

# OUR COMMUNICATIONS AND ENGAGEMENT STRATEGY 2018 - 2020

March 2018



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# 1. Introduction and Context

## Introduction

Great communication is at the heart of everything that we do. If we communicate effectively it can help us to understand the needs of our patients, families and communities and we must strive to ensure we are reaching all of the people in the diverse communities that we serve. It needs to be a two-way process where we benefit from and are responsive to the feedback we receive. In this way, we can work effectively together to share ideas, make improvements and resolve concerns. All of this helps maintain and improve our reputation.

This is our *Communications and Engagement Strategy 2018-2020*. It sets out the overarching approach and framework of how we will communicate in line with our Trust's values of Passion, Responsibility, Innovation, Drive and Empowerment (PRIDE).

It speaks both about the role and responsibility of the Communications and Engagement directorate specifically, but also, about that of Trust staff as a whole. We can only deliver our visions (both for communication and engagement specifically and for the Trust) by working together. We believe that the role of the directorate should continue to be that of an enabler, a champion for good practice, a teacher and a guide.

At the end of this document is an action plan relating to our key priorities.

## Why it's important to do communications and engagement properly

There are many reasons. Research consistently demonstrates that organisations which have good engagement (internally and externally) are more successful and effective. However, engagement alone will not deliver. There must also be an open and honest culture, clear goals and a clear sense of purpose.

From our Trust's perspective, good communications and engagement will:

- enable us to achieve our objectives and work towards our corporate vision
- maintain public/stakeholder confidence in us and how we do things
- maintain our 'license to operate' with reduced interference, challenge or unnecessary scrutiny
- help us recruit and retain the best staff
- ensure a more engaged and motivated workforce that will deliver better care, leading to better outcomes for our patients

## Context

This strategy does not stand in isolation. It is part of the underpinning work which supports our Trust's strategic objectives and our corporate vision:

**To provide outstanding healthcare to our community, delivered with pride**

Our Trust is now in a position where significant improvements have been made in the last few years.

In 2017 the Trust left special measures having made significant and often transformational changes to the quality of service and care being provided. While there is much still to do, it is a vastly improved picture. Part of the Trust's work now is to resolve the financial challenges it is experiencing.

Communication and engagement within the Trust has developed in order to support the needs of the Trust. Channels have been introduced and embedded and new structures and ideas have been implemented. More importantly, the culture of communication and engagement between staff, and outside of the Trust, has improved.

This strategy builds on, and is informed by, the Trust's last Communications and Engagement Strategy which was published in April 2015. Some of the key issues highlighted then have been given significant attention in the past three years. Some of the points of progress and key achievements include:

- A complete relaunch of our corporate website and intranet, making significant improvements to design, functionality and accessibility for all
- A complete refresh of our corporate brand and identity with the creation of an entire suite of supporting resources (and a far greater understanding and use of this across the organisation)
- A growth in staff engagement via social media
- Putting in place a comprehensive suite of internal engagement and communications channels including Global messages, The Link, Team Brief, Meet the Chief and Breakfast with the Boss
- Introducing a thorough stakeholder engagement programme with visits, regular meetings, and attendance at scrutiny committees
- A focus on improving GP engagement by establishing a GP Liaison Manager. Issues are being escalated and managed through the helpdesk and a programme of engagement, visits and education opportunities have been delivered
- Managing and handling media issues and maximising our key successes to ensure that we are now viewed as a Trust which is improving and as a place where innovative and interesting work takes place. We also work better with the media to accommodate them as a collaborative partner

## 2. Our Vision and Corporate Objectives

This strategy is one of the key “enabling strategies” identified in our corporate strategy on a page.

Our Trust has five strategic objectives which are aimed at delivering our vision and form the basis of our Operational Plan. These are:

- Delivering high quality care
- Running our hospitals efficiently
- Becoming an employer of choice
- Managing our finances
- Working in partnership



There are clear connections and alignment between communications and engagement and these five pillars:

<p><b>DELIVERING HIGH QUALITY CARE</b></p>	<p>Effective communications and engagement with staff, patients, the public and our partners is key to ensuring everyone is well informed about the quality, safety and availability of our services. Proactive provision of clear, transparent information provides patients with choice and a greater involvement in their care.</p>
<p><b>RUNNING OUR HOSPITALS EFFICIENTLY</b></p>	<p>Effective internal and external communications and engagement will enable staff, patients, the public and our partners to understand and to be involved in how we improve efficiency to make best use of limited NHS resources.</p>
<p><b>BECOMING AN EMPLOYER OF CHOICE</b></p>	<p>Effective internal communications and engagement will ensure staff know about all the benefits of working for our Trust. When employees are engaged they feel positive about the organisation and this leads to improvements in the quality of working lives and in performance.</p>
<p><b>MANAGING OUR FINANCES</b></p>	<p>The communications and engagement department has a vital role to play in highlighting both externally and internally how the Trust is delivering efficiently run services in new and innovative ways. It can help to build confidence in our services and enhance our reputation as a provider.</p>
<p><b>WORKING IN PARTNERSHIP</b></p>	<p>Our Trust works closely with our provider partners in the East London Health and Care Partnership to develop joint strategies and to develop an Accountable Care System for Barking and Dagenham, Havering and Redbridge. It is the communications department's responsibility to embed strong engagement and involvement of our patients, staff and public in this work.</p>

### **3. Our Strategy for Communications and Engagement**

Inspired by and consistent with the corporate strategy, our strategy is depicted in diagrammatic form on the following page.

Our strategy has been inspired, in part, by the VMOST model which first originated in the car industry and which relies on a Vision, Mission, Objectives, Strategies and Tactics. The directorate shares the Trust's vision. It has instead created a Mission Statement to guide its work. The rest of this section provides additional commentary and explanation to bring this to life.

#### **Values**

Everything we do should be driven by, and consistent with, our values.

In addition to those of the organisation -- Passion, Responsibility, Innovation, Drive and Empowerment -- we have a further set of specific values which should underpin everything we do in our communication and engagement with our patients, our staff, our stakeholders and our partners.

#### **Openness and honesty**

We will be open and honest at all times. We will avoid the use or presentation of misleading information or inaccurate data. When we make mistakes, we will be open and honest about them. This will help to demonstrate our accountability to our staff and stakeholders and help to build trust.

#### **Consistency and clarity**

We will strive to ensure all our communication and engagement is clear, consistent, understandable and appropriate for each audience. We will do our best to avoid complication and confusion. We will be consistent in our messaging. We recognise that poor communication and engagement is as detrimental as no communication at all. We will maintain regular channels and opportunities to engage with all of our audiences.

#### **Care and compassion**

People are at the heart of what we do. We want to be a caring and compassionate organisation, so the language, tone and approach of our communication will be caring, compassionate and human. We will treat everyone with respect.

**PATIENT**

**MISSION STATEMENT**

To inspire and empower our communities through outstanding communications and engagement

**OBJECTIVES**

Protect and enhance our Trust's reputation  
 Develop, deliver and advise on the right tools, methods and channels to enable the organisation to perform at its best  
 More active and engaged internal and external audiences

**STRATEGIES**

MEDIA	DIGITAL	STAFF, VOLUNTEERS & PATIENT PARTNERS	STAKEHOLDERS & PARTNERS
Maximise opportunities to build our reputation and credibility through effective and dynamic media relations	Increase our audiences' engagement and interaction with digital channels	Help ensure our key internal audiences feel engaged, informed and up to date	Ensure key stakeholders are engaged, well informed and supportive of our Trust
	Social Media	Website	Intranet

**TACTICS**

<p>Offer an accessible and responsive press office function at all times</p> <p>Take a pro-active approach to engaging, building and maintaining relationships with key influencers in the media</p> <p>Champion the value of good quality media engagement internally, to encourage staff to get involved</p> <p>Provide a bank of engaging and interesting spokespeople</p> <p>Position our people as experts and thought leaders</p> <p>Use internal account management of directorates and key teams to:</p> <p>Identify opportunities across the Trust and ensure they are realised and maximised and:</p> <p>Maintain awareness of key issues and risks</p>	<p>Seek creative ways to bring to life our organisation, our work, staff and patients</p> <p>Maintain a cohesive look and feel across social media platforms using a consistent voice and branding</p> <p>Protect our brand and resources to ensure we are not 'diluting'</p> <p>Maximise the use of imagery, photography and video</p> <p>Proactively seek opportunities to engage in conversation with our followers</p> <p>Acknowledge and celebrate key events</p> <p>Maximise the people and content within the Trust – use social media to amplify their voices</p> <p>Use evaluation metrics to continually assess and improve our content and approach</p>	<p>Effectively promote our website as a key source of information and way to access services</p> <p>Ensure our content is up to date and accurate, to improve user experience</p> <p>Improve the user journey to help ease of access</p> <p>Utilise our social media audience to continue to drive traffic to the website</p> <p>Produce interesting, relevant, topical content to tell our story</p>	<p>Empower and encourage teams to make better use of the intranet</p> <p>Continue to develop and improve the intranet to improve navigation and functionality</p> <p>Build the intranet as a resource which staff value and use regularly</p>	<p>Regularly review, evaluate, maintain &amp; evolve improved channels</p> <p>Ensure the Link and/or other key channels are fit for purpose</p> <p>Cater better for those staff/ groups who do not have ready access to email</p> <p>Identify and target specific staff groups who might be less engaged to enhance their experience</p> <p>Bring to life the stories and contribution of all staff and other groups, building a sense of community within the Trust</p> <p>Deliver a high quality suite of face-to-face engagement events e.g. Team Brief, Breakfast with the Boss, Meet the Chief</p>	<p>Maintain an active and engaged stakeholder function, including GPs and political elements</p> <p>Utilise Stakeholder Newsletter, GP Connect and other channels to widen messages and awareness</p> <p>Strategically engage key stakeholders at 1-1 level</p> <p>Encourage and create opportunities for the wider stakeholder landscape to congregate and network</p> <p>Generate and maintain informal meeting opportunities e.g. GP events</p> <p>Deliver specific products and briefings to help inform stakeholders and interested parties</p> <p>Take all opportunities to "show" our work in action – programmes of Tours, events, visits etc</p>
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**EVALUATION**

Comms reporting – Metrics Report	Friends and Family Test	Media Monitoring	Stakeholder Perception Survey/Audit	Newsletter stats/ open rates etc, number of subscribers etc	Channel audits and reviews	Social media analytics – Facebook, LinkedIn, Twitter etc.	Post campaign/ activity evaluation	Staff Feedback and Staff Survey	Annual reports – FOI, GP Liaison etc.
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## **Our Mission Statement**

We are motivated by a desire to inspire and empower our communities through outstanding communications and engagement. We are determined to drive innovative, responsive and effective communications with integrity.

Our ultimate vision is for our Trust to be a beacon of outstanding practice in terms of our communications and engagement. We want all our audiences and communities, whether internal or external, to feel connected, informed and engaged.

We want to be known as innovative experts and leaders, who are prepared to take risks, embrace new ideas and push boundaries.

We want to seek out and promote best practice and inspirational stories, to help bring to life our Trust as a place where we provide outstanding care and where we champion innovative and cutting-edge solutions.

We want our people, our patients and our community to be proud of us. We want to demonstrate and promote feelings of confidence and to be trusted and well-regarded as an open and transparent organisation which has integrity and honesty.

## **Our Objectives**

There are three core objectives for the Communications and Engagement directorate. They reflect the roles and specialties of the directorate's staff and the primary contribution we need to make to the Trust.

They are applicable to all of our most important audiences: our staff; our patients and local population; the media; and partners, whether in the local, regional or national health sector, or politically.

## **Protect and enhance our Trust's reputation**

This objective relates to the ways that we utilise good communication and engagement to build, enhance and maintain the reputation of the Trust, in order to support our corporate objectives.

It is important that we highlight and celebrate success and examples of good practice and also tackle issues in an open and transparent way, to maintain public/stakeholder confidence in how we do things.

Having a good reputation is also vital in attracting, recruiting and retaining the best staff. We can measure our success by asking people what they think of us and by monitoring how we are perceived and talked about.

### **Develop, deliver and advise on the right tools, methods and channels to enable the organisation to perform at its best**

This objective acknowledges the important (but not sole) responsibility that the directorate has for providing the right channels, platforms, products and advice for the organisation to improve our communication and engagement.

The directorate should rightly take the lead on the development and delivery of core products and channels and in supporting campaigns.

The department also needs to equip the organisation, where possible, to build good quality, cost effective communication and engagement into its every day approach. This will have the greatest impact, benefitting staff and improving patient experience.

### **More active and engaged internal and external audiences**

This objective relates to the importance of improving the strength and quality of the relationships with our key audiences.

It is important that we build connections with all of our key audiences, so that our staff are happy and proud to work here; our patients believe in our commitment and quality of care; and that partners believe we are a collaborative, engaged, partnership-orientated organisation which is doing a good job.

By improving engagement and communication we will build rapport, support, trust, belief, respect and, crucially, the foundations of a strong relationship.

### **Aims and Measuring Success**

1. To increase staff engagement scores and further increase stakeholder engagement scores twelve months after this plan is implemented and in every subsequent year. Measure this increase by repeating the staff engagement survey and the stakeholder survey.
2. To systematically raise the visibility of the senior leadership team, through sustainable face-to-face opportunities for staff and stakeholders.
3. Further segment the internal audiences, prioritising those groups currently least engaged: junior members of staff, long serving members of staff and consultants.
4. To continue to bring the story of BHRUT to life, so stakeholders and staff talk of the Trust in a balanced way, understanding the great, good and challenging news equally.
5. To demonstrably value to staff and stakeholders through strategic two-way communications rooted in Trust PRIDE values.
6. Increase visibility and the partnership working of the communications and engagement team.

## **Strategies and Tactics**

In order to deliver the objectives there are a number of specific strategies and tactics that we will adopt.

The strategy summary highlights that across our Trust we have a number of key audiences. Each of these groups will require different things from us as a Trust, and there are different methods we should use to service their needs.

These include:

- Patients and our local population
- Our staff, volunteers and patient partners
- Key 'stakeholders':
  - Political partners – MPs, local councils, officers and councillors
  - Health sector partners – the CCGs, GPs, NHSE, NHSI, Healthwatch
- The media

This section outlines the headlines of the four individual strategies we will implement. Three of the four are broadly aligned to specific audiences – the Media; Staff, Volunteers and Patient Partners; and Stakeholders and Partners. The fourth – Digital – is a cross-cutting strategy which considers how we will use our digital resources to maximum effect to benefit all our audiences.

Each of these strategies is underpinned by individual action plans which are at the end of this document.

The aim of this strategy overall is to help drive improvement in how everyone working in our Trust can positively impact, through good communication and engagement, with each of these key groups.

## **Media**

Strategy: maximise opportunities to build our reputation and credibility through effective and dynamic media relations.

Tactics:

- Offer an accessible and responsive press office function at all times

- Take a pro-active approach to engaging, building and maintaining relationships with key influencers in the media
- Champion the value of good quality media engagement internally to encourage staff to get involved
- Provide a bank of engaging and interesting spokespeople
- Position our people as experts and thought leaders
- Use internal account management of directorates and key teams to:
  - identify key opportunities across the Trust and ensure they are realised and maximised
  - maintain awareness of key issues and risks

## **Digital**

Strategy: increase our audiences' engagement and interaction with digital channels.

Social media tactics:

- Seek creative ways to bring to life our organisation, our work, our staff and our patients
- Maintain a cohesive look and feel across social media platforms using a consistent voice and branding
- Protect our brand and resources to ensure we are not 'diluting'
- Maximise the use of imagery, photography and video
- Proactively seek opportunities to engage in conversation with our followers
- Acknowledge and celebrate key events
- Maximise the people and content within the Trust through social media to amplify their voices
- Use evaluation metrics and analytical tools to continually assess and improve our content and approach

Website tactics:

- Effectively promote our website as a key source of information and way to access services
- Produce interesting, relevant, topical content to tell our story
- Ensure our content is up to date and accurate in order to improve user experience
- Improve the user journey to help ease of access
- Utilise our social media audience to continue to drive traffic to the website

- Continue to improve usability and accessibility, ensuring that we adhere to best practice

Intranet tactics:

- Empower and encourage teams to make better use of the intranet
- Continue to develop the intranet to improve navigation and functionality
- Build the intranet as a resource which staff value and use regularly

### **Staff, Volunteers and Patient Partners**

Strategy: help ensure our key internal audiences feel engaged, informed and up to date.

Tactics:

- Regularly review, evaluate, maintain and evolve improved channels
- Ensure the Link and/or other key channels are fit for purpose
- Cater better for those staff/groups who do not have ready access to email
- Identify and target specific staff groups who might be less engaged to enhance their experience
- Bring to life the stories and contribution of all staff and other groups including our volunteers and Patient Partners in order to build a sense of community within the Trust
- Deliver a high-quality suite of face-to-face engagement events e.g. Team Brief, Breakfast with the Boss, Meet the Chief

### **Stakeholders and Partners**

Strategy: ensure key stakeholders are engaged, well informed and supportive of our Trust.

Tactics:

- Maintain an active and engaged stakeholder function, including GPs and political elements
- Utilise Stakeholder Newsletter, GP Connect and other channels to widen messages and awareness

- Strategically engage key stakeholders at 1-1 level
- Encourage and create opportunities for the wider stakeholder landscape to congregate and network
- Generate and maintain informal meeting opportunities e.g. GP events
- Deliver specific products and briefings to help inform stakeholders and interested parties
- Take all opportunities to “show” our work in action – programmes of tours, events, visits etc.

## **Implementation and Responsibilities**

### **The role of the Trust Board**

The Trust Board will oversee the implementation of the strategy through performance management reporting. Board members have a key role in building relationships with their peers in other NHS and non-NHS organisations and being ambassadors for our Trust in line with our corporate narrative. They also have a role in assuring themselves of the delivery of this strategy through their own walk-arounds and visibility within our hospitals and with our patients.

### **The role of the Executive Team**

The Executive will provide direction and input into the strategy. They will contribute to building relationships and sharing intelligence. Each will have a specific role with external stakeholders based on their own role and area of professional expertise. They also have a role in assuring the application of the brand across our hospitals and services.

### **The role of our Operational Divisions**

The role of our divisional management triumvirate teams is to:

- Inform and influence the development of the strategy
- Share intelligence areas to celebrate and ensure the appropriate escalation of issues
- Provide accurate information and narrative to help communicate
- Operate within the framework set out in the strategy adhering for example to the brand guidelines and media policy
- Feedback on the success and effectiveness of the communication channels
- Help to embed the brand across our Trust and services

## **The role of the Communications and Engagement Directorate**

The directorate will implement the strategy, manage the communication channels and provide ideas on how to continually develop them. The team will also work closely with the divisional teams to ensure that the communications and engagement strategy continues to meet their needs. They will also horizon scan and provide the divisional teams with intelligence from outside the organisation to help them formulate their plans.

### **Governance**

The communications and engagement directorate reports to the CEO with a Director who attends the Chief Executive Team Meetings, the Trust Executive Committee and the Board. A member of the team attends the fortnightly Operational Management Group meetings. A communication lead is also assigned to each of the clinical divisional structures.

The team compiles a weekly media report which is discussed at the Chief Executive's team meeting and the media coverage and Freedom of Information (FOI) measures are now incorporated into the main performance scorecard.

It is established process that a quarterly "metrics" report is also compiled, which gathers statistical and narrative data from the past quarter, to provide a summary view of our activity and highlight any key lessons or opportunities. This provides the opportunity for scrutiny and reflection at a more strategic Executive/Board level.

### **Risk assessment**

Any risks to achieving the aims of this strategy will be raised and, if appropriate, recorded on the directorate risk register and if required escalated to be included in the corporate risk register. Part of the primary purpose of this strategy is to help develop a culture, processes and approach across the Trust to help minimise risks that could potentially arise throughout communications or be a risk to the overall reputation and brand of our hospitals.

By planning, managing and evaluating communication well, we will continue to gain knowledge of our communities and stakeholders, anticipate and manage our reputational

risks and ensure the perception of performance matches the experience of our service users and stakeholders.

#### **4. Action Plans 2018-19**

The action plans below set out the particular priorities we will have. Actively tackling these points should mean a significant step forward towards delivering against the individual strategies which are described earlier in this document.

**Action Plan 1 - Maximise opportunities to build our reputation and credibility through effective and dynamic media relations.**

This aligns with the corporate objective of delivering high quality care and efficiently running our hospitals.

Action	Notes/Potential Measure
1. Maintain regular face-to-face meetings with our local media contacts.	Establish schedule of engagement and evidence of delivery.
2. Identify, approach and develop new relationships with key national media correspondents including broadcasters.	Positive relationships established with a number of new contacts.
3. Introduce and maintain a comprehensive and up to date media list of all media partners for ease of reference, ensuring that all new contacts are put on the list.	Put in place a new database with comprehensive details and keep it up to date.
4. Explore introducing an external media monitoring arrangement to free up time and allow alternative insight and analysis to inform and add value to our reporting and metrics.	If go ahead, successful implementation of media monitoring arrangement and positive feedback for new measures.
5. Identify and deliver media training to key spokespeople to improve performance in front of the media.	Sessions/individuals targeted and delivered.

**Action Plan 2 – Develop our digital channels to increase our audiences’ engagement.**

This aligns with the corporate objectives of working in partnership, becoming an employer of choice, managing our finances, efficiently running our hospitals and delivering high quality care.

Action	Notes/Potential Measure
1. Improve accessibility for patients and staff with special communications needs.	Implement additional analytical software on website and intranet.  Meet all new accessibility and usability information standards.
2. Identify and target weaknesses on the intranet e.g. search function, staff directory.	Web feedback.
3. Improve the way we measure the use of our internal channels.	Install analytics tools and act on the data they provide.
4. Explore a tailored communication approach for medical and nursing (inc. HCAs) profession agreed with Chief Nurse and Medical Director.	Map communication needs of staff groups and scope opportunities for improved digital engagement.  Review clinical engagement measures.
5. Look at the potential for using the intranet or other internal communications tools (e.g. Facebook for business) to enable more communication between employees and to make the sharing of information more effective.	Scoping exercise to be undertaken in first instance and other measures to be followed if the project is taken forward.
6. Put in place a social media strategy to build more of a community with our patients and our staff.	Increased followers and reach measured through analytics. Delivery of targeted campaigns.
7. Maximise the use of social media to support the Trust's recruitment and retention strategy.	Workforce data. Leavers and joiners data.

**Action Plan 3 - Help ensure our key internal audiences feel engaged, informed and are kept up to date.**

This aligns with the corporate objectives of delivering high quality care and efficiently running our hospitals.

Action	Notes/Potential Measure
<p>1. Refresh and promote the availability of our resource kit that includes a suite of divisional and corporate assets including an updated communications channels list; “Plan on a Page”; “How to use our channels correctly”; “Quick guide to great comms”; and a brand and style guide.</p>	<p>Delivery and roll out to divisions and teams.</p>
<p>2. Continue to support delivery of the patient experience strategy by:</p> <ul style="list-style-type: none"> <li>• Promotion of new initiatives across channels</li> <li>• Campaign support provided where required</li> <li>• publication of patient experience case studies through various channels following Board meetings</li> <li>• Continue to deliver the listening events in line with the strategy.</li> </ul>	<p>Individual measures depending on strands of patient experience strategy but could include metrics/analysis/delivery of listening events.</p>
<p>3. Review and evaluate business partnering arrangements across the team to effectively support the organisation.</p>	<p>Establish a quarterly cycle of meetings to identify quarterly priorities. Also ensure monthly updates on priority areas to keep on top of additional activities.</p>
<p>4. Redesign and overhaul The Link in line with the findings of the channel review and consider the introduction of a new blog for staff to share their stories.</p>	<p>Redesign and relaunch. Measure staff feedback and response via analytics. Evaluate success through the Channel Audit Review and measure click open rates.</p>
<p>5. Redesign and overhaul Team Brief in</p>	<p>Improvement in the messaging; increase in</p>

accordance with the channel review and feedback from participants.	the number of attendees.
6. Overhaul the engagement channels – Meet the Chief and Breakfast with the Boss – to improve attendance and broaden the involvement of Executive colleagues.	Implementation and roll out of revised channels. Numbers of events, attendance numbers and feedback.
7. Investigate the merits of a communications task force, with representation from across the Trust, to share best practice and enable the team to share skills.	
8. The communications team to have greater visibility across the organisation.	Self-declaration. Annual communications survey and Staff Survey.
9. Support People and OD's delivery of the new consultants' forum as an opportunity to engage with senior clinicians.	Attendance rates, positive feedback, general engagement.
10. Look at reintroducing a regular improvement report to share with staff so there is a broader understanding of the significant work being delivered across the Trust and how this is improving the care provided to patients.	Staff survey results.
11. Support the People and Organisational Development team to promote the opportunities available within the reward and recognition programme; Star of the Month, PRIDE and long service awards, Terrific Tickets, Team of the Week.	Campaign support.

**Action Plan 4 - Ensure key stakeholders are engaged, well informed and supportive of our Trust.**

This aligns with the corporate objective of delivering high quality care and efficiently running our hospitals.

Action	Measure
1. Maintain regular face-to-face meetings with GPs and practice visits.	Establish schedule of engagement and evidence of delivery.
2. Relaunch and reinvigorate our Local Representatives' Panel as an effective forum to share our work and to feedback concerns raised about our Trust.	Evidence of relaunch, membership, attendance and feedback from participants to be sought.
3. Deliver a joint BHRUT/NELFT engagement event for GPs and consultants to improve informal engagement.	Delivery of event, with evaluation/feedback and potential plan for future continuation.
4. Improve and regularly update the GP section of our website.	Demonstrable changes to content on website.
5. Work with the teams most commonly in receipt of FOI requests -- IT, Finance, HR and Procurement - - to overhaul the information shown on our website and comply with legislative requirements via a publication scheme.	Implementation of the publication scheme on our website with key teams having successfully participated and updated their information.
6. Work collaboratively with the CCGs, community groups and local partners on key campaigns, including promoting alternatives to using ED during the winter months.	Report on campaign success through metrics and other measures, including evidence of media support, social media engagement etc.
7. Set and maintain an annual programme of key engagement with our MPs featuring regular meetings.	Establish schedule of engagement and provide evidence of delivery.

8. Continue to ensure regular engagement with, and participation at, local health interest and overview/scrutiny groups i.e. HASCs, HOSCs, JOSCs etc.	Frequency of participation tracked, and ongoing evaluation of quality of input and feedback from partners as to performance.
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## 5. Appendices

1. Communications Channel Audit and Stakeholder Survey
2. Equality Impact Assessment
3. Generic stakeholder list

## Appendix 1: Communications Channel Audit and Stakeholder Survey

### Methodology

#### Internal communications and staff engagement

We undertook quantitative and qualitative research. Quantitative research included a survey which was open throughout July 2017 and 206 responses were received in total. We also conducted face-to-face iPad interviews at both King George and Queen's hospitals and interviewed 151 staff. Qualitative research took the form of four focus groups, two on each site, and six face-to-face interviews. We interviewed 30 staff members and this enabled the researcher to explore the communication and staff engagement topics in more detail. 387 staff members were included in total which is 6% of the workforce. This means that just over 1 in every 17 staff members were consulted.

#### Quantitative

- 206 responses to the online survey and 151 face to face interviews, a total of 357 staff participants
- Location
  - King George 17%
  - Queen's 80%
  - Other – Community hospital/Lyon Road 3%
- 357 members of staff took part in the quantitative survey
 

○ Administrative and Clerical	126 participants (35%)
○ Nurses and Midwives	85 participants (24%)
○ HCA's/support	43 participants (12%)
○ Allied Health Professionals	31 participants (9%)
○ Medical and Dental	26 participants (7%)
○ Prof, Science and Tech	20 participants (6%)
○ Students	15 participants (4%)
○ Estates and Facilities	5 participants (1%)
○ Volunteers	3 participants (1%)
○ Not stated	3 participants (1%)
○ Ethnicity	
○ White British 59%, Other backgrounds 41%	

- Bands
  - Bands 2-6 54%, band 7 14%, bands 8-9 15%, Not stated 17%
- Length of time with BHRUT
  - Up to 1 year 25%, 2-3 yrs. 21%, 4-9 yrs. 20%, 10-19 yrs. 18%, 20+ years 16%

## Qualitative

Four focus groups, two at King George and two at Queen's

- Six face-to-face qualitative interviews, 2 at King George and 4 at Queen's
- 30 members of staff were consulted qualitatively:
  - Nurses (inc 1 student nurse) 7 participants
  - 3 Doctors/2 Consultants 5 participants
  - Administrative/Corporate 5 participants
  - AHPs/Prof, Sci, Tech 3 participants
  - HCAs 5 participants
  - Porter 1 participant
  - Volunteers 4 participants

NB: Most staff groups were represented proportionately in this sample; however, Admin and Clerical staff were over- represented by approximately 10% and Nurses/Midwives under- represented by approximately 10%.

## Stakeholder audit

47 stakeholders responded to the online survey and nine in-depth interviews were carried out.

GPs, local councillors, local government offices, patients, commissioners, partners, local health economy organisations, regional health organisations and community groups were all involved in the survey and invited to offer to be interviewed.

## Quantitative

- 47 responses to the online survey
- Participant category
  - GP 11 participants
  - GP Practice Manager 10 participants
  - Local Government Councillor 5 participants
  - Local Government Officer 4 participants
  - Patient representative 4 participants
  - Commissioner 3 participants
  - Partner 3 participants
  - Patient 2 participants
  - Local Health Economy Organisation 2 participants
  - Regional Health Economy Organisation 1 participant
  - Community Group 1 participant
  - Other 1 participant

## Length of relationship with BHRUT

- Up to 1 year 6%, 2-3 yrs. 19%, 4-9 yrs. 26%, 10-19 yrs. 21%, 20+ years 21%, can't remember 6%

## Qualitative

- 9 depth interviews, 5 face-to-face and 4 by telephone, were also conducted, each lasting between 15 and 30 minutes
  - 2 commissioners
  - 2 patient representatives
  - 1 local councillor
  - 2 patients
  - 2 members of the public

## **The current landscape**

### **Staff communications**

There are some barriers to staff engaging with us. The key barrier is one of information overload and a lack of segmentation in audiences. Nationally, all market researchers are reporting falling levels of engagement in every industry, because there is just too much information, so the target audience feels overloaded, chooses to disengage and often that results in individuals deleting everything.

Another barrier is time. Staff find it difficult to prioritise reading internal communication emails and attending communication events over their considerable daily workload. A few practical IT issues do not help, including limited inbox capacity and the fact some staff don't have a reliable log in for our Trust's IT systems.

Some staff lack the confidence to engage in complex information, especially Team Brief. Staff also reported feeling judged at times by their seniors and were left feeling guilty if they sat at a PC reading internal communications messages and information, rather than responding to the demands of the day job.

The lack of audience segmentation came up a lot in the research. We currently send out a lot of information and hold a lot of face-to-face opportunities (these are always the most popular and the most effective) but we invite all staff groups to everything and we send the same message out to everyone. There is no signposting for senior grades (except Team Brief) and there is no segmentation of staff groups. Examples include:

*Doctors don't want to read about "free cup cakes" but others reported that these ways of celebrating staff were important to them.*

*Some staff find the language used in communications to be too complicated, others appreciate getting full briefings.*

## **Staff engagement**

Staff were asked to use one word to describe the way they feel about working at our Trust. Just under two thirds were positive: 'proud/pride', 'happy', 'satisfied', 'and valued'. Just over one third were negative: 'worthless', 'overworked', 'overlooked', 'challenged', 'undervalued'.

There is no difference with engagement levels across sites. Administrative and clerical staff are less engaged than doctors and nurses. People with non-white British backgrounds are slightly more engaged than their white British colleagues.

The biggest differential is length of service. 57% of staff who have worked for our Trust for less than three years feel valued by our Trust. This drops to 33% of those employed for 20 years or more.

One typical comment was: "I am convinced that long serving members of staff are dripping poison into the ears of more engaged, more positive, more recently joined members of staff".

## **Stakeholders**

There is a 29% net improvement in BHRUT's reputation in the last 12 months. Stakeholders talk about better patient outcomes and better communications.

Stakeholders cite the Trust's strengths to be its clinicians, frontline staff, the specialisms that have been developed, strong leadership and a clear vision and PRIDE values. Stakeholders also mention that the organisation is willing to listen to patients and act on their suggestions and that the Trust can cope when it is under pressure.

Since December 2015, there has been a 9% increase in the proportion of stakeholders who say they would speak positively about BHRUT and a 27% decrease in the proportion who say they would speak negatively about BHRUT. The rest say they would now speak neutrally. While there is a strong awareness of the different communications channels, only 40% of stakeholders in the sample are positively engaged with the Trust. GPs are the least engaged group by far.

Similarly, as with staff, time served has an influence. Those with 10 or more-year relationships with the Trust are far less engaged than those who have developed more recent relationships with us.

60% of the very first words that come to stakeholders' minds when BHRUT is mentioned are negative.

### **Acknowledgements**

Our thanks to Pinch Point Communications for their contribution in developing this strategy, in particular the staff and stakeholder surveys. The research methodology adheres to the Market Research Society code of conduct and all participants were assured of the confidentiality of their input.

## **Appendix 2: Equality Impact Assessment**

<b>Strategy Title</b>	Communications and Engagement Strategy 2018-20
<b>Responsible Individual/Committee</b>	Director of Communications and Engagement

<b>Approving Committee</b>	Trust Executive Committee
<b>Ratifying Committee</b>	Trust Board

		Yes/No	Comments
<b>1.</b>	<b>Does the policy affect one group less or more favourably than another on the basis of:</b>		
	Age	No	
	Disability – learning disabilities, physical disability, sensory impairment and mental health problems.	No	
	Race	No	
	Nationality	No	
	Ethnic origin – including gypsies and travellers	No	
	Gender / Gender reassignment	No	
	Religion	No	
	Beliefs	No	
	Sexual orientation – including lesbian, gay and bisexual people	No	
	Domestic circumstances	No	
	Social and employment status	No	
	Marital/partnership status	No	
	HIV status	No	
	Political affiliation	No	
	Trade Union membership	No	
<b>2.</b>	<b>What is the overall purpose of this policy area, function or activity?</b>		To provide a framework for clear, open and honest communications.

<b>3.</b>	<b>What approaches are currently used to measure progress and performance in this area?</b>		Weekly communications report. Quarterly team reviews. Annual business planning process and strategy development. Evaluation of specific communication projects and campaigns.
<b>4.</b>	<b>What counts as success in this area?</b>		Delivery of the objectives set out in the communications strategy.
<b>5.</b>	<b>Are there opportunities within this policy to:</b>		
	Eliminate illegal discrimination	Yes	Our digital and printed channels can be continuously monitored to ensure accessibility for all groups.
	Promote equality of opportunity	Yes	
	Promote good relations between people of different groups?	Yes	
<b>6.</b>	<b>Is the impact of the policy likely to be negative e.g. is their risk of:</b>		
	Illegal discrimination	No	
	Reducing equality of opportunity for some groups?	No	
	Harming relations between different people of different groups?	No	
<b>7.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
<b>8.</b>	<b>If so, what action could be taken to reduce adverse effects and promote or enhance positive effects?</b>	N/A	
<b>9.</b>	<b>Please describe the options available for incorporating equality monitoring into routine arrangements?</b>		Routine monitoring of accessibility of communications materials and diversity of representation in format and images. Monitoring of demographics of people attending events. Evaluation of the success of the strategy in promoting an inclusive

			communications narrative that reflects our diverse audiences and is open and accessible.
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If you have identified a potential discriminatory impact of this strategy document, please refer the issue to the Director of Communications and Engagement or the Equality and Diversity lead, together with any suggestions as to the action required to avoid/reduce this impact.

### Appendix 3: Generic stakeholder list

Stakeholder Group	Includes
Partners and stakeholders	<p>MPs</p> <p>Leaders of the councils</p> <p>Councillors</p> <p>Overview and Scrutiny committees</p> <p>Department of Health</p> <p>NHS London</p> <p>Care Quality Commission</p> <p>External Auditors</p> <p>Health and Safety Executive</p> <p>Equality and Human Rights Commission</p> <p>Information Commissioner</p> <p>Home Office</p> <p>Other NHS organisations</p> <p>Barking and Dagenham CCG</p> <p>Havering CCG</p> <p>Redbridge CCG</p> <p>Tertiary centres</p> <p>Independent contractors - GPs, dentists, pharmacies, opticians</p> <p>Healthwatch</p> <p>Voluntary organisations as providers</p> <p>Clinical networks</p> <p>Local committees (medical, dental and optometrists)</p> <p>Local authorities (county, district and city)</p> <p>Schools</p> <p>Metropolitan Police</p> <p>Fire service</p> <p>Community, voluntary and faith organisations</p> <p>Suppliers and local supply chain</p> <p>Universities and colleges</p> <p>Local newspapers and broadcast</p> <p>Regional newspapers and broadcast</p> <p>Trade journals</p> <p>National media</p>

	<p>Third sector Public health network</p>
<b>Staff</b>	<p>Board Executive Team Board advisors Divisional Management structure Professional groups All clinical and non-clinical staff Staff side and unions</p>
<b>Patients and public</b>	<p>Patients / carers including past and future Past patients Future patients Families and relatives Patient groups and representatives Resident groups Ward councillors 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</p>