Sherwood Forest Hospitals

Agenda Item:

Board of Directors Meeting

Report

Subject: Draft Communications Strategy, 2014 - 2017 Date: April 2014 Author: Yolanda Martin, Head of Communications Lead Director: Paul O'Connor, Chief Executive

Executive Summary

The communications and engagement strategy has been developed to support the delivery of the Trust's vision to provide high quality cost effective care for our patients, developing our workforce to its best potential and working with our partners, particularly in health, social care and local services to improve the health and wellbeing of the local population.

Over the past few months we have continued to develop the Trust to support this vision with a clinical services strategy, a workforce strategy, an operational plan and a patient experience and involvement strategy. However, communicating well as an organisation is vital for success and this communications and engagement strategy sets out how we will continue to develop over the next three years in order to achieve our vision.

Whilst we have already begun work to implement some of the communications and engagement objectives, we recognise this is just the beginning of the journey. A three year work plan will be developed to support the implementation of the strategy. This will be aligned with the other Trust strategies, and in particular the patient experience and involvement strategy and the workforce strategy.

Recommendation

Board of Directors is asked to approve this strategy and support its implementation.

Relevant Strategic Objectives (please mark in bold)

	-
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high	Build successful relationships with
quality care	external organisations and regulators
Attract, develop and motivate effective	
teams	

Links to the BAF and Corporate Risk Register	
Details of additional risks	
associated with this paper (may	

include CQC Essential Standards, NHSLA, NHS Constitution)	
. ,	
Links to NHS Constitution	
Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public	
Engagement Implications/Impact	
Committees/groups where this item has been presented before	Executive Team
item has been presented before	
Monitoring and Review	
Is a QIA required/been	
completed? If yes provide brief details	



Communications and Engagement Strategy 2014 - 2017



CommunicatingAspiringRespectfulEfficientand working togetherand improvingand caringand safe

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1.0 Introduction

Sherwood Forest Hospitals NHS Trust was formed in 2001, gaining Foundation Trust status in 2007. It is the main acute hospitals Trust providing high quality healthcare for 420,000 people across an area of 1,000 square miles covering Nottinghamshire, as well as parts of Derbyshire and Lincolnshire.

Each year we care for more than 75,000 inpatients; 30,000 day case patients; 275,000 outpatients; 100,000 emergency department attenders and more than 3,000 women choose to give birth with us.

We employ more than 4,000 members of staff and 700 volunteers, who work across four hospitals – King's Mill Hospital, Newark Hospital, Mansfield Community Hospital and Ashfield Health Village.

Our strategic objectives are to:

- 1 Achieve the best patient experience
- 2 Achieve financial sustainability
- 3 Improve patient safety and provide high quality care
- 4 Build successful relationships with external organisations and regulators
- 5 Attract, develop and motivate effective teams.

At the heart of everything we do is our dedication to providing high quality cost effective care for our patients, developing our workforce to its best potential and working with our partners, particularly in health, social care and local services to improve the health and wellbeing of the local population.

Over the past few months we have continued to develop the Trust to support the strategic objectives and vision with a clinical services strategy, a workforce strategy, an operational plan and a patient experience and involvement strategy. However, communicating well as an organisation is vital for success and this communications and engagement strategy sets out how we will continue to develop over the next three years in order to achieve our vision.

2.0 Background

As an organisation we have consistently said that we welcome any external review which enables us to progress our actions at a swifter pace. The Keogh Review in July 2013 was triggered because of higher than expected mortality rates at the Trust and Keogh raised a number of issues for the Trust, including findings relating to communications and engagement:

- Unclear how the Trust was engaging with the local healthcare economy
- Absence of the recognition of the patients in the priorities and actions
- Did not appear to have a patient engagement strategy
- Communication with patients was poor
- A lack of engagement with patients and the public.

Whilst many of the issues raised by the Keogh Team were issues that we knew about and were already taking actions to address, there is absolutely no doubt that the additional focus of the review gave the Trust the impetus to make changes in a much tighter timescale than we would otherwise have achieved.

Since the results of the national Keogh Review were published in July 2013 we have made significant progress but there is still work to be done.

The health and social care system in the local area has recognised that it faces some very significant challenges in order to be able to deliver care to the quality and outcomes required with the resources likely to be available in the medium term.

The current models of care are not delivering best health outcomes and are not affordable if scaled up to address growth in population demand. The partner organisations have estimated that, given the projected changes in the population and a simultaneous reduction in social care funding, the health and social care economy would face a gap of at least £70m and possibly more than £100m by 2018 if services continue to be delivered in the same way as currently.

As an organisation, we have focused on developing a future clinical services plan which aims to address these significant challenges. This has been driven by:

- A desire to deliver better health and social outcomes for the population and an improved experience of the services people receive
- Delivery of care in the most appropriate location
- A recognition that the way care is currently delivered is not sustainable for the expanding and ageing population
- Ensuring the best use of 'state of the art' health care facilities.

Our operational plan articulates our vision and we are focused on a programme of change, aimed at:

- Improving patient flow, urgent and elective care
- Improving equity of service delivery 24/7
- Delivering services 24/7 as appropriate
- Promoting ourselves
- Extending service offer to include evenings and weekends as appropriate
- Increasing market share
- Marketing and communications for our service portfolio
- Pathway redesign opportunities linked to the integrated care transformation programme (Better + Together).

3.0 Quality for all – our values

In the Autumn of 2013 we launched our *Quality for all* campaign, which involved patients, carers, staff, volunteers, governors and the public.

As part of this work we held *In Your Shoes* events for patients and the public, where staff members from all professional groups and services across the Trust listened to the experiences of patients and carers on a one to one basis. Patients, carers and staff then worked together in small groups to identify common themes and priorities.

We also held *In Our Shoes* events for staff to listen to each other's experiences of good and bad days at work, share common themes and identify priorities to help each other have more good days.

We also developed a *Future Values Survey* for staff – open to all staff in both online and graffiti board formats to enable us to understand what staff value, what they want the organisation to value and what would make the biggest difference to them.

The findings from this work were then used to develop shared values and expectations.

Communicating and working together Aspiring and improving Respectful and caring Efficient and safe

Value	Behaviour	Words used by patients, carers, staff, governors and leaders
C ommunicating & Working Together	- Share information openly and honestly and keep people informed	Open and honest Involve me and my family Keep people informed Mered and the set of t
	- Listen and involve people as partners and equals	Clear explanations and the communicate Treamwork
	- Work as one team inside our organisation and with other organisations	
Aspiring & Improving	- Set high standards for ourselves and each other	
	- Give and receive feedback so everyone can be at their best	(This domain was added by the Board of Directors after reflecting on all of the outputs – for more detail please see our Organisational Development Strategy)
	 Keep improving and aspiring for excellence 	
R espectful & Caring	- Treat everyone with courtesy and respect, help people to feel welcome in our organisation	Kind Smile Can't speak highly enough Feel valued Dignity Pleasant Get to know ME Supportive Sense of humour Courteeous Looked after me Rapport with staff Patient focused Take the time
	 Show care and compassion and take time to help 	Helpful Respect
	- Support and value each other and help people to reach their potential	Caring
Efficient & Safe	- Competent and reassuringly professional so we are always safe	Made a difference Good follow-up Privacy Nice environmention Inverse door identity Privac
	- Reliable and consistent so we are always confident	Reassured First class care Capable and competent Plan Aware Clean Timely processes
	- Efficient and timely and respectful of others' time	Would recommend Level by example Spacious Felt confident Professional Good food Not kept watering Give and accept feedback Consistent Accountable Consistent Organised Safe Do my very best Thorough Impressed Conscientious Outstanding Provide resources

These were then worked through with patients, carers and staff to co-develop priorities for improvement (contained in our patient experience and involvement strategy).

Several of the key priorities for improvement contained a reference to communications and engagement, including:

- All staff to take responsibility in communicating information to patients
- Improve awareness of (and access to) services at Newark
- Improve information leaflets (clearer descriptions and better copies)
- Put processes in place to communicate/explain to patients when new things are introduced
- Communicate how good our hospitals already are and our ambition to improve
- Use IT to communicate with patients.

4.0 What this means for communications

Communications has a pivotal role in supporting the organisation and its numerous stakeholders throughout the period of improvement.

Our stakeholders help to shape prospective patients' opinions and therefore have the potential to impact on the Trust's reputation, both positively and negatively. We must therefore ensure they are aware of the services provided by the Trust, engaged and involved in service development and in this way able to speak with first hand knowledge about the Trust.

All members of staff throughout the entire organisation have a valuable part to play in supporting the delivery of effective communications, ensuring this takes place with each other, with our partners, patients and other stakeholders and also by helping the organisation to share good news.

Communications is everyone's business and is not just the responsibility of the communications and the executive teams.

5.0 Defining our stakeholders

A stakeholder engagement workshop was held during the Board of Directors meeting in March 2014.

The objectives agreed by the workshop were:

- 1 Understand current engagement
- 2 Define required engagement
- 3 Identify gaps between current and required engagement
- 4 Prioritise and agree action plan
- 5 Agree how to capture/share intelligence, update our messages and measure progress.

Workshop participants identified current stakeholders and grouped according them according to their relationship to the organisation (Appendix 1).

For the purposes of the workshop the stakeholders were grouped into three key segments:

- Internal
- External
- Bodies with statutory role but no enforcement powers.

The workshop participants then spent time making an assessment of what they considered the current engagement relationship was with each stakeholder, producing stakeholder maps (Appendix 2).

For the purposes of the workshop, the audiences were mapped in general terms, and it is accepted that these audiences would then be further segmented on a campaign by campaign basis.

The Head of Communications will now take forward the remaining workshop objectives, developing a draft action plan for the Trust Management Board to consider and approve.

6.0 Communications tools and tactics

The Trust already has in place a comprehensive range of communications tools, which are utilised according to the audience and the message (Appendix 3).

In addition to these existing methods, the communications team will continuously seek to develop and progress innovative communications methods, with a particular focus on new media.

7.0 Key messages

Our key messages based on our vision and our values are:

- We are dedicated to providing high quality, cost effective care
- The patient is at the centre of everything we do
- Our staff will work together to provide patients with the best possible care
- We will treat patients with courtesy and respect.

8.0 Communications and engagement objectives

The key aim of the communications and engagement activity will be to enable the Trust to realise its vision, and thus become the provider of choice to local people by delivering high quality, cost effective care for our patients.

The following communications and engagement objectives have been identified, and their relevance to the Trust's strategic objectives identified:

	Communications and engagement objective				
1	High quality and effective communications will become everyday practice across the Trust				
	We will promote and celebrate our achievements and successes, portraying our hospitals and staff as innovative, forward thinking and providing high quality, effective care	1,5			
	We will ensure all communications are clear, accessible and appropriate to the audience	1			
	We will share information with our partners and other organisations to enable them to be better informed about our services	4			
	The data available from PALS and complaints will be utilised by clinical and corporate divisions to identify common themes and trends in order to improve communications				
	The Head of Communications will work with the patient services team to continue to improve the appointment letters sent to patients				
	We will continue to improve the Trust's presence on websites	1			
	The communications team will explore innovative and new ways to engage with audiences, including an increased social media presence	1,4			
	The communications team and clinical illustration team will develop	1			

	corporate guidelines and standards, including branding to enable all staff to produce information that is professional and easy to understand	
	The communications team will continuously seek to develop and progress	1
	new and innovative communications methods.	I
2	Patients and the public will have an improved understanding and	
	will be meaningfully engaged and involved in the development of	
	services	
	We will widely promote the Trust's vision and values, including staff,	1,5
	stakeholders and media	
	We will engage and involve patients, carers and other stakeholders when	1
	considering service change	
	We will promote the services available within the Trust so that patients	1
	and the public are aware of the services on offer and choose to receive	
	their treatment at our hospitals	
	We will continue to expand our website to include an expansion of	1,4,5
	information about our services	
	The communications team will survey stakeholders in order to ascertain	1,4,5
	their current perception of communications with the Trust at various levels	
	of the organisation	
	The communications team will produce a stakeholder map to reflect the	4
	current perception of stakeholders, the required perception of	
	stakeholders and thus identifying any gaps	
	The communications team will produce a prioritised communications and	1,4,5
<u> </u>	engagement action plan for consideration by Trust Management Board	
3	Stakeholders will be better informed and have improved knowledge,	
	understanding and access to information about Trust services The communications team will undertake a survey of local GPs to	4
	understand their current perception of services available at the Trust,	4
	including the quality and safety of those services	
	The communications team will undertake a survey of local GPs to	4
	understand what additional services they would wish to be introduced at	-
	Newark Hospital The communications team will survey local GPs in order to ascertain what	4
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	The communications team will survey local GPs in order to ascertain what they feel would encourage more patients to be referred to Newark	4
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	The Chief Executive will hold regular drop in sessions for staff	5
	Team Brief will be further developed to ensure a focus on a reduced	5
	number of key messages, line managers will be encouraged to brief staff	
	face to face to better enable two way communications	
	The communications team will continue to develop communications	4,5
	channels, with a particular focus on those channels being two way, and in	
	order to communicate with hard to reach staff groups	
	The communications team will develop a database/repository to enable	1,2,3,4,5
	Trust Management Board members to enter key data about the Trust and	
	its services, thus enabling TMB members to be better informed and	
	enabled in relationship management	
5	Build trust in the organisation through robust reputation	
	management	
	We will ensure a continued programme of media briefings/meetings to	1,4
	develop key relationships with the media so that the Trust's views are	
	presented in a fair and accurate manner	
	We will encourage submissions for and participation in external awards	5
	schemes – locally, regionally and nationally	
	The communications team will establish more features style proactive	4
	coverage, putting forward proposals for articles	
	The communications team will act as custodians of the Trust's reputation,	1
	swiftly seeking correction of any inaccurate items	
	The communications team will be guardians of the Trust brand, ensuring	1
	any items which are not to the required standard are corrected	
		1

9.0 Evaluation

In order to provide the Trust with ongoing assurance that our communications and engagement strategy is robust, the Head of Communications will provide regular updates using the following metrics:

- Media monitoring
- Website and intranet hits
- Staff satisfaction through the annual staff survey
- Regular engagement with members
- National patient surveys.

10.0 Next steps

Whilst we have already begun work to implement some of the communications and engagement objectives, we recognise this is just the beginning of the journey.

In conjunction with the Chief Executive, the Head of Communications will lead the work to further achieve the objectives agreed and begun by the Board of Directors workshop, namely:

- 1 Understand current engagement
- 2 Define required engagement
- 3 Identify gaps between current and required engagement
- 4 Prioritise and agree action plan
- 5 Agree how to capture/share intelligence, update our messages and measure progress.

A three year work plan will be developed to support the implementation of the strategy. This will be aligned with the other Trust strategies, and in particular the patient experience and involvement strategy and the workforce strategy.

Appendix 1

Board of Directors workshop, 26 March 2014

Internal audiences

- All staff, including staff who work with the organisation but are employed by other organisations, eg Medirest, Skanska
- Unions/staff side
- Volunteers
- Executive directors
- Council of Governors.

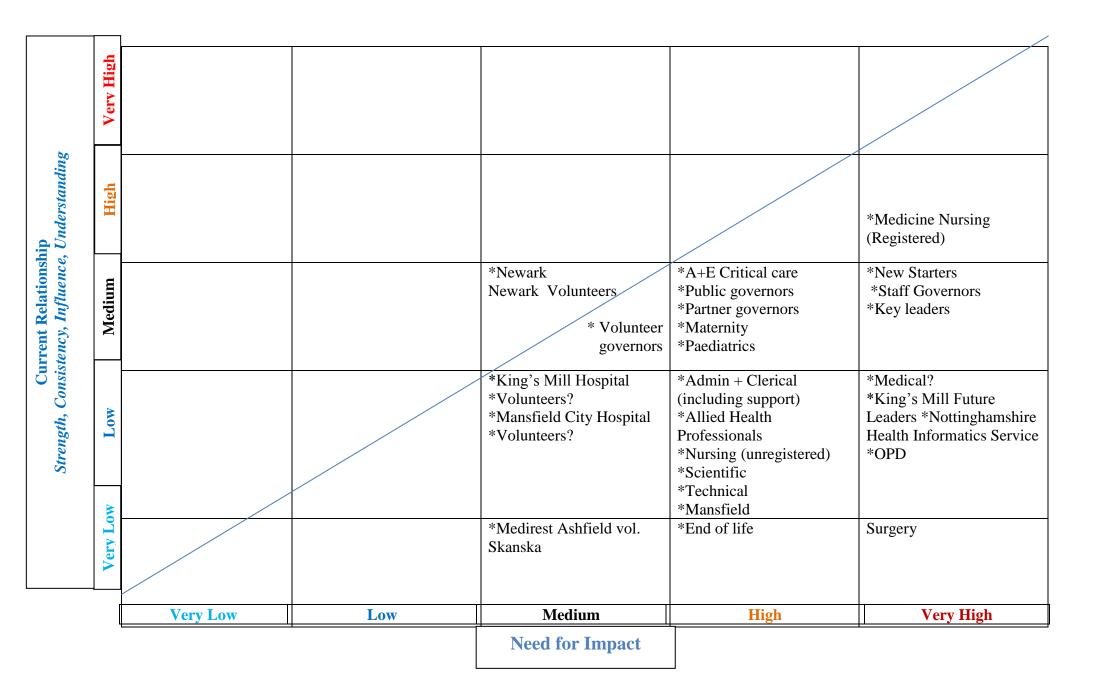
External

- Patients, carers, public
- Members
- Commissioners, social services
- East Midlands Ambulance Service
- GPs
- NHS England national, regional
- Health Education England
- MPs
- Media
- Monitor
- Department of Health
- Nottinghamshire County Council
- District Councils (including Mansfield, Ashfield, Broxtowe, Newark & Sherwood, South Kesteven and Bolsover)
- Nottinghamshire Constabulary
- Neighbouring provider organisations, eg Nottingham University Hospitals, Chesterfield Royal Hospital
- Voluntary and community organisations, charities
- Patient organisations
- Overview and Scrutiny Committees
- Foundation Trust Network
- Healthwatch Nottinghamshire, Derbyshire, Lincolnshire
- Coroner
- Educational establishments.

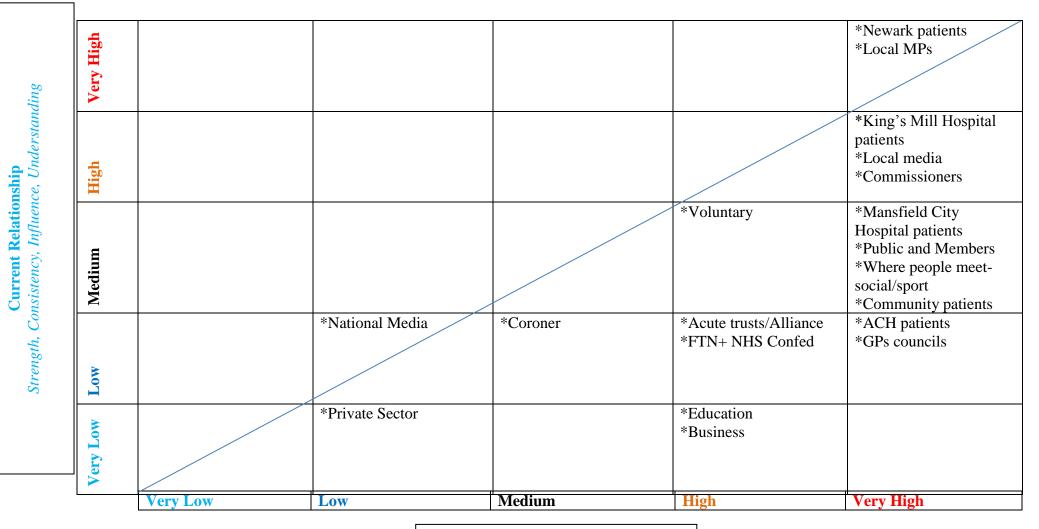
Statutory role, no enforcement

- NHS Litigation Authority
- Care Quality Commission
- Information Commissioner
- Professional bodies, such as General Medical Council
- Royal Colleges
- Environment Agency
- Health and Wellbeing Boards.

Internal







Need for Impact

BODIES WITH A STATUTORY ROLE, BUT NO ENFORCEMENT POWERS

Current Relationship Strength, Consistency, Influence, Understanding	Very High					*Care Quality Commission
	High			*Fire Authorities *Parliamentary and Health service ombudsman	*NHSLA *Health and Safety Executive *Royal Colleges	
	Medium			*Public Health Agency *Local Authority overview and Scrutiny Committee *Clinical Pathology Accreditation (uk) ltd	*UNIV LETB. *Information Commissioner *General Medical Council *General Pharmaceutical Council	*Commissioners
Curre trength, Consisten	Low		*Environment Agency *Human fertilization and embryology authority *Charities Commission *NHS Blood + Transplant *S.B S . ATA Conf enfs	*SOSFA *Specialised Commissioning Group	*Nursing and Midwifery Council	
St	Very Low	*Public Accounts Committee *General Optical Council *Pharmaceutical society of NI *Equality in Human Rights commission *General Chiropractic Council *General Dental Council *Ofsted *NAG ASMP	*Health watch England *Health Professions Council	*NHS information centre for health and social care *Health watch local	*Health + Wellbeing boards *CCP	
	L	Very Low	Low	Medium	High	Very High

Need for Impact

Appendix 3

Internal

- Monthly Team Brief cascade, include presentation, hard copy briefing, video podcast
- Members magazine three times per year
- Weekly staff ebulletins
- Icare2 ebulletins, for messages in relation to patient care
- Global emails, available to send out via hospital site groups for urgent matters
- Intranet
- Departmental team meetings, other meetings
- Chief executive open sessions
- Governor meetings
- Member events
- Notice boards, displays
- Annual staff surveys
- Joint Staff Partnership Forum
- Chief Executive's blog
- Social media
- Staff leaflets, posters, printed information
- Engagement events
- Media releases copied to staff, where possible before issue to the media
- Staff suggestion button available from the intranet homepage
- High profile events, such as launches, AGM, open days, Staff Excellence Awards.

External and statutory role, no enforcement

- Website
- Presence on other organisations' websites, such as NHS Choices
- Media releases
- Social media
- GP ebulletin
- Members magazine, three times per year, available in public areas
- Governor meetings
- Member events
- Noticeboards, displays
- Engagement events
- Meetings
- Leaflets, posters and printed information
- Board of Director meetings, held in public each month
- Public meetings
- High profile events, such as launches, AGM, open days.