <p>Put simply our strategy is to ensure that good communication and engagement puts patients at the heart of our organisation and supports the delivery of excellent care and better health for our communities so that patients and commissioners choose us as their provider of choice.</p> <p>This annual review ensures the methods used are 'fit for purpose' and can respond to policy changes, new developments and the views of staff, patients, public and partner organisations.</p>	
<b>Related Trust Objective</b>	All corporate objectives are affected by the trust's communication protocols and management
<b>Related Risk</b>	BAF – Do we know what our patients really think or want?; Disengaged workforce; Loss of custom; Partnerships not understood or not working for us
<b>Legal implications / regulatory requirements</b>	Should the Trust not be able fulfil its obligations under the Terms of its Authorisation, Monitor may implement further sanctions against the Trust.
<b>Quality assessment impact</b>	The aim of the Communications and Engagement Strategy is to promote consistent practises of communication and engagement for the advantageous benefit of all the trust's stakeholders.
<b>Equality assessment impact</b>	As far as can be considered this paper has no detrimental impact for the nine protected characteristics under the Equality Act 2010.
<b>Recommendations:</b>	
<p>The Board is asked to note / discuss / approve / ratify or <u>Receive assurance therefrom</u></p>	

## **Introduction**

The need to communicate well with the public, patients, users of our services, partners and other organisations is central not only to the success of Southend University Hospital Foundation Trust (SUFT), but is also an integral part of delivering safe, quality healthcare.

Through effective communications we can manage, motivate, influence, explain and create conditions for change.

It is as much about attitude and behaviour as it is about the message. Good or bad communication (or the decision to communicate or not communicate) can have a subtle but serious impact on public confidence and staff morale.

The trust's first ever combined communications and engagement strategy was ratified by the board in July 2013.

Although communication methods are continuously monitored and evaluated there is a requirement to formally review the strategy annually.

While the principles underpinning the strategy are still valid, the communication methods are being continually reviewed to ensure they are 'fit for purpose' and can respond to policy changes, new developments and the views of staff, patients, public and partner organisations.

## **Aims**

The communications and engagement strategy aims to support the delivery of national policy and SUFT's strategic objectives.

It aims to:

- Put patients, users of our services, staff, public, partners and other organisations at the heart of our communications.
- Raise awareness of and explain SUFT's decisions, policies and strategies.
- Promote and publicise our work, providing information and highlighting achievements.
- Promote and encourage the involvement of individuals and communities in decisions affecting health and healthcare services.
- Inform, engage and involve staff, to ensure that they have access to high quality, accurate and timely information in whatever format they find most appropriate, and can therefore influence decision making.

- Support the development and implementation of organisational and service change through planned and proactive communications.

While the strategy is supported by the work of the communications and engagement team, ownership of and responsibility for delivering the strategy rests with the entire organisation, not one department.

Everyone at SUFT has a responsibility to:

- Ensure patients, public, staff, partners and other organisations receive accurate and up-to-date information
- Take personal responsibility for being well informed by seeking information on relevant issues
- Share relevant information from briefings, meetings and other forums with colleagues
- Take an active role in providing feedback
- Take account of the aims set out in the strategy.

The communications and engagement department will continue to develop and offer guidance on good practice in communications to support the organisation in achieving the aims and objectives of the strategy.

## **Objectives**

The strategy contains five objectives to deliver those key messages and aspirations:

- Demonstrably improve patient communication and ensure it supports the Trust's vision, values and objectives
- Improve staff communication and support delivery of the trust's human resources strategy
- Build trust in the organisation through robust reputation management
- Patients, public and stakeholders will have improved understanding and will be meaningfully engaged and involved in the design of hospital services to improve quality and patient experience.
- Ensure the communications team is sufficiently resourced and skilled to support the trust board, business units and directorates in the delivery of their plans

## **Monitoring communication and engagement activity**

Evaluating and reviewing our work is a high priority for the team to ensure the work we are involved in is delivering the outcomes that we set out to achieve. This is achieved through:

- Website: Google analytics.
- You Tube/ Vimeo videos: views.
- Staff/Stakeholder e-bulletins: analytics,
- Social media: Tweets and retweets, followers, likes and shares
- Media: media monitoring and evaluation
- Internal communications/staff engagement: Staff surveys, the Friends and Family Test for staff, attendance levels and evaluation from events
- Public engagement: Direct involvement with services, attendance at events, invitations to groups
- Patient Experience: Friends and Family Test response rates, NHS Choices, Patient Opinion

A communications dashboard is published on the communications and engagement StaffNet pages which details our monitoring and monthly benchmarking.

## **Press and Media**

We have pursued a policy of active engagement with the media to inform the public of issues affecting SUFT and the challenges facing us. This is particularly relevant in the current climate of financial constraints and the need to prioritise competing demands.

We have established effective relationships with both national and local media to ensure proactive, managed release of reliable newsworthy information and to support public health awareness campaigns with feature based articles.

On average the team deals with 25 press enquiries a month, and issues around eight proactive releases.

Positive coverage continues to outweigh negative coverage at 84 per cent positive against 16 per cent negative.

This is also reflected in the column inches which saw an average per quarter of more than 700 positive inches versus 279 negative.

Our coverage still remains predominantly locally based which we will seek to expand more into a national arena in the next 12 months.

We also aim to encourage participation in filming and broadcast requests whenever suitable.

### **Monthly press briefing**

As part of our proactive policy we have established a monthly press briefing session by the chief executive for the local media. This has helped build stronger relationships with our local press and helped to ensure our key messages are heard.

We have also identified that other members of the executive and board would benefit from media management training and are seeking to schedule a board development session in the near future.

### **Patient information**

All new or reprinted patient literature is reviewed for plain language to minimise the use of jargon. Leaflets carry information about the availability of information in different formats and languages. We have set up a reading panel from the Foundation Trust membership which regularly reviews the content of leaflets. Their comments are also incorporated into the development of future leaflets.

### **Brand**

The trust brand is the wave that reflects our town and our locality. The purpose of having a separate brand for the trust, in addition to the NHS identity, is to ensure the great work undertaken at our hospital is recognised by our patients and the local community by using a consistent design and style that is easy to recognise.

The communications and engagement team are designated as guardians of the trust brand and is part of our reputation management remit.

At the start of this year we revised our corporate guidelines document to assist all departments in producing communications in line with our policies.

### **Website**

We have increased the number of visits to our website per month by over 30,000 since monitoring began in August 2012 and in May 2014 we recorded 36,124 unique users, with 11,920 page views.

There remains a close to 50:50 split between returning visitors and new visitors to the site every month.

Our top five pages viewed regularly include: Homepage, Join us, The Look, bank recruitment and ward lists/visiting times.

Interestingly, visitors using mobile phone and smartphones to access the site have increased by 70.79% in comparison to December 2012, and visitors using tablets to access the site have increased by 132.30%.

Work continues to ensure all services are represented on the website and we have recently introduced the functionality to undertake short feedback surveys and polls.

Looking ahead we will need to assess the benefit of investment to a mobile compatible site given the numbers who are now accessing the information we provide in this way.

## **Social media**

Since its launch in December 2012 the trust's Twitter feed (@southendnhs) has gone from strength to strength and we now have more than 1,400 followers, which compares favourably with our neighbouring trusts who launched their accounts much earlier.

We have seen record number of retweets, mentions and favourites thanks to significant events such as the HSJ awards and with mentions, replies and retweets from organisations such as NHSFluFighters, StopThe Pressure, Change Day and NHSIQ 7-day services we were getting mentioned in the right places.

We had regularly receive positive tweets (majority about patient care) with 230 recorded in May 2014 alone against 10 negative (main themes were patient care and waiting times in outpatients).

We reply to every comment from a patient, either thanking them for their positive comments, or giving details for the PALS team and asking them to get in touch if the comment is negative.

We are now in the process of launching our official Facebook page which will be used as an additional channel to highlight good news stories, promote health improvement campaigns, and to signpost users to helpful sources of information

The use of Facebook and the opportunities it offers to engage in meaningful conversations with the public will then be evaluated over the course of the coming 12 months.

The trust also currently has presence on LinkedIn, YouTube, Vimeo, Hootsuite, Bitly, Flickr, Issuu and Survey Monkey.

We have also produced a social media policy, which is in the process of being ratified and which aims to empower more services and departments to harness social media as a means of true and direct engagement.

## **NHS Choices/Patient Opinion**

Feedback from our patients via online portals has remained at constant levels, with an average of eight postings received each month, the majority of which are positive.

Again we reply to every comment from a patient, either thanking them for their positive comments, or giving details for the PALS team and asking them to get in touch if the comment is negative.

## **The Look**

Since we began publishing Look electronically, via ISSU software, on the website it now enjoys both an external and internal readership.

We average around 1,700 unique users per month who read the electronic version from cover to cover, with the average time spent reading 3mins 10secs.

We continue to publish 1,000 hard copies each month to complement this and anecdotally it remains popular with staff.

## **Friday Round Up**

Friday Round Up is accessed by an average of 69 unique users each day, with around 2,150 page views recorded a month.

We are now keen to develop it further to enable more feedback and interaction with the reader.

## **Core Brief**

October 2013 saw a record attendance of 103 at Core Brief, which may be attributed to the feed back from our follow-up CQC visit, but on average around 80 people attend each month.

On average 300 people access the online notes posted after the meeting to assist managers with cascading messages.

Moving ahead we will be introducing short videos (Vines) which are produced in advance to provide an instant sound bite of the key messages for all staff to access.

We are also developing a more regular opportunity for managers to engage and give feedback, in the form of a 30min executive led Everything Counts brief one week ahead.

## **E-chief**

The chief executive's regular blog has proved extremely popular with staff and provides a format for direct feedback via the comment sections.

It averages 900 views over the course of a month, with February this year recording a high of 1,352 unique users.

## **Staff engagement**

Established mechanisms for feedback previously supported by the communications and engagement team have faltered in the past nine months and we must work with those teams who deliver them to ensure they are reinstated or a credible alternative offered.

We must also better populate the You Said/We did function to ensure staff are aware of actions taken in response to surveys and feedback.

Hospital Heroes, our staff awards scheme continues to be a popular form of recognition and we must ensure it is not diluted by individual business unit schemes, and that they complement it by encouraging upward nomination.

We are now seeking to formalise the communications champions we have across the organisation into a working group to support delivery of the strategy and to ensure our communications reflect better the "voice" of the organisation.

## **Use of email**

Staff global (all-user) e-mails are used to disseminate information that is deemed relevant to staff or of sufficient importance that it must be urgently disseminated.

It is a 'blunt instrument' which is monitored to ensure it is not over-used or inappropriately used. It is sometimes criticised for being irrelevant or unavailable to everyone but continues to be the fastest form of communication for the majority of staff within the organisation.

Staff and managers receiving global emails are reminded that they should pass the information onto anyone who does not have access to emails. If appropriate and still current the information is posted on noticeboards.

## **Engagement activity**

Attendance at our bi-monthly member meetings remained positive with the events regularly attracting in excess of 100 people.

However governor attendance remained low with an average of five governors attending.

Following discussions with the governor's membership engagement and recruitment group, the decision was made to change the format of the meetings to enable better interaction between governors and members.

The first of these new style meetings, which include facilitated round table discussions, took place on July 16 and saw 120 members and nine governors attend.

During the year the communications and engagement team have regularly attended other health events in the community, undertaken school visits, arranged governor and lay person listening exercises and two "Meet The Professionals" days at the hospital.

We have also undertaken specific projects with community and religious groups to help assist their members gain a better understanding of our services, including visits to the Chinese community, the Muslim community and translating the members' newsletter to a "talking" document for the blind and partially sighted.

### **Information for MPs, community organisations and our members**

Information is provided through an e-newsletter – Outlook - on a bi-monthly basis. These updates are produced to support communication plans for specific projects or service developments, as well as our corporate objectives.

The distribution list includes members of the local health scrutiny committees, CCG colleagues, health partners, Health Watch and voluntary groups.

We also now assist in the production, on behalf of the chairman, a monthly post board brief for our five local MPs.

The team also work alongside the governor's editorial advisory panel to produce two editions each year of the member's newsletter The FuTure, which is distributed both online and in print to more than 14,000 members.

We are currently working to develop this to a 12 page "newspaper" style publication to better serve its aims of informing and engaging both our members and the wider population.

### **Delivering the strategy going forward**

To ensure we meet both the objectives of the strategy and in turn our corporate vision, our priorities over the coming year are to ensure:

- Each strategy and service change considers communication and public involvement issues. All major projects and reviews should have a communications plan that identifies target audiences, methods, costs and success criteria

- We promote a culture of understanding and realism by explaining our decisions to patients, public, staff and the media so that they can trust our information and be reassured that we would inform them of any change which might affect them.
- Working in partnership with staff and managers we promote the need for effective face to face communication and facilitate dialogue so that information is cascaded in a timely and consistent way
- We continue to improve the way we use technology to deliver innovative communications.
- We work together and share information with partners and other organisations to enable joint promotion and improved understanding of partnership arrangements among patients, public and staff
- We promote and raise awareness of equality and diversity issues among staff to support and encourage equality and diversity training.

## **Conclusion**

Effective communication is the responsibility of every member of staff, whatever their role or in whatever part of the trust they work.

Responsibility is therefore shared and success depends on the creation of a culture where communication is valued, and effective communication is seen as a priority – in practice as well as in principle.

The effectiveness of the strategy will depend on using all possible methods appropriately and continue to seek new and innovative ones to deliver a coherent set of messages.

The communications and engagement strategy is not a stand-alone document. It is not, in itself, an action plan, but sets the principles, values and culture against which all communication activities, throughout the organisation, should be delivered.