



**Worcestershire
Acute Hospitals**
NHS Trust

Communications Strategy

2019-22

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Foreword/Welcome

‘Putting Patients First’ is our Trust’s clearly stated purpose, putting the people we care for at the peak of our strategic ‘Pyramid.’

Our Pyramid also has our 4ward behaviours at its heart, our vision and strategic objectives clearly set out and our plans for the future of our clinical services given due prominence.

All of these are underpinned by a number of enabling strategies, including this one.

The aim of this strategy is to transform the conversations we have every day about the care we provide for our patients, so that those conversations are better informed, more productive, positive, open, honest, transparent and engaging.

We want to build a conversation culture across our hospitals, so that we can harness the passion, commitment, insights and expertise of colleagues in every ward and department in delivering continuous improvement to the safety, quality and efficiency of our services.

And we want to expand those conversations across the communities we serve so that our patients, their carers, our partners, our regulators and everyone else whose lives are touched by the work we do has a chance to share their views, wishes and concerns about the future of those services.

We will use this strategy to help us talk openly and honestly about the kind of organisation we aspire to be, the standards we set, and hold ourselves accountable to, the changes we need to make and the challenges we face.

We will proudly celebrate our successes and the progress we make on our improvement journey, but we will also say sorry when we make mistakes,



Matthew Hopkins
Chief Executive

share the lessons we learn from those mistakes and commit to continuously improving the care we provide, the working environment we nurture for colleagues and the contribution we make to the wider health and care system.

The delivery of this strategy will be led by our communications team, but it also offers opportunities for everyone who works in our hospitals, or is cared for by us, or works in partnership with us for, or has any kind of interest in helping to build a better future for the health and wellbeing of the people of Worcestershire and the surrounding counties.

Matthew Hopkins
Chief Executive



Our Strategic Pyramid

Executive Summary

This strategy sets out our vision for the development, delivery, monitoring and evaluation of a cohesive, proactive and high quality programme of regular and ad hoc communications activities over the next three years.

These activities will be aligned to, and supportive of, the aims and objectives of other key Trust strategies which are currently being delivered or in development.

At the heart of our strategy and plans is a simple question for the communications team, senior leaders and colleagues and partners to ask themselves: “Does this communications activity or output help us to achieve our purpose of **Putting Patients First?**”

If the answer to that question is “yes” then we can be confident that we are doing the right thing, for the right reasons and having the right conversations about our services and our Trust, with the right people, at the right time, in the right way.

We know how much people care about the work we do, and we know that many of them have views and suggestions which will help us to seize the opportunities and rise to the challenges that the next few years will bring.

Effective two-way communication can make a huge contribution. If we get it right, we will see a number of important outcomes:

- **Improved staff morale and engagement**, making it easier for us to attract, and keep, colleagues with the skills and approach that we need to fulfil our purpose of “Putting Patients First.”
- **Stronger clinical leadership** to deliver improved patient care, as our medical staff support and drive forward the delivery of our vision and strategic objectives and our Clinical Services Strategy.

- **More productive conversations with current and future patients** about how we can build services which best meet their needs and wishes, how they can have their say in how those services are planned, developed and delivered and how they can become active health citizens, better able to use services effectively and make positive choices about their health and healthcare.
- **A clearer vision for the future of our services** for our partners, to help them understand the contribution that we can make to the delivery of wider plans including the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) and the national NHS Long Term Plan.
- **A clear and compelling story for our regulators**, including NHS Improvement/NHS England and the Care Quality Commission (CQC) that sets out our plans for delivering sustainable long term improvements in quality, safety and efficiency.
- **A demonstrably improved reputation and profile for our hospitals, our services and our Trust** with all our key stakeholders, including elected representatives of our local communities and the media channels which help to shape perceptions of our Trust, built on a strategic programme of engagement.

The strategy covers a period of time which is likely to be one of significant opportunity, change and progress for our Trust and our local health and care economy.

This means that while we will strive to remain true to the principles set out in our strategy, regular reviews will be required to take stock of, and respond to, the changing operational, organisational and political health and care environment locally, regionally and nationally.

Context

Recent years have brought a new set of challenges for communications professionals working in the NHS.

The rapid growth of social media, the commonplace use of smartphones and the drift towards an “always on” culture of communication have all further stretched the capacity and capability of NHS communicators working in what was an already high profile, politically sensitive and volatile environment.

The rise of citizen journalists, bloggers and other opinion formers operating outside the framework of ‘traditional’ media activity has added a further element of complexity but also new opportunities.

In addition, increasing familiarity with social media (and improved wifi access in our hospitals) has empowered patients, visitors, staff and volunteers to share their stories, in real time, on their experiences of being cared for or working in our hospitals, for better or worse.

At the same time, the NHS locally and nationally faces significant operational and financial challenges, driven by shifting demographics, innovative treatments, growing demand, recruitment and retention challenges and ongoing financial constraints.

In these circumstances, it is clear that the value and benefits of effective proactive communications management are greater than ever – as are the risks of misjudging what is needed or falling short of public expectations.

The opportunities this brings for communications teams are many and varied. The aim of this strategy is to ensure that we have a clear, shared vision for making the most of those opportunities, a clear plan for how we will go about it and a way of measuring how well we are doing.

It is also a way of providing assurance to our organisation that the resources allocated to communications are providing a good return on investment and making a positive contribution to our overall strategic aims and objectives for the benefit of our patients, carers, staff, partners and the community we care for.

Strategic Overview – The Communications Connection

The strategy has been developed by the communications team in collaboration with key internal and external stakeholders, taking into account examples of best practice from inside and outside the NHS.

Our aim is to make sure that all our communications and engagement activity is aligned with, and actively promotes and supports our purpose, vision and strategic objectives set out in our Pyramid.

As part of our annual planning process to develop and monitor a detailed work plan, we will also take into account the improvement priorities set out in our Clinical Services Strategy and other enabling strategies.

As well as an ongoing focus on raising awareness and understanding of the **Pyramid** and our **Annual Planning** process with internal and external audiences, more specific examples of this 'communications connection' with organisational priorities are set out below.

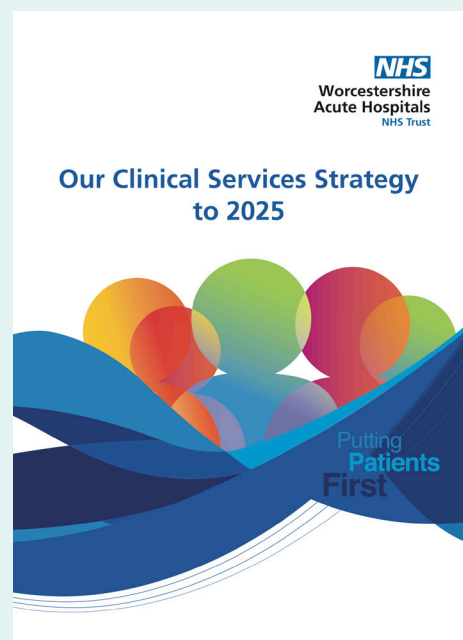
Many of them overlap with or complement each other, but all will feature in our detailed workplan for 2020/21 and most are likely to continue beyond that period.

Best Services for Local People

By effectively engaging patients, carers, partners and our staff in the development of our Clinical Services Strategy we will help to build a clear, shared vision for the future of health and care services in our county.

As we move to the implementation phase of the **Clinical Services Strategy**, our service users, staff, partners and other stakeholders will be offered opportunities to help shape the detailed service proposals to secure safe, high quality, sustainable services for the communities we serve.

We will also work in partnership with communications colleagues from partners in our local health and care system to ensure continuing public and patient participation in conversations around the aims and ambitions of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP) and the local delivery of the national NHS Long Term Plan (LTP).



Best experience of care and outcomes for our patients

While rising to the challenge of managing continuing high levels of pressure on our urgent and emergency care system remains our Trust's number one quality and safety improvement priority, it will also continue to be a focus for proactive communications and engagement activity.

Our aim is to raise awareness of the challenges, highlight progress and engage patients and the public in an ongoing conversation about making the best use of all services, whether hospital based or in community or primary care settings. This will be through continued focussed Trust specific communications support for our **Home First** programme as well as in partnership with STP colleagues.

Supporting initiatives aligned to our **Quality Improvement Strategy**, including our 'Pathway to Platinum' ward accreditation programme, will also help to share best practice and celebrate success in getting all aspects of care right first time.



Best Use of Resources

Focussing the finite capacity of the communications team on an agreed list of Trust priorities will help to deliver the best return on investment for the communications budget.

In addition the benefits we can deliver to the Trust as a professional enabling function will be further increased if we can upskill non-communications colleagues and enable and empower them to support the conversations described elsewhere in this strategy.

We have already made some progress in this area, supporting clinical and corporate teams to set up and run their own social media channels, but we believe there is significant potential to go much further.

By developing a range of development and support packages (under the working umbrella title of '**Comms-U**') we plan to increase the quality and frequency of positive communications and engagement activities being carried out by colleagues across our Trust to improve the way they communicate with patients, carers, colleagues and partners.

Developing the Comms-U approach, and aligning it with the developing Leadership faculty of our Trust Academy, offers us a chance to increase the benefit we deliver to the Trust, further improving the return on investment in our team.

We will also continue to support major projects and developments where active communications and engagement support can directly contribute to effective roll out and maximise benefits realisation.

An example of this which is likely to feature significantly in our workplan for 2020/21 and beyond will be the objectives of our **Digital Strategy**, in particular is the roll out of our **Digital Care Record (DCR)**.

A further priority is to improve the way we calculate the value of all the services we provide to the Trust. Again, early work in this area has provided us with a useful foundation on which to build. One example is the use of paid for social media advertising to promote recruitment events which can be directly linked to interest in, and attendance at, those events and followed through to the number of attendees subsequently appointed.

We will seek to develop a communications dashboard combining qualitative and quantitative **evaluation** data. This will enable us to test and refine our areas of focus on an ongoing basis as well as providing useful insights and intelligence to support regular communications reports to the Board and relevant sub-committees.

Following an expansion of the team in 2019/20, we will also be focussing additional time and energy in raising awareness of, and support for, the Trust's **Charity**, leveraging the extensive good will we know we enjoy in our local communities to re-energise the charity and generate additional funding to support quality and safety improvements and service developments which are over and above the core NHS offer.



All of these activities will make a positive contribution to the delivery of the Trust's **medium term financial plan** – and messages about the waste reduction and efficiency gains achieved through quality and safety improvements will also be a key part of our story.

Best People

While actively supporting the aims of our People and Culture Strategy to develop an engaged, skilled and supported workforce, we have identified three key areas for focus with current and potential colleagues: Recruitment, retention and 4ward.

Recruitment

While improved organisational reputation will undoubtedly have a positive impact on our ability to recruit staff we can further enhance the benefits of developments such as our improved CQC ratings through a creative approach to communications campaigns. Partnership working with recruiting teams is key to this as we combine their knowledge of the people they are trying to attract with our ability to reach those people with targeted communications that are engaging and attractive.

The 'Comms-U' approach to development will also support those teams who are keen to market themselves effectively to prospective employees and use current colleagues not only as the face of any advertising campaigns but also to use their own networks to reach out to prospective recruits.

Retention

Helping to build a listening, responsive working environment, celebrating success and supporting a wide range of recognition and reward activities with creative communications will all help to encourage our brightest and best colleagues to stay with us on our improvement journey.

From our award winning staff Facebook group to the achievement awards being planned for 2020 we will continue to develop creative ways of showcasing our Trust as a great place to work.



We will also use our communications channels to encourage active participation in listening exercises including the Staff Friends and Family Test and annual NHS Staff Survey, and then close the feedback loop with widely shared 'you said, we did' messages.



4ward: At the heart of our Pyramid are our 4ward behaviours. A continued focus on establishing 4ward as 'the way we do things round here' from ward to Board will continue to be a key area of focus for us, as it has been since the launch of 4ward in 2017.

A review of how we build on what 4ward has already achieved is already under way, and through the work of our Lead Advocate we will continue to build and support our network of active 4ward Advocates across our Trust.

Communications Principles – Our “7Cs”

During the course of this development, the team agreed our own set of guiding principles that will be used to shape and evaluate our future work – which we call the “7Cs”

The ‘7Cs’ are set out in more detail below, along with a SWOT analysis specifically relating to the communications and engagement issues which we believe are most relevant to our Trust, our strategic context and operational priorities.

These principles were developed by the communications team and tested through conversations with a range of internal and external communications partners in conversation.

They will shape what we do and how we do it and provide a clear checklist for planning, delivery and evaluation.

1. Consistency

Our areas of focus as a communications team will be consistent with, and supportive of, other Trust strategic and operational objectives and priorities (eg quality improvement, recruitment and retention and more effective financial management)

We also recognise the mutual relationship between 4ward and better communications – improved communication leads to more proactive engagement with the 4ward behaviours and processes which leads to a more positive culture which in turn supports more effective communication and engagement between colleagues.

The story we are telling, and the conversations we are having with staff, patients, carers and others also need to be consistent with what is actually happening, and the reality of life in our hospitals for the people who work and are cared for in them.

Extravagant promises, unrealistic commitments or denial of issues may secure short term

gains but will ultimately severely damage the reputation of our Trust and our services. Honest, openness and transparency will be our watchwords and guide in all communications and engagement activities.

The planning, development and delivery of our communications channels and messages will also be **consistent** with, and actively support, communications activity relating to wider health and care developments locally and nationally.

These include, but are not limited to, the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) and the NHS Long Term Plan (LTP)

‘C also’ in this section **Clarity** of objectives because we need to make our purpose and intention clear if that Consistency is to be effectively communicated internally and externally.

2. Capacity and Capability

Key questions to be answered under this heading for each key piece of work are:

- ➔ What capacity do we have in house? (in the comms team and with colleagues across the Trust as internal partners - for example patient involvement/experience colleagues, PALs and Complaints)
- ➔ What capacity can we draw on/share with our external/system partners?
- ➔ What equipment and facilities do we need to support delivery?
- ➔ What are our training and development requirements? – for in-house specialists, colleagues and partners
- ➔ How might these requirements change in the future as a result of trends and developments in communication and changes in the health and care system
- ➔ How can we best anticipate and prepare for these changes?

Key to building capacity is to ensure that formal internal networks beyond corporate communications channels are used to support and reinforce the conversations about priority issues and themes.

Examples of these include: divisional and departmental team brief/cascades; professional development and/or networking events and other communications activities which could be supported, but not managed by, the communications team.

Work on communications and engagement on our “Pyramid” and Clinical Services Strategy will include targeted support for senior leaders, including the Chief Medical Officer and Divisional Directors, on improving medical staff engagement – identified by the Board as critical in delivering our improvement plans.

There is also an important role in improving communications and engagement in all parts of the Trust, and beyond, for our 4ward Advocates and other colleagues who are supported to carry out engagement activities in addition to their core duties (the same could apply to colleagues in similar roles such as our Patient Experience Champions and the facilitators supporting the development of our Clinical Services Strategy)

A priority is building communications capacity and capability amongst members of the Trust’s senior leadership team – with particular emphasis on supporting our divisional leadership triumvirates with development, materials and advice on monitoring the effectiveness of their communications cascades.

This priority has been identified not least because of the key role that the divisions have to play in engaging colleagues at all levels on critical objectives including the development and delivery of our Clinical Services Strategy.

‘C also’ in this section – **Courage**: Because prioritisation of finite resources sometimes means we will have to say “no” or “not yet” to ensure sufficient focus is given to priority projects.

3. Channels

Effective delivery is essential. Face to face is always preferred where possible, in accordance with our 4ward behaviour of listening, learning and leading.

However, we also recognise that changing expectations among those we are having conversations, particularly with millennials working for or using our services will require creative use of online engagement, including maximising the benefits of social media.

Whether face to face, online or through other channels, we will adopt wherever possible a “we go to where our audiences are” approach rather than expecting them to come to us – and ideally develop our communications in partnership with them (‘C also’ **Collaboration** and **Co-Production**)

We will make best use of all the channels that technology can offer while also remembering that our organisation is, at its heart, made up of people looking after people.

Our communications – internal and external – will seek to ensure a joined up approach making best use of all media: owned, earned and paid for.

Owned includes:

- ▶ Our website
- ▶ Our social media channels
- ▶ Worcestershire Way
- ▶ Corporate Publications (for example Annual Report, Quality Account)

Earned includes:

- ▶ Proactively secured “good news” media coverage
- ▶ Social media shares
- ▶ Patient and public feedback (via, for example, NHS Choices)
- ▶ Paid for includes
- ▶ Recruitment advertising
- ▶ Promoted social media posts

4. Content

Many of the messages that we have to share are challenging, complex or politically sensitive. However effective and wide reaching our Channels are they will not achieve optimal results unless they are delivering engaging, accessible content in a variety of formats.

5. Conversations

The best and most effective communication is not simply “transmit” but also “receive.” Our aim is to use our **Channels** and **Content** they carry to facilitate informed, productive, two-way **Conversations** with our audiences which in turn support...

6. Calls to Action

Our aim is to use effective communications and engagement as a vehicle for change and improvement. **Calls to action** made through the **Conversations** we facilitate via our **Channels** and **Content** are many and varied but are likely to include:

- ➔ Work for us/stay with us
- ➔ Complete mandatory training/follow appropriate policies and procedures
- ➔ Identify opportunities for efficiency
- ➔ Support our plans for service development/change
- ➔ Make the best and most appropriate use of your health and care services

7. Counting

Providing meaningful evaluation for communications and engagement activity is a frequent and ongoing topic of conversation in the communications profession, both in the NHS and more widely.

We have a number of quantitative measures already in use, including:

- ▶ Reach and engagement of social media
- ▶ Reach and tone/content of media coverage
- ▶ Engagement with specific Calls to Action (for example expressions of interest in recruitment events, subsequent attendance and, through feedback forms, which Channel prompted that attendance)
- ▶ Other communications related metrics including participation in/responses to Staff opinion Survey and participation rate/net culture score in the 4ward Checkpoints.

Additional triangulation/insight will be sought from public opinion and feedback via external sources (for example, NHS Choices website) as well as internal sources, for example PALs/ Complaints information.

As part of the ongoing review of our strategy we will seek to expand the range of metrics available, refine their use and present them back to the organisation to demonstrate value for money/return on investment and also to support business cases for any further investment in communications and engagement.

Partners In Conversation

Key Audiences For Engagement

Although some of the activities in the action plan below are described as “internal” (staff) or “external”, the lines between these two audience groups is often less clear than such a neat divide would suggest. For example, many of our staff live in Worcestershire and some of them, inevitably, will, on occasion, also be patients or carers for patients using our hospital services.

Increasingly, individual members of staff, or teams, will have their own presence on social media which puts them in the role of content providers/curators or opinion formers.

This reinforces the importance of our principle of Consistency – because if the conversations we have with our staff are not consistent with the conversations we are having with other people, we risk creating confusion and losing credibility.

We can, and should, be mindful of the needs and requirements of different audiences when developing our content and using our channels but there needs to be a consistent story running through our conversations, which in turn reflects our overarching strategic vision and objectives.

While recognising the overlap between audiences as described, audience segmentation is still a useful starting point for planning communications and engagement activities.

Our key partners in conversation are identified overleaf (this list is not intended to be exhaustive, nor is it in priority order – but it does illustrates the range of our potential audiences).



Our key partners in conversation

- ▶ Patients/Carers
- ▶ Patient and Public Forum and Youth Forum
- ▶ Public (Worcestershire)
- ▶ General public
- ▶ Staff – current
(further sub-division may be required for specific programmes or activities)
- ▶ Staff – prospective
(job seekers, returners to practice, or colleagues joining temporarily or permanently from elsewhere due to service change)
- ▶ Staff side/union representatives
- ▶ Volunteers
- ▶ Friends/League of Friends groups
- ▶ Fundraisers/philanthropic donors
- ▶ Our Health and Care Partners
 - Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP)
 - Worcestershire Clinical Commissioning Groups
 - GPs
 - Worcestershire Health and Care Trust
 - Worcestershire County Council
 - West Midlands Ambulance Service
 - University Hospitals Coventry and Warwick
 - Worcestershire County Council (in particular adult social care and children's services)
 - Third sector; voluntary and community partners
- ▶ MPs
- ▶ Local Councillors/Worcestershire County Council Health Overview and Scrutiny Committee
- ▶ Health and Wellbeing Board
- ▶ Healthwatch
- ▶ Care Quality Commission
- ▶ NHS Improvement/NHS England
- ▶ Media
 - Local/regional/national/trade
 - Print/broadcast/online
- ▶ Online communities and influencers
- ▶ University of Worcester
- ▶ Health Education England
- ▶ Royal Colleges
- ▶ Other local businesses and organisations with an interest in health

How Will We Measure Our Progress

This strategy sets out a series of principles for how we will tell a more positive story about our Trust, our people and our services as we focus on our shared purpose of Putting Patients First.

Much of what is delivered through this strategy will be visible through high quality, engaging content shared through a variety of channels.

We will also chart our progress through regular reporting to Trust Management Executive, People & Culture Committee and Trust Board.

Our aim is to promote and actively support the achievement of our Trust's wider strategic objectives and operational priorities.

A detailed 'communications dashboard' will be refined as part of this process to focus on the benefits from some of our most important conversations to measure:

For our patients:

- ▶ Awareness of, and support for, the vital changes we need to make to secure the future of safe, high quality, clinically and financially sustainable services
- ▶ Improved understanding of the contribution they can make as 'active health citizens' – using the right service at the right time and actively making healthy lifestyle choices to support prevention and self-care

Measures to include:

Participation in, and responses to, informal and formal engagement activities.

For our staff:

- ▶ Improved morale and pride in the organisation they work for

Measures to include:

- ▶ Better scores in relevant questions in scores in annual Staff Survey and staff Family and Friends Test
- ▶ Improved rates of recruitment and retention
- ▶ Increased numbers of staff signed up as active 4ward Advocates

For our partners:

- ▶ Confidence in our commitment to being active system partners

Measures to include

- ▶ More 'joined up' communications activities building on established system wide campaigns
- ▶ Closer partnership working between communications teams across our health and care system

In communications, as in many aspects of healthcare, 'better never stops' and we are committed to building a culture of continuous improvement in all our communications and engagement activities.

This strategy provides an opportunity to build on the communications developments and successes of recent years.

With the support of our senior leaders, our staff, our partners and our patients, it will help us to tell the story of our improvement journey, as we move 4ward as a Trust and a system, to build a better future for our health and care services.

Appendix 1: Swot Analysis

(Communications and Engagement Focussed)

Strengths	Weaknesses
▶ Strong, multi-skilled, award-winning, in-house team ▶ Board level communications lead ▶ Good partnership working across health and care system ▶ Good understanding/knowledge of the Trust ▶ Strong, established internal and external channels ▶ Reputational gain from improved CQC ratings	▶ Demand for services growing rapidly and putting pressure on capacity – particularly for video and graphic design ▶ Reputational challenge from Trust's special measures status and operational/financial challenges ▶ Minimal non-pay budget impacts on production of printed/display materials and other marketing collateral ▶ Low participation in conversations by some internal and external audiences ▶ IT constraints – bandwidth, outdated web browsers, access to PCs, access to social media in the workplace, outdated content management systems (in particular for intranet)
Opportunities	Threats
▶ Growing use of social media to effectively target and engage key partners in conversation ▶ Expanding skill set of team and confidence in different techniques ▶ As a result, more capacity for in-house design and video production (within limits) ▶ High social media profile and activity of Trust leaders ▶ Strong opportunities for internal engagement through 4ward, clinical service strategy and other high interest topics ▶ Strong leadership on, and commitment to, communications by CEO	▶ Challenge of timely and appropriate response to social media claims and complaints – specifically the number and variety of queries and concerns coming through corporate Facebook and Twitter channels. ▶ Related challenge in monitoring social media without capacity to run 24/7 on call ▶ Excessive demand for highly skilled support (eg advanced design or video production) – especially when work is requested at short notice – our 'single points of failure' ▶ Sudden high profile media issues causing capacity drain which impacts on business as usual

Appendix 2: Legal/Statutory/Regulatory Context

- ▶ NHS trusts and foundation trusts are also under a duty to make arrangements for the involvement of the users of health services when engaged with the planning or provision of health services (s.242 NHS Act 2006).
- ▶ The range of duties for commissioners and providers covers engagement with the public through to a full public consultation. Public involvement is also often referred to as public engagement.
- ▶ Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the 2013 Regulations”) made under s.244 NHS Act 2006. This is in addition to the duties on commissioners and providers for involvement and consultation. A local authority can trigger a referral to the Secretary of State and the Independent Reconfiguration Panel.
- ▶ By virtue of being in Quality Special Measures (at the time of writing) the Trust is also subject to enhanced scrutiny by regulatory bodies including NHSI/E and the CQC
- ▶ Effective communications and engagement with regulatory bodies, always important, gains additional significance for challenged organisations to provide assurance that a clear improvement plan is in place and delivering the desired outcomes.



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