Communication and Engagement Strategy 2011-2014
## Contents

1. Executive Summary  
2. Introduction  
3. Situation Analysis  
4. Communication and Engagement Objectives  
5. Communication and Engagement Principles  
6. Reputation Management Principles  
7. Strategic Positioning  
8. Stakeholders and Audiences  
9. Key Messages  
10. Key Topics  
11. Channels and Tools  
12. Roles and Responsibilities  
13. Monitoring and Evaluation  
14. Key Risks  
15. Next Steps  
16. Implementation  

### Appendices  
Appendix 1: Delivery Plan  
Appendix 2: SWOT Analysis  
Appendix 3: PEST analysis  
Appendix 4: Our Stakeholders  
Appendix 5: Stakeholder Analysis  
Appendix 6: Patient Experience Toolkit  
Appendix 7: Media Policy  
Appendix 8: Crisis Communications and Business Continuity  
Appendix 9: Glossary  

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**VS:** 2
1. Executive Summary

This is the Communication and Engagement Strategy for North Cumbria University Hospitals NHS Trust. It sets out the overall framework of how the Trust intends to communicate and engage with its audiences over the next three years (2011-2014).

North Cumbria University Hospitals NHS Trust is the local provider of acute hospital care for 340,000 patients in north Cumbria. Our strategic aims describe how we will drive improvements in service quality for local people.

Based on research and best practice, this strategy aims to directly support the delivery of our strategic aims.

The Trust is committed to improving communication and engagement and understands the importance of clear, honest, timely and relevant communication. Good communication is essential for the effective functioning of the organisation and to maintain a good reputation for delivering high-quality care. The Trust recognises that communication and engagement is a key part of its overarching Governance Framework to ensure the delivery of safe and effective patient care.

Over the next few years, the NHS faces the challenge of driving up the quality of care and improving patient experience, whilst also achieving levels of sustained efficiency and good management of all services. In this environment good communication and engagement is crucial. It is also important to recognise that effective communication is key to the ongoing reputation management of the Trust and the services it provides.

This ever-increasing pace and scope of change facing the NHS means all those involved in providing hospital care and related services need to work together in a culture of mutual trust, to ensure the delivery of the highest-quality of care as well as value for money.

The need to communicate and engage well with our staff, the public, patients and users of our services, partners and key stakeholders is central to the success of the organisation. Through effective communication and engagement we can manage, motivate, influence, explain and create conditions for change.

Communication is more than an exchange of information. It involves two-way written and verbal communication but also involves managing relationships. It is as much about attitude and behaviour as it is about delivering messages.

Good and bad communication, or the decision to communicate or not, can have a serious impact on public confidence, staff morale and the reputation of the organisation.

Our organisational values are at the heart of this strategy in ensuring we provide quality care and be a good place to work.

Communicating and engaging with patients, public, staff, our partners and other organisations is part of our every-day work.
and involves everyone within the Trust. It is everyone’s responsibility to ensure communication and engagement is delivered and that our values are adopted in our daily work.

This strategy recognises the need to put patients and the public at the heart of our communication and to give greater emphasis on improving communication and engagement with our staff to create a well informed workforce which, in turn, is able to communicate and engage effectively with patients, the public and other organisations.

Everything we do in the Trust is aimed at improving the experience that our patients have of our services. All our patients should feel confident that we provide safe, effective and compassionate care in the best possible environment. In order to do this, we need to have communication with our patients and carers and understand what matters to them.

We need to work, listen and learn from our patients, families and carers to make sure that the services we provide improve in response to their views and needs.

This strategy therefore, also outlines how the experience of our patients will be captured as part of improving communication and engagement.

It describes the communication tools available to the Trust and the outcomes of any reviews and research (including the NHS Staff Survey) on the best ways of communicating and which methods have proved to be successful.

It describes the importance of engaging with our patients and the public and how we can place people at the heart of our care. It includes a Patient Experience Toolkit for delivering this important aspect of this strategy.

The over-riding features of recent feedback from our staff (via the Trust Partnership Forum and communication events) shows:

- The need to continue using a wide range of communication methods as “one-size” does not fit all
- The need to entrench the Trust’s vision, values and strategic aims within the organisation and our stakeholders
- The need to improve and support more face-to-face communications with a range of audiences
- The need to engage senior managers to communicate widely and to involve their staff in decision-making (NHS Staff Survey 2009/10)

This strategy will create a framework for developing effective communication plans that support and underpin national policy, as set out in the Government’s White Paper *Equity and excellence: liberating the NHS*, together with the organisation’s own strategic objectives to create a climate for change in developing and improving hospital services for the patients of north Cumbria.

A communications team with specialist knowledge of the media and internal and external communication skills, has been developed at the Trust. The investment into this resource reflects a corporate commitment to support, develop and facilitate communication and engagement across the organisation. The team is not a substitute for the action and commitment required of every member of staff at all levels of the organisation to ensure communication and engagement takes place.

This strategy is a living document. It will be updated regularly as the Trust refines its strategic plans and we learn more about the needs of particular groups and how we can best communicate and engage with them.
2. Introduction

This Communication and Engagement Strategy replaces the Trust’s first Communication Strategy of 2005. It also replaces the Trust’s Patient and Public Involvement Strategy of 2005 and provides a new Patient Experience Toolkit that will provide a new dynamic framework.

This is to ensure that communication and engagement is taken to another level in our organisation and delivers significant communication improvements for our staff, patients and stakeholders.

Staff
Our staff have consistently told us that communication and engagement is important to them (NHS Staff Surveys) and they want to see more face-to-face communication delivered by their line-managers.

Senior managers should make communication a matter of priority for their staff ensuring that all communication issued by the Trust is circulated and explained during face-to-face meetings.

It is unacceptable for any line-manager to exclude staff by failing to communicate well and keep their team informed. There are clear lines of responsibility for internal communication in this strategy to ensure:

- The Trust fosters a culture in which sharing information and knowledge is an expectation and continuous improvement of communication is the norm
- The Trust develops and maintains a constructive dialogue with staff at all levels to help achieve the strategic objectives of the organisation and to deliver high-quality patient care. Dialogue requires that communication is two-way and interactive; constructive dialogue suggests that problems are accompanied by suggestions for improvement
- The Communications Department will facilitate the flow of information by ‘broadcasting’ i.e. co-ordinating central messages and sharing them with staff through corporate channels, and ‘listening’ i.e. creating and monitoring channels for feedback
- The Communications Department will provide Trust-wide and local opportunities for managers and their teams to recognise achievement, share good practice, explain new policies and projects
- The Trust will involve staff participation through communications e.g. involvement in developing and implementing policy and in improving the way in which healthcare is provided. It will do this through systematic consultation using established procedures, supplemented where this may be appropriate
- The Communications Department will review the effectiveness of internal communications at regular intervals, evaluating the impact they have and making improvements, especially where proposals come directly from colleagues in the Trust
Patients
The Trust needs to develop innovative ways of capturing the experience of patients to improve year-on-year, the areas that matter to them. This strategy aims to achieve a significant improvement in patient experience and will benchmark improvements against the following:

1. I can access the services I need
2. I understand what is happening to me and what the next steps in my care will be
3. I receive courtesy and I am treated with dignity and respect
4. My environment is clean and I am comfortable
5. I have the right nutrition and levels of personal hygiene
6. I can be visited by my family and friends
7. I have not received any harm from my stay in hospital
8. I have had a positive outcome
9. I would return
10. I would recommend this hospital

This strategy includes a Patient Experience Toolkit which is a dynamic framework to support collaborative working with our patients and to achieve capturing, understanding, improving and evaluating the above (Appendix 6).

Stakeholders
A large amount of current evidence demonstrates the crucial role communication plays in helping organisations to entrench their values and achieve their objectives.

Much of this evidence relates to the NHS and other public sector organisations as follows:

- Only by understanding what is important to people can a service be effective and efficient¹
- The better informed staff and patients are, the more satisfied they are with public services²
- Involving staff and the public in making decisions that affect their lives increases their self-esteem and self confidence - in turn improving their working lives (staff) and their health and wellbeing (staff and patients)³
- Poor communication damages trust and reputation⁴

As an organisation, we are very clear about the purpose of our communication activity, how this supports the delivery of national policy, the NHS Constitution (Page 7) together with the Trust’s over-arching vision and values and strategic aims (Table:1 and Figure 1)

The Trust’s over-arching vision is to become the naturally preferred secondary healthcare provider for all patients living in north Cumbria by:

- Providing high quality, clinically safe and financially sustainable services
- Developing innovative services and care pathways which meet the needs of our diverse, rural and urban population
- Developing our workforce to support and realise our ambitions and for our Trust to be a great place to work

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¹ Insight: Understanding Your Citizens, Customers and Communities, IDeA and LGA (2008)
³ Saving Lives, Our Healthier Nation, Department of Health (1999)
Our values

Embed quality and safety at the heart of everything we do

To achieve this we will:

- Treat our patients, the public and each other with honesty and openness
- Promote and protect each individual’s right to be treated with dignity and respect
- Measure and continuously improve the standards of safety and quality delivered to our patients
- Provide a safe and clean environment that promotes patients’ comfort and well-being
- Support and develop our staff to deliver and achieve the best possible standards of care
- Measure and improve the experience of our patients and our staff
- Be polite, courteous and non-judgmental in our communication and engagement with each other
- Be caring, compassionate and kind to others

Deliver excellence at every turn

To achieve this we will:

- Ensure we use our resources in the most efficient way
- Strive to get the basics right, first time, every time
- Practice efficient and effective team working by committing to achieving common goals in every team and department
- Encourage involvement and ownership
- Use evidence, best practice and innovation to develop our services for the future
- Learn from our mistakes
- Celebrate and encourage excellence across our organisation and build pride in our reputation
- Be responsible and accountable for our own and collective actions

Table 1: Our Strategic Aims

<table>
<thead>
<tr>
<th>2010/2011 Strategic Aims</th>
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<td>1</td>
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<td>4</td>
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<td>5</td>
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</tbody>
</table>
Figure 1: How communications can directly support organisational objectives

- Organisational Objectives
  - Communications and Engagement Objectives
    - Communications and Engagement Strategy
      - Our Methods
        - Engagement
        - Consultation
        - Involvement
        - Internal Communications
        - Public Relations
        - Website
        - Media
        - Patient and Staff Experience
      - Activity
      - Stakeholders
        - Capture
        - Understand
        - Improve
        - Evaluate
        - Cascade
The NHS Constitution establishes the principles and values of the NHS in England and describes how it belongs to us all. It sets out the rights to which patients, public and staff are entitled, the pledges the NHS is committed to achieve, and the responsibilities which the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively.\(^5\)

Patients have two key rights under the NHS Constitution:

- The right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets the required levels of safety and quality
- A right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide

This Communication and Engagement Strategy includes a Patient Experience Toolkit (see Appendix 6) which is an overarching framework to support collaborative working with our patients and key stakeholders. This is to ensure that the Trust will improve patient experience and involvement and with good communication sitting alongside the perceptions of carers and the public. We are very clear as an organisation of the purpose and effect of communication and engagement with our public which drives our communication methods to achieve the desired output of improving patient experience.

Careful examination of feedback from our patients (Inpatients and Outpatients NHS Surveys and our own Realtime Patient Experience Project) will highlight areas which need improvement to provide a better service for patients and supply the evidence for change.

It is our duty to create a culture where local people and our staff are provided with the information, knowledge and access to allow them to become involved. It will become increasingly important that people are able to meaningfully contribute to debates about how we prioritise hospital care.

It is crucial that local people are equipped with the skills and knowledge to be able to make informed choices over their healthcare and where this healthcare is delivered.

We will focus our efforts on developing more effective and mutually beneficial partnerships with our statutory, community, voluntary and faith organisations as we work to achieve our strategic aims.

Every contact gives our Trust an opportunity to engage. We need to be aware of the 'touch points' where our stakeholders come into contact with the Trust (*this is explained further in Chapter 11*).

Communication and engagement activities need to be carried out in a planned and consistent way, based on customer knowledge, understanding and insight.

\(^5\)NHS Constitution, the Department of Health, 2009
**Figure 2: The purpose and effect of engaging and communicating with people**

<table>
<thead>
<tr>
<th>The <strong>purpose</strong> of communicating and engaging with people</th>
<th>The <strong>effect</strong> of communicating and engaging with people</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be transparent and accountable about how the Trust is performing</td>
<td>Continuous improvement of existing services on the best evidence and information</td>
</tr>
<tr>
<td>To honour the NHS Constitution and people's statutory right to have a say on current and future NHS services</td>
<td>Patients feel engaged and that the Trust values their opinions</td>
</tr>
<tr>
<td>To foster a culture of trust with our staff and to entrench our values across our organisation</td>
<td>Staff feel included, valued and listened to</td>
</tr>
<tr>
<td>To take into account the best available evidence - use of services, experiences and patient outcomes are very important pieces of evidence</td>
<td>Informed public and staff opinion to help decide how to make best use of the resources available</td>
</tr>
<tr>
<td>To understand our patients more</td>
<td>Measurable attitudinal and behavioural change</td>
</tr>
<tr>
<td>To understand how people are using and experiencing services</td>
<td>People are more able to use services well</td>
</tr>
<tr>
<td>To anticipate and plan what the NHS needs to offer and what people are likely to need and expect in the future</td>
<td></td>
</tr>
</tbody>
</table>
3. Situation Analysis

Understanding the internal and external issues that we face provides the foundation for this Communication and Engagement Strategy. To this end, a stakeholder situation analysis has been prepared (Appendix 4).

The Trust’s approach to communication has been benchmarked against the framework described in the Department of Health’s recently published document outlining best practice communication. This analysis, has informed our action and delivery plan (Appendix 1).

Strengthening the capability and capacity of communications and engagement is of paramount importance in an environment of unprecedented change in the NHS. We therefore need to:

- Find systematic ways to improve our reputation
- Develop a more systematic way to gather patient experience feedback to inform decision making
- Develop robust evaluation metrics to determine whether communication activity is changing culture/behaviour
- Demonstrate how staff and patient experience has resulted in communication improvement
- Show how we engage our staff and patients in the development of key strategies and plans for the organisation

3.1 Stakeholder Engagement

The Public

The geography of north Cumbria means people tend to identify with a community rather than the county as a whole. The different character of local areas and different historical allegiances play strongly in people’s perception of public services. There is a strong sense of place and people tend to engage when they feel or perceive local services are under threat.

Cumbria is well served by a strong media network and one which places health and hospital services at the top of its agenda. Local media tends to be well respected, knowledgeable and supportive of their local communities. The Media plays a strong role in strategic service change, emergency planning as well as promoting the work of our hospitals.

Being clear and transparent is an over-riding principle of this strategy and we need to continue to build on our increasing proactive approach to communication and undertake more consistent engagement with local people and groups with a more systematic collection and use of service experience feedback.

The recent NHS Inpatient Survey 2009/10 for our Trust and national research shows:

- People welcome the chance to have their say and to have a real influence over decision making
- People expect far better communication and information from their local hospital service to enable them to make informed decisions and choices about their care
- People are generally interested to have information about the following: basic practical information such as contact details; visiting times; success of treatments; cleanliness, infection prevention; plans for the future; etc
• Knowledge of how the health service and the role each organisation plays is low
• People generally pick up their information in a variety of ways although there is a clear preference for direct mail and leaflets, the local press and internet
• Two-thirds of people seek their information about local health services from their health professional
• Word of mouth dramatically influences perception, highlighting the importance of NHS staff and other “opinion formers” as a communication source
• There are differences in awareness and perception based on geography within Cumbria
• People expect to receive good customer care. How health professionals speak to them is very important and communication is often raised as part of a complaint

Patients
Our over-riding strategic aim is to ensure we provide high quality, safe and effective patient care.

We want to understand what our patients are telling us about their experiences in our care and throughout their patient journey so that where good practice is identified, we can share and communicate this and where there are problems, we can work to change practices and make improvements.

Therefore, we need to understand the cultural, social, spiritual, physical and psychological influences that affect expectations and experiences of patients and carers. We need to view this from the perspective of patients whatever their age, gender, nationality or level of ability.

We need to understand how our performance affects people who use our services throughout their journey and compare our results over time.

We can only achieve this by ensuring high-level communication and engagement with the patients in our care (Appendix 6)

Staff
There are currently 4,180 (head count 2009/10) people employed by the Trust.

We recognise that NHS staff are the best advocates and what they say to their friends, family and our partnership agencies about their workplace is key to public perception.

Moreover, there is a close relationship between staff satisfaction and patient experience. Research suggests there may be a correlation between how well staff speak of their organisation and the organisation’s healthcare rating. In a 2007 survey, 64% of staff at organisations rated “excellent” spoke highly of their organisation, compared to only 31% of organisations that were rated “weak”.

Under the policies of choice, plurality and payment by results, the need to attract patients is vital to financial sustainability. Research shows that more than half of all patients consider reputation when choosing their hospital.

7. Presentation by Ben Page, Chairman Ipsos MORI Social Research Institute Where are we now? (Department of Health Communications Conference 2009)
The Trust’s last NHS Staff Survey (2009/10), carried out by Capita in the Autumn of 2009, gives an insight into staff perception of internal communication and engagement.

The Staff Survey was based upon the new NHS Constitution and the pledges it gives to NHS staff.

**Staff Pledge 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.**

Under this pledge 16% of staff agreed with at least four of the following six statements:

- They know who senior managers are
- Senior managers communicate effectively with staff
- They try to involve staff in important decisions
- They encourage staff to suggest new ideas for improving services
- They act on staff feedback
- Healthcare professionals and managers in non-clinical roles work well together

The Trust score of 16% was in the lowest 20% when compared with trusts of a similar type. The score had not changed significantly from the 2008 survey when the Trust scored 13%.

This mirrors research which indicates that NHS staff prefer verbal communication, underpinned by written communication, particularly during times of significant change.

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### Partners

An in-depth stakeholder analysis was carried out during 2009 as part of the development of the Communication and Engagement Plan for the redevelopment of West Cumberland Hospital.

This mapping exercise has enabled the communication team to begin much wider communication with stakeholders across Cumbria and this work will continue as part of the delivery plan (*Appendix 1*).

The Trust has a developing and productive relationship with Cumbria LINk and regular communication with its managing organisation, Cumbria Council for Voluntary Services. Cumbria LINk has been very helpful in the communication plan for the redevelopment of West Cumberland Hospital.

The Trust regularly attends the Health and Wellbeing Overview and Scrutiny Committee of Cumbria County Council and issues regular communication to all MPs and key stakeholders.

The Trust also has a strong network of Patient Panels, which cover east and west Cumbria. The panels hold separate and joint meetings.

The Trust would benefit by further partner and stakeholder mapping exercises and an audit to see how they wish to receive communication (*Delivery Plan, Appendix 1*).

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9. Centre for Public Relations Studies, Leeds Business School, Leeds Metropolitan University (Gregory, 2008)
10. Public Perceptions of the NHS: July 2007 Tracking Survey, Department of Health
4. Communication and Engagement Objectives

The principle aim of communication and engagement activity is to enable the Trust to realise its vision, to fulfill its strategic aims and to execute its intentions to become the naturally preferred provider of secondary healthcare in Cumbria through delivering high quality, clinically safe and financially sustainable services. Figure 1 on page 6 illustrates how communication and engagement fits strategically with the Trust’s aims and objectives. It also demonstrates how the insight gathered through communication and engagement activity can inform the Trust’s strategic aims and goals.

The following communication and engagement objectives have been identified:

<table>
<thead>
<tr>
<th>Communication / Engagement Objective</th>
<th>Link to Strategic Aim</th>
</tr>
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<tbody>
<tr>
<td><strong>1</strong> High quality and effective communications will become normal day-to-day practice across the Trust</td>
<td>1</td>
</tr>
<tr>
<td>• Each strategy and service change should consider all communication and public involvement issues. All major project and reviews should have a communication plan in place that identifies audiences, methods and includes effective communication measures</td>
<td>1,2,3</td>
</tr>
<tr>
<td>• The Communications Department will promote the need for good communication skills and provide appropriate communication support and training</td>
<td>2,3</td>
</tr>
<tr>
<td>• We will promote and celebrate our achievements and successes locally and nationally, presenting the organisation as innovative, forward thinking and the hospitals of choice because of the high quality of care that has been externally verified</td>
<td>1,4,5</td>
</tr>
<tr>
<td>• We will ensure all communication is accessible, understandable and available in alternative formats to meet the needs of all those we communicate with</td>
<td>1,5</td>
</tr>
<tr>
<td>• We will share information with partners and other organisations to enable joint promotion and improved understanding of the Trust, its vision and values</td>
<td>1,3,4,5</td>
</tr>
<tr>
<td>• We will promote a culture of understanding and realism by explaining our decisions to patients, public, staff and the media so they can trust our information and be reassured that we will inform them of any changes which may affect them</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>• We will develop better communication with traditionally hard-to-reach groups to ensure that information is accessible to all</td>
<td>1</td>
</tr>
<tr>
<td>Communication / Engagement Objective</td>
<td>Link to Strategic Aim</td>
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<td>-----------------------</td>
</tr>
<tr>
<td>• We will work with our patients, public, staff and partners to improve information about our services and how to access them and this will start with the redevelopment of our external website</td>
<td>1,4,5</td>
</tr>
<tr>
<td>• We will continue to publish up-to-date information about the Trust on our website taking into account the requirements under the Freedom of Information Act 2002</td>
<td>1</td>
</tr>
<tr>
<td><strong>2 All staff will be better informed and have improved knowledge, understanding and access to information</strong></td>
<td><strong>1,2,3,4,5</strong></td>
</tr>
<tr>
<td>• We will promote and reinforce our vision and values and strategic objectives in all communications to ensure staff awareness of our shared goals and key messages</td>
<td><strong>1,2,3,4,5</strong></td>
</tr>
<tr>
<td>• The Chief Executive will continue to hold Question Times sessions and all Directors will take part in regular walkarounds the hospital sites</td>
<td><strong>1,2,3,4,5</strong></td>
</tr>
<tr>
<td>• We will redevelop our monthly staff brief with new branding to provide staff with a monthly magazine that will be informative and interactive. Existing feedback mechanisms will be promoted. This will be the key written communication for staff and will be cascaded throughout the organisation with senior managers taking responsibility as part of their personal communication development</td>
<td>1</td>
</tr>
<tr>
<td>• A weekly email news bulletin containing the key messages of the week will continue to be issued with feedback mechanisms in place and the development of a weekly podcast for the external website from the Chief Executive</td>
<td><strong>1,2,3</strong></td>
</tr>
<tr>
<td>• We will improve the way we use technology in partnership with our staff to deliver innovative communication tools such as the development of <em>i-place</em> communication hubs and the potential use of internal social networking sites</td>
<td><strong>1,2,3</strong></td>
</tr>
<tr>
<td>• We will develop our screen-saver project for all PCs so that staff who do not have immediate access to email can receive up-to-date and important communication visually</td>
<td><strong>1,2,3</strong></td>
</tr>
<tr>
<td>• We will redevelop the Trust’s intranet site following the relaunch of the website to make it livelier, more interactive and easier to use so that it increases staff participation</td>
<td><strong>1,2,3,4,5</strong></td>
</tr>
<tr>
<td>• We will give all staff the opportunity to feedback their contributions and opinions through effective mechanisms such as <a href="mailto:rumour.board@ncuh.nhs.uk">rumour.board@ncuh.nhs.uk</a></td>
<td><strong>1,2,3,4,5</strong></td>
</tr>
<tr>
<td>• We will continue to organise regular Chief Executive Question Times with individual wards/departments and will also promote bimonthly Communication Forum meetings which are open to all staff</td>
<td><strong>1,2,3</strong></td>
</tr>
<tr>
<td>• We undertake to ensure staff receive a timely response to any feedback because their views are important and the Trust listens</td>
<td><strong>1,2,3,4,5</strong></td>
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<tr>
<td>Communication / Engagement Objective</td>
<td>Link to Strategic Aim</td>
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<tr>
<td><strong>3</strong> Patients and public will have improved understanding and will be meaningful engaged and involved in the design of hospital services to improve their experience</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>• We will communicate the visions and values and the strategic objectives on a wide footing across north Cumbria through regular engagement with our staff, our stakeholders and through media briefings</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>• We will underpin the Trust's Patient Experience Toolkit and the activities of our Patient Panels through forward looking communication planning and effective communication methods</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>• We will be open and honest with our patients, public and staff about the challenges facing the NHS over the coming years, the need for modernisation change and efficiency</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>• We will work closely with our partners and Cumbria LINk to develop and improve communications within our communities placing particular emphasis on developing communication links with seldom heard groups</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td><strong>4</strong> Potential risks will be managed proactively and reactively to protect the reputation of the Trust. We will build and maintain strong and meaningful relationships with the media with the aim of ensuring the Trust’s views and work is presented in a fair and accurate way</td>
<td>1,2,3</td>
</tr>
<tr>
<td>• The Head of Communications and Reputation Management will advise Executive Directors and the Trust Board of any potential risks to ensure there is an appropriate response to staff, patients, the public, stakeholders of any sensitive media or contentious issues that are likely to affect the reputation of the organisation</td>
<td>1,2,3</td>
</tr>
<tr>
<td>• We will continue to hold media briefings to develop meaningful relationships and ensure the Trust's views are presented in a fair an accurate way</td>
<td>1,2,3</td>
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</table>
5. Communication and Engagement Principles

The following principles are based on good practice\textsuperscript{11} and should form the basis of enhancing and strengthening our communication and engagement activity.

- We understand that everything we do influences the reputation of the NHS and will be aware of this in all our communication and engagement initiatives, actions and publications.
- Every contact we make or receive provides an opportunity to engage with stakeholders. We must pay attention to all ‘touch points’ (Figure 5).
- We recognise the need to be open and transparent about how the Trust is performing.
- We must honour all rights under the NHS Constitution and ensure we deliver on the statutory rights for people to have their say on current and future NHS services.
- Communication and engagement are essential to understand about how people are using and experiencing our services.
- We understand that health and wellbeing are influenced by many other factors that are outside the remit of secondary care so we will engage with our statutory stakeholders and sustain powerful alliances with other agencies including our local authority partners.

All our communication and engagement activity should be:
- Clear, timely and accurate
- Targeted and appropriate avoiding a ‘scatter-gun’ approach, which can be less effective
- Based on need, research and insight
- Accountable
- Planned, consistent and professional
- Two way

It should also:
- Build a consistent and clear story of the organisation
- Take a coordinated Trust-wide approach
- Be put into context and linked into the ‘bigger picture’ (organisational strategic aims)
- Use all available channels and techniques that are appropriate to the audience
- Be meaningful and provide a feedback mechanism at all times
- Support behavioural and culture change
- Challenge poor quality where it is appropriate to do so
- Support further development of this strategy
- Recognise the importance of learning from good practice
- Being willing to innovate, take risks and try something new
- Involve every member of staff taking part in improving communication and upholding the reputation of the Trust
- Use resources effectively and efficiently ensuring good value for money by utilising the skills and experience of the Communications Department team

\textsuperscript{11} The Communicating Organisation: Using Communication to Support the Development of High-Performing Organisations, Department of Health 2009
6. Reputation Management Principles

Reputation is shaped by an organisation’s vision and values, its actions and how it communicates with its stakeholders. The changing policy landscape means reputation management is becoming increasingly important to the NHS. Reputation consists of the perception that stakeholders develop through their accumulated experience of our hospitals through direct contact and indirect contact (usually the media).

**Figure 2: Components of shaping reputation**

```
Vision & Values

Reputation

Communication

Actions
```

A good reputation amongst staff ensures better levels of morale and an increased ability for the Trust to retain and recruit staff. It also increases an organisation’s ability to implement change as staff embrace the organisation’s vision and values.

There is an increasing emphasis on local accountability for public services. Good reputation management that encourages dialogue with stakeholders and builds their understanding and support will help the Trust to meet its duty of accountability and build consensus.

With the results of the patient survey, and the staff survey now feeding into the Care Quality Commission’s annual health check, the views of both are important to how the performance of the Trust is judged.

The Trust’s vision and values are the foundation of the organisation’s identity. They define what we stand for and our ambitions - identifying a limited number of easily understood messages can be particularly powerful.

But our reputation is only as good as the reality of what is delivered (actions) through the contact people have with our organisation. Ipsos MORI’s analysis of acute sector data has identified key areas that strongly correlate with high patient ratings and which NHS organisations can address to improve their reputation:

- Treating people with dignity and respect
- Involving patients in decision-making
- Cleanliness of the room and ward
- Carrying out examinations in private
- Good communication from staff
- Managing patients’ pain effectively

Strong communication will help to support the Trust’s business plan and key objectives.

---

It is critical to understand current perceptions of the Trust to support the development of an appropriate set of messages and activities as part of all communication plans. This activity will ensure that the Trust informs key audiences about what matters to them, what we wish to deliver and how we are achieving it.

Reputation should be monitored on an ongoing basis. Indicators of this include the extent to which the Trust’s stakeholders say they:

- Trust you
- Would recommend you to others
- Have a consistently positive experience

Our Patient Experience Toolkit will capture information including: reviewing findings from patient and staff satisfaction surveys and developing actions to improve any communication lapses; capturing information generated through informal routes such as focus groups and Patient Panels; contact with stakeholders and opinion formers; and monitoring media coverage levels and key messages.

Figure 3: Components of active reputation management
7. Strategic Positioning

Our brand ambition is for North Cumbria University Hospitals NHS Trust to be seen as the preferred secondary healthcare provider in north Cumbria.

We know from experience that understanding of our Trust and what it delivers is limited and the provision of healthcare generally can be confusing. Raising awareness of the Trust and what it does through proactive media communications and a redeveloped website will help.

We also need to develop a systematic way to communicate and engage with our stakeholders and partners with the aim of achieving our strategic objectives which will, in turn, improve our position and awareness in the community.

The NHS logo is the cornerstone of identity; it is the Trust’s signature, the mark of NHS ownership of services and messages. It is also one of the most powerful logos in the UK. It carries over 95% recognition among the general public and has very strong levels of credibility, authority and trust. As a result of this, the NHS is perceived to be an impartial and credible provider of healthcare, information and advice.

It is important to use the NHS logo correctly and consistently across all applications.

The Trust has recently undergone a branding exercise to further establish a corporate identity for the organisation. Consultations took place with a patient-focus group and staff were encouraged to take part in choosing the Trust’s brand through a Survey Monkey consultation.

The logo and Trust brand must be used in accordance with our main brand guidelines and is not altered in any way. Guidelines have been produced for the introduction of the brand throughout the organisation.

The greatest impact of the Trust's own branding will be felt in the redevelopment of the external website and the redesign of corporate communication materials.

Figure 4: The Trust’s new logo
The Trust has a variety of target audiences that can be divided into two groups - internal and external.

The Trust has a generic Key Stakeholder list which can be found at Appendix 4 and each groups’ needs and interests have been outlined in Appendix 5.

Whilst much work has been undertaken to better understand the interests and communication needs of our stakeholders, there is more to be done, particularly if the Trust adopts a more systematic approach. This work is identified in the Communication Delivery Plan at Appendix 1.

The Trust’s key stakeholders are within these broad groupings:

- Staff
- Patients and carers
- General public
- Professionals
- NHS organisations
- Local authorities
- Cumbria LINk
- Patient Panels
- Voluntary Organisations
- ASWZ – Black and Ethnic Minority Groups in north Cumbria
- Education establishments
- Members of Parliament
- Local businesses
- Media

The stakeholder groups have differing requirements on the level of communication they need to receive. Therefore, they have been placed into identifiable groups – Service Providers; Service Users; Influential Groups and Keep Informed Groups.
<table>
<thead>
<tr>
<th>Service Providers</th>
<th>Service Users/Representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust staff</td>
<td>Patients: short stay and day patients/A&amp;E</td>
</tr>
<tr>
<td>GPs (as clinicians)</td>
<td>Outpatients</td>
</tr>
<tr>
<td>GPs (as localities)</td>
<td>Inpatients</td>
</tr>
<tr>
<td>Community Health Teams</td>
<td>Carers</td>
</tr>
<tr>
<td>Primary Care Trust staff</td>
<td>Patient Panels</td>
</tr>
<tr>
<td>Social care staff</td>
<td>Patient Support Groups e.g.</td>
</tr>
<tr>
<td>Clinical networks</td>
<td>• Heart and Angina Support</td>
</tr>
<tr>
<td>On-site staff employed by other organisations</td>
<td>• Stroke Associations</td>
</tr>
<tr>
<td>Private and 3rd sector providers</td>
<td>• Action for Health</td>
</tr>
<tr>
<td>Other NHS trusts</td>
<td>• Age Concern</td>
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<tr>
<td></td>
<td>• Alzheimer’s Society</td>
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<td></td>
<td>• Disability Forums</td>
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<td></td>
<td>• MENCAP</td>
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<td></td>
<td>• MIND</td>
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<td></td>
<td>• CVS</td>
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<tr>
<td></td>
<td>• Breast Care Support</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Key External Groups</th>
<th>“Keep Informed” Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Board/Senior Management</td>
<td>Cumbria businesses</td>
</tr>
<tr>
<td>Primary Care Trust (as Commissioner)</td>
<td>Employment / Training providers</td>
</tr>
<tr>
<td>GPs (as commissioners)</td>
<td>Local supply chain</td>
</tr>
<tr>
<td>Cumbria County Council</td>
<td>Local community</td>
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<tr>
<td>Local authorities</td>
<td>Local employees</td>
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<tr>
<td>NWDA</td>
<td>Visitor population</td>
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<tr>
<td>Energy Coast</td>
<td>Prospective employees</td>
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<tr>
<td>Local councillors &amp; MPs</td>
<td>Chamber of Commerce</td>
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<td>Trades Unions</td>
<td>SME Support Agencies</td>
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<tr>
<td>Regulators</td>
<td>Schools and colleges</td>
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<tr>
<td>Media</td>
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<tr>
<td>Statutory watchdogs / Scrutiny Groups i.e. OSC</td>
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<tr>
<td>Cumbria LINk</td>
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<tr>
<td>Strategic Health Authority</td>
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<tr>
<td>Department of Health</td>
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<tr>
<td>University of Cumbria / other educational bodies</td>
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<tr>
<td>Save Our Services (West Cumbria)</td>
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</tbody>
</table>
9. Key Messages

Key messages serve many purposes. They help to focus thoughts on the story we want to convey; can be developed with staff to help them feel part of the organisation and disseminating them widely helps the public understand our vision and their local hospitals. They also help to prevent mixed messages. For example the key message behind the redevelopment of West Cumberland Hospital is: “This is the single most significant investment into healthcare for the population of West Cumbria for over half-a-century” and has featured in all communication.

Key messages also help to evaluate and measure the success of any campaigns by testing awareness before, during and after, as well as their take-up by the media.

Key messages should be devised for all campaigns, projects or initiatives to reflect the organisation’s priorities and adapted for specific audiences.

There are already a number of key messages which are at the heart of our organisation:

- Providing high quality, clinically safe and financially sustainable services
- Developing innovative services and care pathways which meet the needs of our diverse, rural and urban population
- Developing our workforce to support and realise our ambitions and for our Trust to be a great place to work
- Developing effective partnerships which will be crucial to realising our future

10. Key Topics

On average, people are bombarded by up to 3,000 messages every day\(^\text{13}\). To cut through this overload, we need to ensure that our communication and engagement efforts are focused and targeted and that we work closely with our stakeholders.

There are a number of topics where we need to focus our efforts in order to support the delivery of our strategic aims:

- Changes that people can expect in the coming years, including improvements and priority decisions
- Our efficiency drives and the reasoning behind them

This strategy and Patient Experience Toolkit will address these key topics

\(^{13}\) Integrated Marketing Communications, Journal of Consumer Marketing, 23 (3) 156-166. Pitta et al. (2006)
11. Channels and Tools

Good communication and engagement is achieved through a variety of channels which are aligned to the needs of relevant audiences.

There are many techniques available - media relations, advertising, marketing, social marketing, public relations; public affairs, events; campaigns and consultations.

These include the traditional methods such as press releases, newsletters, leaflets and posters alongside more recent opportunities with interactive web tools, online discussions and forums, emails, podcasts and blogs.

Using partner publications can also be very effective and this needs to be developed and forms part of our delivery plan (Appendix 1). The Trust has found local authority newsletters, which are distributed to all homes in north Cumbria, to be particularly useful in spreading the messages around the redevelopment of West Cumberland Hospital.

Discussion forums should be considered as they provide ‘peer to peer’ information. Well placed and attributed messages within these can be very valuable and monitoring can further inform.

The Trust is very experienced in using many internal communication channels, both written and verbal, but external channels need further developed. Every contact gives the Trust an opportunity to convey its key messages and values.

The channels and tools that we use for communication will be key in the delivery of Patient Experience Toolkit. (Appendix 6)

Marketing experts talk of communication and engagement in terms of ‘zones of perception’ (illustrated by Figure 5\textsuperscript{14}) and ‘touch points’.

Touch points are important as they can affect a person’s perception of the Trust and the NHS as a whole. Touch points in the inner zone (such as the letters they receive, a receptionist’s greeting or service received from frontline staff) are more vivid and have a greater impact on the perception than touch points in an outer zone. Getting communication right in an inner zone makes someone far more receptive when they are engaged in a more distant zone - for example, through the media.

It is important that messages conveyed in all zones are consistent and the delivery action plan (Appendix 1) has taken these touch points into account.

The Trust has a range of communication tools available and will be looking to develop and progress communication methods during 2011-2014 as the Trust moves into a period of organisational change to ensure its services are clinically and financially stable.

Figure 5: Touch points within different zones of perception and their impact on reputation and message uptake.
11.1 Internal Communications

Communicating across the Trust can be difficult given that it manages two acute district general hospitals that are 42 miles apart in Carlisle and Whitehaven. There are complex shift-patterns to take into account with some of the 4,180 staff (headcount 2009) engaged in night-time, part-time and weekend cover. Not all members of staff have access to a computer or email service.

The Communications Department will provide a wide-range of communication tools for staff recognising that “one-size” does not fit all. Staff also have a duty to ensure communication is a two-way process – that they seek out information that is relevant to them and make use of feedback mechanisms.

Trust Board
The Trust Board operates in a spirit of openness and transparency and holds all its monthly meetings in public. Staff are informed of these meetings and posters displayed in the hospitals. The sub-committees of the Trust Board play a principle role in ensuring good internal communication.

Fit for the Future
Fit for the Future is an internal communications action plan that has been developed to support the organisation and staff during the challenges of the next few years with the NHS nationally expected to drive up quality, whilst at the same time becoming as efficient as it possibly can. Fit for the Future also supports the Trust’s Corporate Recovery Programme and will be used as part of the Trust’s application to become a Foundation Trust and ensure our services are clinically and financially sustainable.

Communication Forums
The Chief Executive holds regular face-to-face communication forum meetings on both hospital sites. These are advertised via postmaster email and all staff can attend.

Chief Executive Question Times
This is a rolling programme of events where the Chief Executive attends a prearranged ward or department meeting to communicate directly with staff in face-to-face question and answer sessions. Non Executive Directors attend as appropriate. Question Times are arranged by the Communications Department, with a lead member of staff identified to communicate arrangements to their teams. Staff are encouraged to ask questions, or if they would prefer these to be anonymous, to pre-prepare them to be answered during the session.

Trust Partnership Forum
The Trust Partnership Forum meets monthly and involves unions and staff side representatives. The Head of Communications & Reputation Management attends.

Staff Road Shows
The Trust will hold road shows for staff where there is significant information to communicate. These will be delivered through a rolling programme of events, including evening sessions for night-staff, and on both hospital sites. These will be delivered by the Executive /senior team. Fit for the Future road shows were held in April and October 2010.
e-News Bulletin
The Communications Department issues a weekly news bulletin to all staff, via email, containing the key messages of the week from the Chief Executive and the Executive Management Team. This will be extended with a podcast provided on the external website.

Staff Magazine (Staff Brief)
An electronic magazine for Trust staff is produced monthly and will be redeveloped following the branding of the Trust. It picks up the matters discussed at Trust Board; overall performance; staff issues and news.

The magazine should be cascaded throughout the organisation by all line-managers as part of their regular ward/department meetings

The magazine will evolve into a Membership newsletter when the Trust is successful in its bid to become a Foundation Trust.

Communicating Important News (Staff Briefings)
On occasions, the Trust will have important news to communicate to staff and will do this via Postmaster email service. All requests for Postmasters should be sent to the Head of Communications and Reputation Management for approval. All relevant Postmasters should be communicated by line-managers. To support, the Communications Department will also put out important and current messages through screen savers to all PCs.

Trust Internal Web Service
The Head of Communications and Reputation Management is the Trust’s lead on the content of the intranet. The intranet will be redeveloped following the launch of the Trust’s new external site in February 2011.

Staff Induction
Internal communication tools provided by the Trust must be part of the induction process for all new staff.

Face-to-Face
Paper and electronic communication can be passive and remote. There is no guarantee that staff will absorb everything that is given to them. Face-to-face communication has an important part to play in developing relationships across all teams and departments.

It is commonly recognised that 55% of meaning is communicated through facial expression; 38% in the way it is said and 7% in the words used.

The Executive and Non Executive Directors will be as visible as possible and the Chief Executive will continue holding regular personal briefing sessions with core groups of staff.

Non-Executive Directors and Executive Directors have a schedule of patient safety walkarounds.

Rumour Board
Rumour Board is an internal anonymous email service provided to staff to answer their pressing concerns and questions. All staff are responded to within a set time-frame. It is used regularly and has proved a valuable tool. All Rumour Board questions and answers are posted on the intranet (anonymously) and included in the Trust’s monthly staff magazine.
11.2 External Communication
Every member of staff has a responsibility to safeguard the reputation of the Trust as much as possible, together with promoting the good work that it does for patients in north Cumbria.

Public and Patient Involvement
There is a structure in place to oversee public and patient involvement in the Trust. As part of developing this new strategy we have replaced the previous Patient and Public Involvement Strategy with a new toolkit which will be launched in June 2011. The main aim of the toolkit is to develop a real and practical way of improving patient and public involvement as part of our new Communication and Engagement Strategy.

Members of Parliament
The Trust will continue to actively communicate with all its local MPs and provide information for Ministerial Briefings and Questions requested by the Department of Health.

GPs
A dedicated newsletter has been developed for all GPs working in Cumbria and is issued on a monthly basis. The Trust is working closely with the new locality leads in developing a clinical strategy that embraces the new commissioning agenda.

Care Quality Commission
The Care Quality Commission (CQC) is one of our primary regulators. The Trust meets and communicates regularly with the CQC and regional officers.

Health & Wellbeing Scrutiny Committee
The Trust regularly attends the Health & Wellbeing Scrutiny Committee meetings at Cumbria County Council to update the community on service change and developments.

Other NHS Organisations
The Communications Department has regular contact with the Communications Unit at NHS North West (Strategic Health Authority) and a good working relationship with the Communications Department at NHS Cumbria.

The Media
The Trust has a productive working relationship with all local media - print, television and radio and endeavours to be transparent and open when dealing with any enquiries. Regular face-to-face media briefings are held by the Chief Executive and shared between the hospitals.

The Communications Department is the liaison between the media and the Trust. The aim is to ensure that the integrity of the Trust is maintained and the rights to privacy of patients and staff are protected at all times. The Communications Department has a responsibility to respond to media requests, within the policies of the Trust. A media policy (Appendix 6) has been developed and placed on the Trust’s website.

Improving Relationships with the Media
Communication with the media enables the Trust to communicate with the wider public which it serves. The Head of Communications and Reputation Management will seek every opportunity
to explain to the media how the organisation operates, how it is performing and why changes are necessary in order to avoid rumour, speculation or misinterpretation.

Promoting the Work of the Trust
The Communications Department will keep in regular contact with Trust Management, Clinical Directorates and Departments to determine opportunities for promoting the achievements of the organisation and its employees.

12. Roles and Responsibilities
Every member of staff has a role to play in supporting the delivery of this strategy to ensure good and effective communication takes place internally, the delivery of key messages externally, engaging with partners and the public or by helping to gather good news. Communication is everyone’s business and cannot be left to the communication and engagement team alone. Within this caveat, there are some individuals and groups with specific roles:

Trust Board
The Trust Board’s role is one of leadership and support. Board members have a role to play as individuals representing the organisation and, as a full Board, how it presents to the public. The public attending the monthly Trust Board meetings are representatives of their communities and as such, are important communicators with local people.

Executive Director and Executive Management Team (EMT)
Executive Directors and EMT have an ongoing day-to-day responsibility for delivering the organisation’s strategic objectives which includes this strategy.

Communications Department
The Communications Department provides leadership, technical expertise, advice and guidance. It has a lead role in protecting the Trust’s brand and reputation, developing communication channels, co-ordinating media relations and ensuring the accessibility of information for staff, patients, the public and all stakeholders. The Communication Department should add value to others to enable them to do their work.

Divisional General Managers and Trust Management Committee
The Senior Management Team has a responsibility to directly support the delivery of this strategy and to encourage their teams to do so.

HR Divisional Leads and Heads of Nursing
The HR Leads and Heads of Nursing for each Division have a responsibility in ensuring this strategy is delivered and information is cascaded throughout the organisation.

Internet
A new internet site for the Trust will be launched in February 2011.
13. Monitoring and Evaluation

High-performing organisations ensure their communication is proactive (planning and implementing strategies) re-active (responding to attacks on the organisation and taking advantage of opportunities to highlight good work) and interactive (engaging in two-way dialogue through face-to-face, digital and other communication tools)\textsuperscript{16}.

By planning, managing and evaluating communication well, organisations gain knowledge of their local communities and stakeholders, anticipate and manage their reputation risks and ensure the perception of performance matches the experience of their service users and stakeholders.

A key ingredient to success is commitment, particularly at senior level, to constantly improve communication and deliver the best possible return on investment.

Communicating organisations undertake most, if not all, of these activities:

- Monitoring issues that have an impact on the organisation’s reputation and helping to identify solutions and responses to these issues
- Analysing and evaluating key internal and external relationships
- Media relations management
- Partnership engagement and working
- Market research
- Public opinion polling
- Scenario planning
- Crisis and risk planning, management and communication and communication
- Business continuity
  - Brand building and management
  - Change management and internal communication
  - Developing clear messages, presentations and communication content
  - Reputation evaluation and management
  - Delivering outward and inward communication programmes in order to achieve predefined outcomes
  - Development of strategies for reliable and scientifically valid feedback

A communicating organisation ensures that information not only flows up and down in the organisation but also flows across functional teams and between itself and external stakeholders, including its patients and all those in its value and supply chain.

In order to provide the Trust with ongoing assurance that our Communication and Engagement strategy is robust, the Communications Department will provide regular updates using the following metrics:

- Public and partner perception audits
- Website hits
- Media monitoring
- Internal communication audits
- Staff satisfaction through the annual staff survey
- Evidence that communication is being used in all negotiations over service change
- Outcomes from participation in partnership forums
- Outcomes from collaborative working with the voluntary, community and faith sectors

\textsuperscript{16} The Communicating Organisation, The Department of Health 2009
14. Key risks

Risks are outlined in the SWOT analysis (Appendix 2). Beside this, there are a number of threats to being able to deliver this strategy:

• Organisational culture: Senior managers need to see the value that can be gained in delivering effective communication and involving their staff
• External Environment: The NHS is changing rapidly and this pace of change is a risk to the organisation without an effective communication strategy

15. Next Steps

Priority areas include:

• Developing our website as a two-way information resource about our services concentrating on our delivery of high-quality, safe and effective care. This will enable the public to make more informed decisions about their care.
• Building communication and engagement capacity including new communication tools and social media
• Improving the way we collect and act on information about patient experience
• Developing a robust and systematic approach to relationship marketing and management

16. Implementation

• The Communications Department will hold the responsibility for the implementation of this Communication and Engagement Strategy and the delivery of its objectives
• The Communications Department will engage the Divisions, through their HR leads and Heads of Nursing, to ensure this Communication and Engagement Strategy is communicated to all staff
• The Heads of Nursing will take overall responsibility to ensure the success of communication cascade working closely with wards in setting up new avenues and cascade opportunities
• The Communications Department will monitor and evaluate the success of this Communication and Engagement Strategy through a communication audit
• The Communications Department will work closely with all teams involved in delivering the new Patient Experience Toolkit across the Trust
Appendices

Appendix 1: Delivery Plan
Appendix 2: SWOT Analysis
Appendix 3: PEST analysis
Appendix 4: Our Stakeholders
Appendix 5: Stakeholder Analysis
Appendix 6: Patient Experience Toolkit
Appendix 7: Media Policy
Appendix 8: Crisis Communications and Business Continuity
OBJECTIVE 1: High quality and effective communications will become normal day-to-day practice across the Trust
Supports delivery of strategic aim: 1,2,3,4,5

<table>
<thead>
<tr>
<th>Action</th>
<th>KPIs</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit analysis and planning</td>
<td>• Audits to be taken and action plans produced &lt;br&gt; • Continual improvement year on year</td>
<td>April 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Detailed stakeholder perception / communication analysis every three years</td>
<td>• Audit undertaken &lt;br&gt; • Understanding of perception of Trust to inform this strategy &lt;br&gt; • Continual improvement</td>
<td>June 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Further develop metrics to ensure continual evaluation and improvement in communication</td>
<td>• Metrics developed for external communication and reported to Governance and TMC &lt;br&gt; • Internal Communication evaluation to be developed (Survey Monkey)</td>
<td>February 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Develop a planning system for communication and engagement activity</td>
<td>• Shared forward planning system to be set up &lt;br&gt; • Enables increased capacity by allowing time to plan, execute and streamline activity</td>
<td>March 2010</td>
<td>Complete</td>
</tr>
<tr>
<td>Communications and business continuity planning</td>
<td>• Business continuity plan to be developed &lt;br&gt; • Communications resource pack</td>
<td>January 2011</td>
<td>Complete</td>
</tr>
<tr>
<td>Use resources to best effect by reviewing last year’s spend to inform future spend</td>
<td>• New inhouse design software purchased to reduce printing budget - savings delivered &lt;br&gt; • Delivering better value</td>
<td>March 2010</td>
<td>Complete</td>
</tr>
<tr>
<td>Monitor stakeholder views, media coverage, patient feedback and social networking sites</td>
<td>• Activity informs decision making</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Branding and narrative</td>
<td>• Brand developed &lt;br&gt; • Guidelines to be issued &lt;br&gt; • Consistent use of brand</td>
<td>April 2010</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop visual identity / corporate style and embed across the Trust to ensure consistency</td>
<td>• Audit message uptake indicates good understanding &lt;br&gt; • National and local brands are aligned</td>
<td>Ongoing</td>
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</tr>
<tr>
<td>Develop a coherent organisational story which is aligned to the NHS Constitution and one which becomes universally understood</td>
<td></td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Action</td>
<td>KPIs</td>
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<td>Status</td>
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<tr>
<td>Rollout programme to embed the Trust’s Annual Plan and Quality Account</td>
<td>• Improved understanding of the Trust’s vision and values</td>
<td>July 2010</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>• Develop a schedule for Trust corporate publications</td>
<td>January 2011</td>
<td></td>
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<tr>
<td></td>
<td>• Website development</td>
<td></td>
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<tr>
<td>Ensure the NHS Constitution is embedded in the Trust and revisit</td>
<td>• Develop a Communication Action Plan for Staff Pledges</td>
<td>September 2010</td>
<td>Complete</td>
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<tr>
<td>communication action plan</td>
<td>• Staff understand the NHS brand</td>
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<td></td>
<td>• The principles and values of the NHS Constitution are recognised</td>
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<tr>
<td>Stakeholder communications</td>
<td>• Circulation lists regularly updated</td>
<td>June 2010</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>• New West Cumberland Hospital stakeholder lists for redevelopment</td>
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<td></td>
<td>newsletter</td>
<td></td>
<td></td>
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<tr>
<td>Further develop corporately-owned central circulation and distribution</td>
<td>• Audit to be undertaken</td>
<td>March 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>lists for communications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a map of key partnerships, groups and established networks.</td>
<td>• Newsletter to be developed</td>
<td>April 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Create and start a stakeholder development plan</td>
<td></td>
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</tr>
<tr>
<td>Establish a single-point of contact for liaison with key stakeholders:</td>
<td>• Single liaison point established - Company Secretary</td>
<td>June 2010</td>
<td>Complete</td>
</tr>
<tr>
<td>• Overview and Scrutiny committees</td>
<td>• Stakeholders find it easier to communicate with the Trust</td>
<td></td>
<td></td>
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<tr>
<td>• MPs</td>
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<tr>
<td>• Cumbria LINk</td>
<td></td>
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<tr>
<td>• Patient Panels</td>
<td></td>
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<tr>
<td>• Voluntary, community and faith organisations</td>
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</tr>
<tr>
<td>• Hard-to-reach-groups</td>
<td></td>
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</tr>
<tr>
<td>Communicate with the community through partner communication</td>
<td>• Create a database of partner publications</td>
<td>January 2010</td>
<td>Complete</td>
</tr>
<tr>
<td>channels</td>
<td>• Local Neighbourhood Forums</td>
<td>June 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>• Cumbria LINk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redevelop the Trust’s website</td>
<td>• Development on track</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Action</td>
<td>KPIs</td>
<td>Date</td>
<td>Status</td>
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</tr>
<tr>
<td>Explore opportunities to use video podcasts as a tool to communicate and engage with stakeholders on the Trust’s new website</td>
<td>• Enhanced uptake of key messages and reputation; stakeholders agree that the Trust is effective and performing well</td>
<td>April 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Public engagement and communication</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ensure each strategy and service change has considered communication and public involvement issues</td>
<td>• Communication and involvement action plans to be developed for service changes • Public agree the Trust listens and acts in their interests</td>
<td>2011-2014</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Increase accessibility to Trust Board meetings front-ended with a proactive press release with something of interest to communities; more prominence on website; podcasts</td>
<td>• Attendance growth year on year • Public strongly agrees the Trust listens and acts in their interest</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure staff have good customer care skills</td>
<td>• Further improved patient experience • Reduced complaints about poor communication issues</td>
<td>2014</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure all letters, correspondence and patient information is of the highest quality</td>
<td>• Review of patient information • Better quality correspondence</td>
<td>2012</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Share patient experience with external and internal channels to drive service improvements</td>
<td>• Have Your Say (website) • Better understanding of the impact of our work • Patient Experience Toolkit</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Improve feedback mechanisms</td>
<td>• Patients always have someone to contact</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Scope possibilities of using new media to reach “seldom heard” and isolated communities</td>
<td>• Scope possibilities and seek funding, as appropriate</td>
<td>April 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Review service information available for the public and any gaps and implement a plan to widen access to information</td>
<td>• Redevelopment of the Trust website</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Action</td>
<td>KPIs</td>
<td>Date</td>
<td>Status</td>
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<tr>
<td>--------</td>
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</tr>
<tr>
<td><strong>Reputation Management</strong></td>
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</tbody>
</table>
| Ensure a professional media relations service | - Monthly media briefing sessions  
- Monitoring coverage shows more positive than negative stories | | Complete |
| Monitor and use social networking sites as appropriate | - Use insight to inform Trust  
- Use to inform communications | April 2011 | Ongoing |
| **Freedom of Information** |      |               |         |
| Work closely with the FOI team to ensure information about the Trust and the way it uses its resources is clear and transparent | - Communications team attached to FOI email and view all requests for any reputation issues  
- FOI section on website | January 2011 | Ongoing |
| Increase access to information on the Trust’s website | - FOI and publication scheme to be monitored regularly to reduce the number of requests | January 2011 | Ongoing |
There is a table that outlines specific actions for improving internal communication and their corresponding key performance indicators (KPIs), dates, and statuses. The actions include audits, streamlining communication channels, implementing team briefing systems, ensuring access to communication for all sites, and developing an intranet. The table also details the objectives and strategic supports provided by these actions.

**OBJECTIVE 2:** All staff will be better informed and have improved knowledge, understanding and access to information, will feel better communicated with and given opportunities to be involved.

Supports delivery of strategic aim: 1, 2, 3, 4, 5
<table>
<thead>
<tr>
<th>Action</th>
<th>KPIs</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
</table>
| Embedding strategy and key messages                                   | • Annual audit undertaken and action plans developed: year on year improvement  
|                                                                      | • Review of promotion of organisational values                         | July 2011  | Ongoing         |
| Ensure all staff understand the Trust’s vision, objectives, strategy, values, the NHS Constitution and their role | • Enhanced staff survey results                                         |            |                 |
| Ensure new staff understand the importance of good communication and engagement and their role | • Communication and engagement strategy integrated into induction      | January 2011 | Ongoing         |
| Develop a new network of “communication” champions to embed the Trust’s values | • Discuss with Communication Forum members                             | February 2011 | Ongoing         |
| Ensure staff are kept up-to-date and can get involved in organisational change | • Deliver communication action plans to support organisational change  
<p>|                                                                      | • Hold staff road shows (Fit for the Future)                           | March 2011  | Ongoing         |
|                                                                      | • Staff agree they have the information they need and are generally supportive of the programme |            |                 |
|                                                                      | • Staff make contributions on feedback                                 |            |                 |
|                                                                      | • Enhanced staff survey results                                         |            |                 |
| Ensure staff feel valued and that their good work is shared. Thank you letters issued by the Chief Executive: increased Chief Executive and Director visibility | • Annual staff awards                                                  | November 2010 | Ongoing         |
|                                                                      | • Increase Director walkarounds                                        |            |                 |
|                                                                      | • Proactive press releases                                             |            |                 |
|                                                                      | • Increased staff numbers taking part in communication forums          |            |                 |
|                                                                      | • Values become embedded                                               |            |                 |
|                                                                      | • Enhanced staff survey results                                         |            |                 |
|                                                                      | • Rumour Board hit reduces                                             |            |                 |
| Ensure staff understand the importance of corporate citizenship through internal communications focusing around the NHS responsibility to climate change and environmental agenda - “Saving Carbon, Improving Health: NHS Carbon Reduction Strategy for England (2009) | • Communications plan for delivery                                   | November 2011 | Complete        |
|                                                                      | • Reduced carbon emissions                                             |            |                 |
|                                                                      | • Increase in waste recycling                                          |            |                 |
|                                                                      | • Communications to be leaders in recruiting “carbon” champions         |            |                 |</p>
<table>
<thead>
<tr>
<th>Action</th>
<th>KPIs</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
</table>
| Audit communication skills across the organisation and develop plans for training / support, as appropriate, for communication forum members | • Skills assessment and gaps addressed through appropriate development  
• Desired changes in workplace behaviour and organisational culture  
• Improved satisfaction with internal communication  
• Enhanced staff survey results | July 2011 | Ongoing |

**OBJECTIVE 3: Patients and public will have improved understanding and will be meaningful engaged and involved in the design of hospital services**

Supports delivery of strategic aim: 1,2,3,4,5

<table>
<thead>
<tr>
<th>Action</th>
<th>KPIs</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
</table>
| Ensure communication channels are effective through regular evaluation | • Audits to be taken and action plans produced  
• Continual improvement year on year | February 2011 | Ongoing |
| Undertake an audit to better understand location of population and audiences with differing communication needs. Identify communication champions from stakeholders, voluntary and community groups who will act as communication facilitators | • Audits to be taken and action plans produced  
• Continual improvement year on year | October 2011 | Ongoing |
<p>| Review communication channels for “hard to reach” groups and assess their needs with the Equality and Diversity Lead | • Increased understanding of the needs of “hard to reach” groups | October 2011 | Ongoing |
| Review health service information available to the public and any gaps (in consultation with AWAZ - representing black and ethnic minorities in Cumbria) | • Increased understanding of the needs of “hard to reach” groups | October 2011 | Ongoing |</p>
<table>
<thead>
<tr>
<th>Action</th>
<th>KPIs</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widening access to communication</td>
<td></td>
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<tr>
<td>Website development as a two-way resource</td>
<td>• Website developed based on insight</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>• Web hits increase by 5% per quarter</td>
<td></td>
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<td></td>
<td>• Positive feedback from users</td>
<td></td>
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<td></td>
<td>• New communication channels help patients navigate around the service</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Public strongly agree the Trust is listening and acts in their interest</td>
<td></td>
<td></td>
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<tr>
<td>Provide communication support for the Patient Experience Toolkit</td>
<td>• More collaborative working with patients</td>
<td>March 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Embed the patient-related elements of the NHS Constitution in all</td>
<td>• Give a higher profile to the NHS Constitution within the hospitals</td>
<td>March 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>internal and external communications, board and committee meetings</td>
<td></td>
<td></td>
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<tr>
<td>All hospital sites to have up-to-date, consistent information</td>
<td>• Public information and protocol to be agreed</td>
<td>July 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>available</td>
<td>• Develop monthly newsletter</td>
<td></td>
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<td></td>
<td>• Include with patient discharge information</td>
<td></td>
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<td></td>
<td>• Patient feedback surveys (real-time)</td>
<td></td>
<td></td>
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<tr>
<td>Publish comparative information in formats appropriate to the target</td>
<td>• People able to make more informed choices</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>audience and across a variety of media</td>
<td>• Service quality improvement</td>
<td></td>
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<tr>
<td></td>
<td>• Patient experience improvement</td>
<td></td>
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<tr>
<td>Strategic and targeted events such as local festivals and events;</td>
<td>• Public strongly agree the Trust listens</td>
<td>January 2012</td>
<td>Ongoing</td>
</tr>
<tr>
<td>the Trust’s Annual General Meeting; health fairs; hospital open days</td>
<td>• Uptake of key messages</td>
<td></td>
<td></td>
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<tr>
<td>Process and protocols</td>
<td>• Publications protocol to be developed and published</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>All communications to allow two-way feedback: website; suggestion</td>
<td>• Increases volume of feedback</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>boxes; i-pod patient experience etc</td>
<td>• Public strongly agrees that the Trust listens to them and acts in their interest</td>
<td></td>
<td></td>
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<tr>
<td>Action</td>
<td>KPIs</td>
<td>Date</td>
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<td>-----------------------------------------------------------------------</td>
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<tr>
<td>Partner engagement</td>
<td></td>
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<tr>
<td>Strengthen the Trust’s relationship with Cumbria LINk</td>
<td>• Key stakeholder strongly agree that the Trust is an effective health partner</td>
<td>December 2011</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
| Work with third sector organisations through Cumbria CVS and Cumbria LINk (800 membership base) to target information sharing to groups and communities of interest | • Key stakeholder strongly agree that the Trust is an effective health partner  
• Increased numbers of people who feel engaged and can influence | June 2011 | Ongoing  |
| Give Patient Panels a clearer focus, role and responsibilities        | • Key stakeholder strongly agree that the Trust is an effective health partner | June 2011 | Ongoing  |
| Create a COMPACT for working with third sector organisations          | • Key stakeholder strongly agree that the Trust is an effective health partner | Complete   |          |
| Patient experience                                                    |                                                                       |            |          |
| Collate and analyse patient experience information, acknowledge and respond to all patient experience feedback (website, letters) | • Patients believe the Trust listens and acts in their interests  
• Survey results feed communication action plans | June 2011 | Ongoing  |
<p>| Internal communication                                                |                                                                       |            |          |
| Ensure staff have the information they need to communicate effectively with their patients | • Uptake of key messages | January 2011 | Ongoing  |</p>
<table>
<thead>
<tr>
<th>Action</th>
<th>KPIs</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit, analysis and planning</td>
<td>• Develop a communication “whiteboard” to plan weekly and up-coming events</td>
<td>January 2011</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>• Maintain a yearly calendar of events</td>
<td></td>
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<tr>
<td></td>
<td>• Increase volume of coverage</td>
<td></td>
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<tr>
<td>Strengthen media monitoring ensuring that all coverage is logged and analysed</td>
<td>• Quarterly benchmarking report to Governance</td>
<td>January 2011</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>• Capture of coverage monitoring positive and non-positive stories</td>
<td></td>
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<tr>
<td></td>
<td>• Increased understanding of what makes a “good story”</td>
<td></td>
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<tr>
<td>Process and protocols</td>
<td>• Increased volume of press coverage</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Further develop Trust-wide process for news gathering, work with Divisions placing particular attention to areas of priority for the Trust and particular areas of interest to the community</td>
<td></td>
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</tr>
<tr>
<td>Ensure reactive media enquiries are dealt with efficiently, timely and professionally</td>
<td>• 95% of queries complete within deadline</td>
<td>January 2011</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>• All reactive queries with a reputation consequence meet deadline</td>
<td></td>
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<tr>
<td>Develop a communications resource pack as part of business continuity for the communications department</td>
<td>• Ensures communication is maintained</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>• Reputation management is safeguarded</td>
<td></td>
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<tr>
<td>Development of “press office”</td>
<td>• Improved relationships</td>
<td>January 2012</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>• Improved media metrics</td>
<td></td>
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<tr>
<td>Action</td>
<td>KPIs</td>
<td>Date</td>
<td>Status</td>
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</tr>
<tr>
<td>Develop a future story / case study database</td>
<td>• Database set up</td>
<td>January 2012</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>• Improved response times</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>• Increase volume of coverage</td>
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<tr>
<td>Develop an “experts” data of clinicians</td>
<td>• Database set up</td>
<td>June 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>• Improved reactive response times</td>
<td></td>
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<tr>
<td></td>
<td>• Increased volume of coverage</td>
<td></td>
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<tr>
<td></td>
<td>• Improved reputation “offering expert opinion”</td>
<td></td>
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</tr>
<tr>
<td>Develop a “virtual” press office on the Trust’s new website</td>
<td>• Virtual press office set up</td>
<td>January 2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>• Image library</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Experts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Improved response times</td>
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</table>
## Appendix 2: SWOT Analysis

### Strengths

- The organisation has a clear vision and developing its clinical strategy
- There is organisational drive a new executive team
- The Board has identified the need for effective communications and engagement and is supportive
- The organisation has a good understanding of national, regional and local issues
- There is a growing understanding of the importance of good communications and engagement across the Trust
- There is a wealth of skills and knowledge within the Trust with a number of people who have marketing and communication expertise
- The Trust has a number of well-defined and well used communication tools and channels
- The new Divisional structure allows for improved communication
- Developing media relationships

### Weaknesses

- Gaps in communications/engagement capability within the organisation
- Staff survey consistently states there is poor communication within middle-grade management
- Not all staff are linked to email
- Lack of planning with communication issues sometimes an “after-thought”
- Two hospitals with differing cultures
- Wide geographical area
- Limited understanding of the communication issues of some stakeholders (hard to reach groups in particular)
- Under developed website and intranet
- Lack of knowledge of social networking sites and influence

### Opportunities

- Further development of the Communications Department with a new Communications Officer
- Development of a new brand giving potential for new marketing possibilities
- Redevelopment of the Trust’s website
- Opportunities to demonstrate with evidence how communication can support the delivery of the Trust’s objectives, such as the corporate recovery programme
- Opportunities to further develop ways of working with partner communication teams to add value to area-wide communication
- Use of a new communications calendar for proactive communication and media releases
- Development of i-place information hubs for staff
- Potential to use GP practices for consistent messages - development of a Trust marketing brochure

### Threats

- Not being able to move from communication basics i.e. reactive media/corporate publications
- Organisational culture and ‘siloh working’ which may hinder the development of a consistent approach to external relations
- Inability to protect Trust brand
- Staff and stakeholders potentially not signed-up to the Trust’s strategic objectives
- Changing political environment
- Service reconfiguration
- Lack of understanding of stakeholder perceptions of the Trust
- Increasing number of reactive media enquiries and FOI requests from journalists
- Reduce resources due to changing economic climate
# Appendix 3: PEST Analysis

## Political
- Equity and excellence: liberating the NHS (plan to reshape the NHS to meet the challenge of delivering high quality health care in a tough financial environment)
- Our NHS, our Future (NHS Next Stage review) - empowering staff and increasing choice for patients
- NHS Constitution
- Changing political environment
- Financial constraints (reduced communications and marketing budgets)

## Environmental
- Balance between visible communications activity and public perception of how money is spent - value for money
- A diverse population and a large geographical area - 340,000 population
- 51% of the total Cumbria population live in rural communities compared with 19 per cent in England
- Cumbria has several communities that are in the 10% most deprived in England and Wales

## Social
- Variety of demographics across different areas of Cumbria
- Increasing public expectations of hospital services - particularly in relation to access, standards, cleanliness
- Increasing demands for a very high customer service
- Increasing demands for better information about health and hospital services
- Population living longer
- An increasing BME population
- Levels of deprivation and poor health in pockets in Cumbria. People living in these areas may find it harder to obtain information and gain access to hospital services
- Strong attachment in West Cumbria to the West Cumberland Hospital
- Culture differences between east and west Cumbria

## Technological
- Greater use of new media, particularly the internet, and growing development of web 2.0 and 3.0 to facilitate greater interaction, engagement and influence
- In 2009, 18.31 million UK households has internet access representing 70% of all households and an increase of 1.8 million households since 2008.
- Of all UK households, 63% (16.5 million) had a broadband connection in 2009 - an increase from 56% in 2008. The number of all households with broadband has increased by 6.6 million since 2006. Of those households with internet access, 90% had a broadband connection in 2009, an increase from 69% in 2006.
- Most popular activity for home internet use in 2009 was sending emails but 2009 also saw a boom in social networking with 40% of recent internet users stating they had posted messages to chat sites, blogs and newsgroups - up from 20% in 2008
- Use of the internet has risen by 11% to 67% in 2009 in the North West
### Appendix 4: Our Stakeholders

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Includes</th>
</tr>
</thead>
</table>
| **Staff**                         | • The Board  
• Executive Team  
• Divisional General Managers  
• All clinical and non-clinical staff  
• Staff side and unions |
| **Patients/service users/the public** | • Patients / carers including past and future  
• Past patients  
• Future patients  
• Patient groups and representatives  
• Resident groups  
• Ward councillors  
• Parish/town council  
• Voluntary, community and faith sector organisations  
• Communities of interest (BME communities, carers, children and young people, older people, people with disabilities, users of mental health services, lesbian, gay, bisexual and transgender) |
| **Political**                     | • MPs  
• Leader of the county and borough councils  
• Councillors (county and borough)  
• Overview and Scrutiny committees  
• Parish councils |
| **Government and regulators**     | • Department of Health  
• NHS North West  
• Care Quality Commission  
• External Auditors  
• Health and Safety Executive  
• Equality and Human Rights Commission  
• Information Commissioner  
• Home Office |
### Appendix 3: Our Stakeholders

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Includes</th>
</tr>
</thead>
</table>
| Partners, commissioners and other providers     | • Other NHS organisations  
- NHS Cumbria  
- Cumbria Partnership NHS Foundation Trust  
- University Hospitals of Morecambe Bay NHS Trust  
- Tertiary centres  
• Independent contractors - GPs, dentists, pharmacies, opticians  
• Practice based commissioning groups  
• Independent providers  
• LINks  
• Voluntary organisations as providers  
• Clinical networks  
• Local committees (medical, dental and optometrists)  
• Local authorities (county, district and city)  
• Schools  
• Police  
• Fire service  
• Community, voluntary and faith organisations  
• Suppliers and local supply chain |
| Other regional stakeholders                     | • Local newspapers and broadcast  
• Regional newspapers and broadcast  
• Trade journals  
• National media  
• Information websites (e.g NHS Choices)  
• Community media networks (e.g MP newsletters; Egremont Today)  
• Pre-recorded video media (e.g TV’s in GP surgeries) |
| Educational establishments and University of Cumbria | • Educational establishments and University of Cumbria |
## Appendix 5: Stakeholder Analysis

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Characteristics:</th>
<th>Includes</th>
</tr>
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<tbody>
<tr>
<td>Staff</td>
<td><strong>Deliver services</strong></td>
<td>Can be the biggest supporters/critics of the NHS</td>
</tr>
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<td></td>
<td><strong>Can be the biggest supporters/critics of the NHS</strong></td>
<td>Have wide and varied influence over other groups, including patients</td>
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<td><strong>Have wide and varied influence over other groups, including patients</strong></td>
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<td></td>
<td><strong>Needs and Interests:</strong></td>
<td>Regular information to enable them to do their jobs effectively</td>
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<td></td>
<td></td>
<td>Understand how they fit into the bigger picture/what we are trying to achieve</td>
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<td></td>
<td></td>
<td>Understand what is expected of them</td>
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<tr>
<td></td>
<td></td>
<td>Understand what they can expect from the Trust</td>
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<tr>
<td></td>
<td></td>
<td>How we are improving patient care</td>
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<tr>
<td></td>
<td></td>
<td>How they can get involved and influence</td>
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<tr>
<td></td>
<td></td>
<td>Want to be involved and not ‘done to them’</td>
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<tr>
<td></td>
<td></td>
<td>What does change mean?</td>
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<tr>
<td></td>
<td></td>
<td>Need to be valued</td>
</tr>
<tr>
<td></td>
<td><strong>Potential:</strong></td>
<td>Ambassadors for the Trust and the NHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Committed to achieving the vision</td>
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<tr>
<td></td>
<td></td>
<td>Valued and understand their role</td>
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<tr>
<td></td>
<td></td>
<td>Can contribute to improvements and new ways of working</td>
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<tr>
<td></td>
<td></td>
<td>Low levels of sickness</td>
</tr>
<tr>
<td></td>
<td><strong>Risk:</strong></td>
<td>Demotivated and feeling undervalued</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obstructive and reluctant to change</td>
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<td></td>
<td></td>
<td>Critical in public of the Trust</td>
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<td></td>
<td></td>
<td>Prevent the organisation achieving its vision</td>
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<td></td>
<td></td>
<td>Contact the media</td>
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<td></td>
<td></td>
<td>Disengage</td>
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<td>Stakeholder Group</td>
<td>Includes</td>
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<td>----------------------------</td>
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<tr>
<td>Patients and the public</td>
<td><strong>Characteristics:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Central to everything we do</td>
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<tr>
<td></td>
<td>• Receiving a service</td>
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<td></td>
<td>• Tax payer</td>
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<td></td>
<td>• Have wide and varied influence</td>
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<td></td>
<td>• Makes choices</td>
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<td></td>
<td><strong>Needs and Interests:</strong></td>
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<tr>
<td></td>
<td>• A good experience/customer service</td>
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<tr>
<td></td>
<td>• Information at a potentially vulnerable time</td>
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<td></td>
<td>• Information to be able to make an informed decision</td>
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<td></td>
<td>• Knowledge and information about where to get help</td>
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<td></td>
<td>• Assurance they will get the care they need and when they need it</td>
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<td></td>
<td>• To understand what is expected of them</td>
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<td></td>
<td>• Information about how money is being spent</td>
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<td></td>
<td>• Opportunity to feedback</td>
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<td>• Opportunity to contribute and influence</td>
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<td></td>
<td><strong>Potential:</strong></td>
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</tr>
<tr>
<td></td>
<td>• Help us to achieve our vision</td>
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<tr>
<td></td>
<td>• Valuable feedback</td>
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<td></td>
<td>• Ambassadors - share good experiences</td>
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<tr>
<td></td>
<td>• Help to shape services based on first hand experience</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Risk:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fail in our vision</td>
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<tr>
<td></td>
<td>• Complaints, negative feedback through MPs, media</td>
<td></td>
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<tr>
<td></td>
<td>• Don’t improve as not listening - potentially continue to make the same mistakes</td>
<td></td>
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<tr>
<td></td>
<td>• Accused of not delivering/wasting money</td>
<td></td>
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<tr>
<td></td>
<td>• Disengage from health service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Challenge of capturing feedback from a range of sources and acting on it</td>
<td></td>
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<tr>
<td>Stakeholder Group</td>
<td>Includes</td>
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</tbody>
</table>
| Political         | **Characteristics:**  
|                   | • Protecting the interest of constituents/local population  
|                   | • Supporting political beliefs  
|                   | • Striving to see improvements  
|                   | • Key opinion formers  
|                   | • Highly influential  
|                   | **Needs and Interests:**  
|                   | • Understanding of the strategic direction of the Trust  
|                   | • Regular updates and briefings on key issues and hot topics  
|                   | • Involvement in issues and hot topics at an early stage  
|                   | • Assurance around improvement  
|                   | • Assurance around patient experience  
|                   | • Assurance that respond to constituents issues and concerns  
|                   | • Awareness and involvement in achievements  
|                   | **Potential:**  
|                   | • Able to influence publically if support project/issue  
|                   | • Able to influence politically  
|                   | • Frequent contact with constituents and media - able to act as an ambassador  
|                   | • An independent spokesperson  
|                   | • Can contribute to discussions and developments from wide breath of background/contacts  
|                   | **Risk:**  
|                   | • Very high profile if not in the loop or in agreement  
|                   | • Able to raise issue in Parliament  
|                   | • First port of call for media for comments on issues/challenges  
|                   | • Able to refer to review panel if unhappy with process  
<p>|                   | • Can cause delays |</p>
<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Characteristics:</th>
<th>Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government and regulators</td>
<td>• Set policy and drivers</td>
<td>• Set performance targets and standards</td>
</tr>
<tr>
<td></td>
<td><strong>Needs and Interests:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assurance of improvement</td>
<td></td>
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<tr>
<td></td>
<td>• Assurance of meeting targets and legislation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To know when things are causing concern</td>
<td></td>
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<tr>
<td></td>
<td><strong>Potential:</strong></td>
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<tr>
<td></td>
<td>• Supportive and flexible in making things work</td>
<td></td>
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<tr>
<td></td>
<td>• Sharing best practice</td>
<td></td>
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<td></td>
<td>• Championing innovative work</td>
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<tr>
<td></td>
<td>• Light touch/left to get on with the job</td>
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<td></td>
<td><strong>Risk:</strong></td>
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<tr>
<td></td>
<td>• Concerned over lack of assurance so intervenes</td>
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<td></td>
<td>• Raise concerns in public</td>
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<td></td>
<td>• Put intervention measures in place</td>
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<tr>
<td></td>
<td>• Demand more assurance</td>
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<tr>
<td>Partners, commissioners and others providers</td>
<td><strong>Characteristics:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Work alongside to deliver services and achievement of outcomes</td>
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<td></td>
<td>• Support to deliver initiatives</td>
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<td></td>
<td>• Provide services</td>
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<td></td>
<td><strong>Needs and Interests:</strong></td>
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</tr>
<tr>
<td></td>
<td>• To understand the Trust’s strategic direction</td>
<td></td>
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<td></td>
<td>• To understand how they fit into this direction</td>
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<tr>
<td></td>
<td>• To have an overview of our priorities and challenges</td>
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<td></td>
<td>• To understand the Trust’s position/opinions/thoughts</td>
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<td></td>
<td>• To understand the Trust’s short, medium and long term intentions</td>
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<td></td>
<td><strong>Potential:</strong></td>
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<tr>
<td></td>
<td>• Supportive of direction of travel</td>
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<tr>
<td></td>
<td>• Facilitates joint working</td>
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<tr>
<td></td>
<td>• More co-ordinated approach</td>
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<tr>
<td>Stakeholder Group</td>
<td>Includes</td>
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</tbody>
</table>
| Partners, commissioners and other providers (contd.)   | **Risk:**  
  • May take a conflicting direction of travel/projects  
  • Mixed messages for staff and patients  
  • May block proposals  
  • Confusion for patients and public  
  • Less joined up working  
  • Competition |
| Media                                                  | **Characteristics:**  
  • Present a high profile view of issues of interest to local population  
  • Can be seen to dwell on the negatives to make a good story  
  • Excellent mechanism for getting messages to the public  
  • Local media can be an important source of information and can be well trusted  
  • BBC has a public service responsibility (community information, communicating in an emergency etc)  

**Needs and Interests:**  
  • Human interest stories  
  • Information about things that improve things for local people  
  • New information that has not been covered elsewhere (exclusives)  
  • Contact with ‘real people’ - staff and patients  

**Potential:**  
  • Excellent mechanism for getting information to patients and other key stakeholders  
  • Recognition for staff and patients  
  • Ability to discuss issues and present a balanced account  
  • Accurate and timely information leads to better understanding  

**Risk:**  
  • Will run one-sided stories if no communication with the Trust  
  • May get information from a source that is not accurate  
  • Story blows out of proportion
This Patient Experience Toolkit is a dynamic overarching framework to support collaborative working with our patients. It will ensure that the Trust will improve patient experience and involvement together with the perceptions of carers and the public. Collaborative working will drive this toolkit forward, gaining assurance that patients are at the forefront of service improvements that meet their needs whilst reflecting best practice in the Trust.

This toolkit, along with the overall Communications and Engagement Strategy will be a living document and will be reviewed and developed over time. This will ensure that ongoing improvements are made, monitored and evaluated as the Trust progresses towards its application to become a Foundation Trust.

It will be critical to the success of this toolkit for everyone in the Trust to see this as part of their day-to-day work and they can quantify their success and be proud to be part of that success.

This toolkit has been developed to build on engagement at clinical service level within our Divisions, led by the Head of Nursing for each Division, and building up a bank of knowledge and expertise across the Trust. Examination of patient feedback will be key to the success of this toolkit and will highlight areas which need improvement to provide a better service for patients and supply the evidence for change.

6.1 Roles and Responsibilities
The Heads of Nursing will be central to the development and delivery of this patient experience toolkit and it will be their responsibility to engage their Ward Sisters to develop a culture where everyone takes responsibility for ensuring patients receive a good experience and this becomes a priority.

This will require the support of the Divisions, clinical leaders, corporate leaders and the Trust Board. The aim is to build a culture where all staff are trained, feel confident and empowered to resolve concerns or to escalate them to the appropriate person.

The Trust will develop the overarching aim of the toolkit to develop specific tools and techniques for each of the components of the toolkit.

A specific launch of the toolkit is planned for June 2011 as part of the delivering this Communication and Engagement Strategy.
Capture
The views and experience of our patients are the real test of our performance. By asking patients in a robust and systematic way about their experiences of care, treatment and our services can be measured and improvements made.

Patient Experience Surveys:
Our yearly Inpatient and Outpatient Surveys allow us to study patterns and trends to show if a problem is reoccurring over time and helps us to determine which groups of patients this may be affecting. The Care Quality Commission led surveys also help us to benchmark our organisation against others on a number of key performance indicators. An Action Plan is developed after each survey so that we can improve our patient experience.

The Trust had recently embarked on gathering real-time patient experience on our wards which is allowing for specific areas of care to be examined in much greater depth. Action plans are put in place to resolve issues much earlier than waiting for feedback from our national surveys.
Key Performance Indicators (KPI):
Clinical matrons work closely with clinical areas to report on metrics related to patient quality and patient safety. This key patient experience information is examined by a KPI meeting each week.

Focus groups:
Our Patient Panels have a good role to play as they are current or former patients of our services. Bringing the panels together and enhancing their role in the future *(Delivery Plan: Appendix 1)* provides an opportunity to listen to a range of opinions and experiences.

One-to-ones:
Conversations with individual patients can provide a real insight into specific issues and problems.

Patient and carer groups:
There are a number of established groups which work with specific clinical areas (the Breast care Support Group or the local Stroke Association) and has the ability to influence decision making.

Public meetings:
These provide an opportunity to gain feedback from members of the public through hospital open days; the Annual General meeting; a presence at significant events.

Patient complaints/ Patient Advice and Liaison Service:
Complaints requiring through investigation and enquiries to the PALs service can provide invaluable feedback. The Trust is able to learn lessons from any complaints and puts actions in place. The PALs service produces regular bulletins.

Working in partnership:
Cumbria LINk is working in partnership with the Trust and represents a large number of members who have an active voice in determining the shape and delivery of healthcare services. The trust also works with the local Health and Wellbeing Overview and Scrutiny Committee who represent local communities and oversee health issues on their behalf. The opportunity of becoming a Foundation Trust will give the Trust better communication links with its membership and Governors.

Understand
We need to understand what patients and carers are telling us about their experiences. Careful examination of patient feedback will highlight areas where we need to improve and supply evidence for change.

We need to have an understanding how our performance affects people who use our services throughout their patient journey and compare our results over time.

We need to consider themes that emerge from gathering evidence from our patients and determine what can be changed for their benefit on wards or what might need wider involvement and consultation.

Targeting areas where large numbers of patients report a problem will make a difference to a larger number of users of our services. We need to be able to identify appropriate touch-points (see Figure 5) to gain an understanding of any issues that need to be sustained, spread or improved.
Benchmarking
It is important to benchmark our results against other organisations to determine whether our performance in the area of patient experience is stronger or weaker particularly organisations that are of a similar size and have similar issues of rurality.

Benchmarking is a valuable tool internally and allows comparison across the organisation. If some areas of the hospitals i.e. a ward is performing particularly well, it is important to identify why to share this and adopt similar practices in the Trust. There have already been some good examples of this including the Productive Ward. A data base could be developed where teams could register and share their projects.

Improve
We want to provide the best possible experience we can for our patients - this means we need to look at how we can improve our services. We will work in partnership with patients, carers and the public to deliver good communication, engagement and involvement.

Patients and our key stakeholders should be involved in helping us to improve our services. Gathering feedback from our range of methods and the development of action plans should inform us of where the improvements could take place.

Involving patients, carers and the public in improvement is essential and with their participation, we can deliver successful patient-centred care.

We need to set goals and objectives on the feedback that we receive, delivering them in manageable steps and within achievable targets and time frames. The development of action plans which are owned and agreed by all those involved is key to delivery.

Any improvements and actions need to be evaluated to assess their measure of success.

Evaluate & Cascade
Improvements made as a consequence of feedback from patients and carers should be shared widely with patients, carers, staff and other key stakeholders and the impact of improvements should be assessed.

Once we have received feedback from patients about their experiences and put in place improvements, it will be important to ensure effective communication measures are in place to inform our audiences. Communication can be delivered through:
- Direct feedback to individual patients who have raised issues of concerns (PALs)
- Message boards on wards and in departments “You Said . . . We Did”
- Inclusion in a new hospital newsletter for the public
- Posted onto the website - Have Your Say
- Press reports and stories
- Trust reports to committees and the Trust Board
- Presentations at conferences and events
- National websites (NHS Choices) and use of communication networks
- Local authority newsletters
- Regular stakeholder emails
- GP News

We need to keep our key external assessors informed - the Care Quality Commission; NICE; our clinical networks and ultimately, Monitor.
Within the cycle of improvement, we need to measure the impact any improvements we introduce through ongoing engagement with our patients and seek further feedback on how changes affect their experiences. The Communications Department will be responsible for delivering these actions.

**Monitoring and Reporting**

This Patient Experience toolkit is a framework for engaging, communicating and involving our patients. A robust process of monitoring and reporting will be needed if we are to demonstrate and evaluate how effective this engagement is over time and how we improve our services as a result.

Monitoring and reporting of feedback obtained from patients and the public will take place divisionally and Trust-wide through the Governance structure. Heads of Nursing already report on patient safety metrics on a monthly basis and Divisions report on complaints and PALs enquiries.

All this information should form the Director of Nursing, Quality and Governance report to the Trust Board and feature as a quarterly report to the Governance Committee.

Quarterly review meetings should commence for the Heads of Nursing to report on progress through their Divisions.

The Trust’s Patient Panel (joint meeting) will determine the key areas of engagement and feedback on patient experience receiving regular reports from the Divisions on progress against these priorities.

**Objectives for 2011**

1. Raise awareness of patient experience and involvement and proactively marketed on the Trust’s new website and within the local media

2. Engage the Trust’s Patient Panels to support the delivery of this Patient Experience Toolkit and the direction of travel

3. Develop an annual programme of obtaining patient experience feedback for use at directorate, divisional and Trust level which reflects patient experience feedback alongside the Trust’s objectives

4. Development of a ward-based patient experience toolkit to support staff to develop their skills with communication and engagement

5. Develop a training strategy to support staff to become more skilled at communication and engagement

6. Development of a database for sharing and disseminating good practice

7. Engagement and increased partnership working with the Trust’s key stakeholders

8. Good communication methods and an action plan to ensure that feedback is being used effectively, improvements are made and not forgotten

9. Development of an action plan to track and measure achievements in year one

10. Development of objectives for 2012
Introduction
The Media Policy has been introduced to provide staff with clear guidance on dealing with the media and who should respond to enquiries from the media. In relation to this policy, the terms ‘media’ include all journalists, news reporters and researchers from radio stations, TV, websites, companies, newspapers (or groups of newspapers) and all magazines and health trade press.

The aim is to ensure there is consistency in dealing with the media, to minimise the possibility of errors, to protect patient confidentiality and to avoid conflicting information being provided to the media.

1.1 Background
The Trust has regular dealings with the media through its established Communications Department. The Head of Communications and Reputation Management oversees the Department and manages the reputation of the Trust. The Communication Department has a good working relationship with the local media - issues press releases regularly and provides responses to media enquiries received. It is important that up-to-date information is provided to the media so that patients, public and staff are kept informed about hospital matters and Trust business.

The policy acknowledges the role of the media to broadcast news of the Trust and as a channel of information to members of the public as a tool for reassurance and appeal in helping patients make a choice over their hospital care.

1.2 Scope
This policy addresses two areas of media relations:

- Routine media relations
- Crisis/emergency planning media relations

This policy applies to employees of North Cumbria University Hospitals NHS Trust.

1.3 Principles
The following principles should be adopted when dealing with any form of media relations:

- The Trust will always be transparent, open and honest in any dealings with the media
- Liaison with representatives of the media should only be handled by those with the appropriate knowledge and expertise
- The Trust should co-operate, as far as possible with the media, recognising legitimate public interest in the NHS
- The confidentiality of individuals - staff and patients - should be respected at all times. Patient confidentiality must never be breached by any media releases or statements made to the media
- All media enquiries should be dealt with in a timely manner playing regard to deadlines
2. Implementation

2.1 Routine Media Relations

News releases are issued by the Trust to proactively inform the media about positive stories about the Trust’s hospitals, staff and services, to provide important factual information or events or to correct information presented in the media i.e. rebuttals or “setting the record” straight.

It is the responsibility of every member of staff to maximise the positive opportunities for media coverage by suggesting possible stories and subjects for new releases and contacting the Communication Department. It is also the responsibility of staff to contact the Communications Department with any possible negative news so the team can prepare a response. (also see Appendix 7).

All press releases must be authorised by the Clinical Lead (in the case of a clinical story) or by the Director involved (in the case of a Trust story). Final approval should be sought from the Chief Executive before issue. All press releases are issued by the Communications Department using the appropriate template.

All news releases that refer to one of our health partner organisations (such as NHS Cumbria) will not be issued until the approval of the content has been confirmed with that partner organisation’s communication lead.

The Communication Department monitors press coverage.

2.1.2 Responding to a Media Enquiry

Only Directors and authorised staff are allowed to deal with the media. If any member of staff receives a telephone call or email enquiry from a member of the media, freelance journalist or a photographer in whatever capacity, they should not answer any questions on behalf of the Trust and must inform the Communications Department of the enquiry (01228 814344). The member of the media making the enquiry must be informed that the Communications Department will deal with it.

All verbal and written responses to media enquiries will be made by the Communications Department once an appropriate and accurate response has been agreed with the relevant Director and approved by the Chief Executive.

The Communications Department will identify a spokesperson for the Trust on a case-by-case basis. In the main, the spokesperson will be those staff who have received media training. Other than the appropriate member of the Communications Department, the identified spokesperson will be the only authorised point of contact with the media.

No member of staff should make contact with the media without the approval of the Communications Department. No member of staff will speak to the media “off the record”. The only exception to this are members of the Communications Department who, in certain circumstances, will be required to speak to the media “off the record” in order to maintain the reputation of the Trust.

A guide for the media will be published on the Trust’s Internet.
**Condition Checks**

On no account should staff, other than the Communications Department or the on-call managers, deal with requests from the press or police concerning patient condition checks. If ward staff receive a call requesting a condition check, they must refer them to the Communications Department via switchboard. The Communications Department has a system for dealing with these requests. This is to ensure that patient confidentiality is protected at all times. In terms of other disclosures of information to the police, there are separate guidelines.

**Escalation Process**

The Head of Communications and Reputation Management will make the decision on when to escalate the media enquiry/incident and inform the Chief Executive. The Chief Executive will take the decision of whether the Chairman and the Board should be formally informed of the media attention.

A record will be kept of all media enquiries by the Communications Department.

Outside normal working hours, the on-call Director or the on-call Manager, can access media handling support through the Head of Communications and Reputation Management.

**Legal Advice**

On occasions legal advice will be sought on individual press releases/statements prior to their issue. In general, the Trust’s legal advisers will have already been involved in the issues relating to the press release/statement in such cases at inquests or court cases. The Head of Communications and Reputation Management will liaise with legal advisers and advice reported to the relevant Director.

**2.1.3 Members of the Media (including photographers) and Film Crews on Trust Premises**

Members of the media and film crews may not be invited or authorised to interview or film on Trust premises, including all grounds without prior approval of the Trust through the Head of Communications and Reputation Management. Film crews and photographers will always be escorted by a member of the Communications Department unless specific arrangements have been made with a senior member of staff from the area they are visiting (e.g. in the case of cheque presentations). If any member of staff is uncertain if a member of the media (including photographers) or a film crew has permission to be on Trust premises, they must report this to the Communications Department.

**2.1.4 Elections**

All Trust staff, including Non Executive Directors, must remain impartial when making public statements. Individual members of staff are free to express political views outside the workplace when they are not representing the Trust.

Visits by politicians campaigning during election periods are not allowed.
1. Crisis Media Relations
There are two situations which may result in the need for crisis media handling. The first is in the event of a major incident, for example, involving multiple casualties, large scale evacuation or large outbreak of a disease. In these instances, the Trust will play a supporting role to NHS Cumbria (PCT emergency lead) and in responding to the media. This type of eventuality is covered by the Trust’s Major Accident Plan. The Major Accident Plan should be referred to / followed during any crisis media relations.

The second is when a Trust specific issue receives intense media interest, for example, a controversial consultation, critical report or a clinical issue. The level of media attention in this instance could approach that experienced during a major incident and the media would be highly negative. It would also attract national coverage.

1.2 Being Prepared
It is crucial that the Head of Communications and Reputation Management is alerted to any incidents or issues which might attract media attention even if it seems unlikely that the information could become public. This will enable agreed media statements to be formatted in advance and the risk to reputation mitigated as much as possible.

1.3 Responding to Media Enquiries During a Major Incident
NHS Cumbria (Teaching Primary Care Trust) is the healthcare emergency lead for Cumbria.

The Head of Communications and Reputation Management is the emergency communications lead for the Trust and is supported by the Communications Officer.

In the event of a major incident, both will attend the Trust’s Gold Command and follow the guidance in the Trust’s Major Accident Plan.

At this time, there will be intense pressure on the Trust from the media and this will be managed by the Head of Communications and Reputation Management and / or her deputy.

In the case of intense media attention, the Communications Department will deal with all media enquiries but may seek the support from other colleagues to answer the telephone and log the enquiries.

The pressure of media enquiries must not affect the need to communicate with the Trust’s stakeholders and audiences, most notably staff, patients and relatives and the wider community.

If hospital staff have attended the major incident, they must not talk directly to the media at the scene but refer them to the Communications Department. The Communications Department can be contacted through the main hospital switchboards.

1.3.1 Responding to Media Enquiries During a Crisis
The Trust has a robust Risk Management Strategy in place. Risks are regularly identified and action plans put in place to mitigate them.

Appendix 8: Crisis Communications and Business Continuity
On many occasions, a risk to the organisation can be prevented from turning into a crisis by early intervention and communication handling. However, some crises can occur without warning.

During any crisis, it is vital that the Communications Department, the Chief Executive and Executive Management team work together to ensure that the correct and most up-to-date information is relayed to the media and Trust staff.

In some circumstances, it may be necessary for the Communications Department to organise a press conference due to high level press interest.

1.3.2 Roles and Responsibilities of the Communications Department

The Communications Department will manage crisis communications supported by the Executive Team, and provide a central point for all media and staff enquiries. No other staff should deal directly with the media during a crisis as uninformed comment could create further damage to the organisation.

A Communications Resource pack is to be developed as part of a Business Continuity Plan in the event the Head of Communications and Reputation Management and the Communications Officer are unavailable.

The Communications Department will use the most appropriate channels for communicating with staff in the event of a crisis such as postmaster email and screen savers. In the event of any technological system failure, a central notice board will be placed in each hospital where information will be regularly updated.

During a crisis, the Communications Department may need to call on the support from the Management Administrative Team to ensure continuity of our communication service.

The Head of Communications and Reputation Management will meet with the relevant Director on call and gain a full brief about the situation. They will contact other members of the communication team for support as appropriate. If there is time, a communication action plan will be developed to manage the media and staff needs.

A communications log will be set up detailing all actions with times and information about who is involved. This will be maintained during the incident.

The Trust is likely to face the following enquiries:

- What has happened?
- When did it happen?
- Why did it happen?
- What is being done?
- How many people are affected?
- Can you say who is affected (patient confidentiality)
- Appropriate quotations

Key messages and an initial press statement should be prepared and a Postmaster issued to staff with regular updates until the crisis has been resolved.
1.3.3 Principles of Communicating in a Crisis

Be prepared:
• Have facts and figures about the organisation to hand (latest Annual Report/Business Plan/Quality Account)
• Know your audiences - internal and external

Manage the flow of information
• Take control of information processes - the organisation needs to speak with one voice
• Keep a log of everything and all enquiries received
• Identify media-trained staff

Agree ground rules:
• Agree key messages
• Liaise with partner organisations to agree what can be said about them by you and vice versa
• Agree with the media what you will give them and by when e.g. daily updates / briefing

Be sensitive
• Tone, style and language of communication should be appropriate and sensitive to the situation
• Consider how your actions will be viewed
• Ensure the information loop includes staff and their worries and concerns are taken into account
• Expressing regret is not admitting responsibility

Ensure accuracy:
• Monitor media coverage to ensure the public is listening/reading accurate information

Debrief
• Use the log to debrief everyone
• Prepare a report drawing out an action plan and lessons learnt

Be authoritative:
• Establish the organisation as the authoritative source of information
• Ensure those speaking to the media are trained, well informed, well prepared and able to reassure that everything is being done to put things rights
7. Glossary

**Communication**: Providing information using varied and appropriate communication tools (medium, language and frequency) in order to inform the Trust’s staff, key stakeholders and audiences.

**Engagement**: Takes forward communication to engender debate, understanding and informed involvement in shaping the vision, values and strategic aims of the Trust.

**Reputation**: The perception that all stakeholders, including staff, develop through accumulated experience of the organisation both through direct and indirect contact.

**Openness**: Communication across the organisation is open. News about important plans and developments is shared promptly. People will have the confidence that they will be the first to know about issues affecting them directly and they will have the opportunity to feedback their views.

The reasons for decisions are given and decision-makers are accessible and willing to discuss why and how the decisions were made to all stakeholders and through the media.

**Corporate/Branding**: Communication style and messages reflect a consistent approach and a corporate view. Communications will be clearly branded and identified as originating from North Cumbria University Hospitals NHS Trust. Branding guidelines will be available to the corporate team and posted onto the intranet.

**Two-Way**: Systems exist to support communication at all levels of the organisation as well as across teams, departments, services and directorates. Staff, patients and the public are encouraged to contribute ideas and their opinions and receive feedback. Ninety-seven per cent of effective communication is about the positive behaviour between individuals and groups: face-to-face communication is the most effective form of communication and should be used ahead of all other communication tools wherever practical and possible.

**Timely**: Information is provided at the time it is needed, is relevant and capable of being interpreted in the correct context. Decisions are communicated quickly.

**Clear**: Information provided is appropriate to the audience and in plain language, without jargon and with minimal use of acronyms which if used are always explained. Readability and disability guidance is used to analyse our external communications which should be available in other formats as need arises. Written messages are clear and concise, use short sentences and avoid management terminology and jargon.
Targeted
The right messages reach the right audience, in the right format at the right time. Wherever possible and practical, the message and method of communication is tailored to meet the needs and interests of specific groups.

Credible
Effective communication which is responsible, open, honest and timely earns trust. It promotes a culture of understanding and realism. People receiving the information can trust it is reliable and can expect to be advised of any change that means the information is no longer valid.

Planned
Communication is proactive and planned. Communication issues are anticipated and planned processes are applied to deal with them.

Consistent
Messages are delivered in a consistent and co-ordinated fashion without contradictions.

Legal
Communication is delivered in accordance with all relevant legislation including the Freedom of Information Act 2002, the Data Protection Act and Caldicott.

Efficient
Communication and the way it is delivered is “fit for purpose”, cost-effective, within available resources and delivered on time.

Integrated
Internal and external communication is mutually supportive and is a key element in planning and decision-making. Communication is shared with partners and other organisations and is delivered in partnership where it affects or involves another party, such as NHS Cumbria, and/or where synergies of a partnership approach results in more effective communication.

Evaluation
Communication is reviewed and evaluated to ensure that it adheres to the principles of this Corporate Communications Strategy.

Accessible
The sensitivities, circumstances and needs of individuals is respected and every effort is made to communicate in a way that is easily understood. All information is available in different languages, large print, Braille, audio tapes or another format of choice.