

Communications Strategy 2014-15

Trust Board	Item: 8.1
29th January 2014	Enclosure: I
Purpose of the Report / Paper: <p>The Communications Strategy 2014-2015 for Kingston Hospital NHS Foundation Trust sets out the Trust's plans for sustainably communicating with its key internal and external audiences over the next 18 months and how communications will support the delivery of other key strategies and developments.</p>	
For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
Sponsor (Executive Lead):	Kate Grimes, Chief Executive
Author:	Lisa Ward, Head of Communications
Author Contact Details:	lisa.ward@kingstonhospital.nhs.uk 020 8934 2019
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Link to Relevant Corporate Objective:	All
Document Previously Considered by:	EMC – January 2014
Recommendations & Action required by the Trust Board: <p>The Board is asked to:</p> <ul style="list-style-type: none"> a) Discuss the communications strategy; and b) Approve the strategy, subject to any suggested changes or revisions. 	

Kingston Hospital NHS Foundation Trust Communications Strategy 2014 - 15



Lisa Ward
Head of Communications
January 2014

Living our values *everyday*



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1. Executive Summary



This strategy sets out how communications activities will support the Trust and other key strategies – Volunteering, Fundraising, Quality, Commercial and Governor Involvement - over the next 12 – 18 months. The NHS and the Trust is continuing to experience unprecedented change and the Trust’s communications function needs to be able to support a very challenging agenda.

The Trust is already leading the way in the use of IT to better manage and care for its patients and digital communications now makes up a significant proportion of the work carried out by the communications team. Digital communications, enhancing the Trust’s reputation and enabling all its key stakeholders to make an informed choice are the main focuses of this strategy. The use of digital communications and enhancing the Trust’s online presence will be one of the biggest growth areas for the Trust, alongside involving patients, the community and staff in more aspects of the Trust than previously through an increased focus on volunteering, the launch of a professional fundraising campaign and member engagement. The new Trust website will be an essential tool in communicating to large audiences.

Internally communications will continue to be focused around team brief, monthly staff recognition awards, Board walkabouts programme and the Chief Executive’s weekly message. The internal communications continue to work well and for this reason there will be more focus by the communications team on external relations through more proactive PR, social media campaigns and the planning and delivery of a Trust open day in June.

There is a large and challenging agenda for communications over the coming years and this strategy is also about focusing the efforts of the team on the right priorities and making sure that the team can continue to provide a high quality service to the organisation and promotes and enhances its reputation and this does mean that the team will have to make some difficult choices. However, a key role of the communications team is to provide the tools and support to all parts of the organisation to ensure that key staff can help to communicate the Trust’s key messages externally and to key stakeholders and take responsibility for their own communications activities. This will include a rolling brief and core script and key messages and the Trust Magazine.

This strategy and the key messages will be evaluated and kept under review and it will be important to fully evaluate this ambitious plan to ensure that communications continues to deliver all that is required and can sufficiently prioritise its workload and provide the highest quality support to the organisation.

2. Introduction and Context

Communications at the Trust is an essential service but and the activities carried out by the communications team need to be the right ones to ensure that the communications can support the overall Trust strategy and objectives.

Communicating well as an organisation is vital to our success. The scale of the challenge facing NHS Trusts in pushing through major reforms, again current financial constraints is unprecedented.

Over and above clinical excellence, the Trust is seeking to develop a reputation for good patient experience, with a secure future and leverage the advantages of technology. At the same time, the Trust must weather unprecedented needs for efficiencies and keep its workforce highly engaged with its choices and direction of travel. There is a great deal of evidence which shows that highly engaged and happy staff, means better patient care and in happier patients and communications will continue to build on the strong internal communications already in place.

There will also be a much stronger and proactive approach to external communications and ensuring that the Trust continually highlights its achievements and seeks external recognition for them.

Many of the tools and activities described in the strategy are already in use, but all communicators and ultimately organisations have to be able to respond to the constantly changing landscape and in particular the explosion in digital communications over the last three to five years. Patients, the public, stakeholders and staff increasingly want to engage with the organisation through digital channels – text, email, website, social media – and the Trust needs to embrace that and be responsive. People are used to managing large parts of their lives online and there is no reason why they should not be able to do the same with Hospitals and other healthcare providers.

There are also a number of strategies that the communications strategy must compliment and support – Fundraising, Volunteering, Quality, Commercial, Public and Patient Involvement, Stakeholder Engagement and Membership and the team already works closely with the departments and individuals delivering them and Fundraising and Volunteering are part of the Head of Communications remit.

3. Vision and Objectives

3.1 Trust Vision

To be the hospital of choice for our local community, recognised for excellent and innovative emergency, surgical, acute medicine and maternity service, delivered by caring and valued staff.

To support the delivery of the Trust's vision, it has four strategic objectives:

Strategic Objective 1

To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience.

Strategic Objective 2

To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients.

Strategic Objective 3

To work creatively with our partners to develop sustainable high quality care as part of a thriving health economy for the future.

Strategic Objective 4

- To deliver sustainable, well managed, value for money services.

The objectives are influenced both by internal drivers and significant change in the external environment and the communications strategy needs to ensure it supports the delivery of them.

The tactics and activities carried out by the communications team will support the delivery of the objectives in the following ways:

1. The Trust's communications activities that target patients and the public will highlight key achievements, but also support the Trust to deliver improvements to patient experience and develop campaigns and mechanisms for generating feedback and acting on it.
2. The Trust has well established internal communications mechanisms and this strategy ensures that those mechanisms continue to work effectively and also that staff continue to be engaged and supportive of the Trust as a place to work and be treated.
3. All of the Trust's external communications activities also target its key stakeholders and partners and the communications team is, and will be, working closely with the Strategic Development Team to implement and deliver the new Stakeholder Engagement Strategy and provide any communications necessary.
4. Communications has a key role to play in highlighting both externally and internally how the Trust is delivery efficiently run services in new and innovative ways.

3.2 Values

The Trust also has four values, that were developed in consultation with staff and patients during 2011 and form the basis of individual and corporate objectives, the PDR process and the Trust's day to day work.

- Safe
- Caring
- Responsible, and;
- Value each other

3.3 Communications Objectives

- Reach out to multiple groups in a cost effective way by maximising use of online and digital communications channels
- Build on the success of doing the 'basics' well
- Communicate to the key audiences the 'Get involved and support us' message through supporting and promoting fundraising, volunteering and membership
- To continue to engage staff through timely and relevant internal communications, which is cascaded and provides two way communication
- To become well known for the great hospital we have and promote our services and reputation using a variety of different vehicles and channels, to patients and to other key stakeholders.

4. Key Stakeholders and Audiences



There are a wide range of audiences for our communications activities and our resources and efforts need to be targeted to ensure we effectively reach them. However, our target audience can be divided into the following groups:

- **Patients/public** (including members)
- **Staff**
- **Key stakeholders and partners** (including governors, Patient Assembly, neighbouring NHS provider and commissioning organisations, Monitor, CQC, MPs, Healthwatch, Local Authority scrutiny committees)

For each of the target audiences there are some key issues we need to consider when carrying out any communication with them:

4.1 Patients/Public

The communications targeted at this group need to raise awareness and promote the reputation of the Trust and provide them with the information they need to help them make informed choices and to instil confidence in the care and services the Trust is providing. The

communications need to continue to be multi-channel, but cost effective so ensuring the best use is made of digital communications is key, while not losing sight of the fact that many of our patients and members still prefer print based communications.

For the Trust's members, there will be more regular information and information provided on the website, to encourage them to get more involved with supporting the Hospital and asking for their views on issues if appropriate or needed.

4.2 Staff

The Trust has well currently has well engaged staff and was one of the five best performing Trusts in the 2012 CQC Inpatient survey in London and in the top 20% of Trusts nationally for overall staff engagement. Continuing to provide a high quality internal communications service is vital to ensuring that our staff remain engaged and two way communications continues. Internal communications is now well embedded in the Trust and the communications team will continue to deploy the same programme of communications that is already in place.

4.3 Key stakeholders and partners

Regular engagement, communications and partnership working is more vital than ever as we are going through one of the most challenging periods the NHS has ever faced. All key stakeholders are briefed ahead of any major announcements to ensure there are no surprises and we get support for the announcement; for example FT authorisation.

The communications team has good links with their counterparts in the neighbouring Trusts, CCGs and NHS England (London), which helps to both gather intelligence about the sector, but also provides opportunities for more join initiatives and campaigns, for example; Choose Well over the winter period.

The Chief Executive has a very good relationship with the Trust's two nearest MPs – Ed Davey and Zac Goldsmith – and where possible, they and the MPs covering the rest of the Trust's catchment area (Dominic Raab, Vince Cable, Stephen Hammond, Chris Grayling and Justine Greening) are briefed on any key developments or plans in advance.

The communications team produces an external meetings planner, which is discussed by the Executive Management Committee (EMC). The planner includes dates of all local CCG Governing body meetings and patient forums, Local Authority health scrutiny or health related meetings, Health and Wellbeing boards and Healthwatch meetings. EMC can then plan in advance who, if anyone, should attend each meeting to ensure there is a Kingston Hospital presence.

There is more detail regarding the wider engagement activity with stakeholders in the Stakeholder Engagement Strategy, which has been updated by the Strategic Development team with support from the Head of Communications. The new Strategy proposes a more systematic and involved approach to managing and engaging with the Trust's stakeholders and proposes that a borough by borough approach is taken to ensure that strong and sustained

relationships are built with the key stakeholders in each of the main boroughs we provide hospital services to.

5. Key Messages

Any communications strategy needs as its basis a set of strong key messages that tell a 'story'. These messages will form the basis of all communications and act as a reference when planning any communications, PR and marketing activities and also is a script for anyone representing the Trust both internally and externally.

It is recommended that the following key messages are adopted, but obviously kept under review to ensure they remain current:

- Kingston Hospital is a large, single site DGH on the outskirts of London serving a population of around 350,000.
- Kingston Hospital has been a CHKS Top 40 Hospital for the last thirteen years and has consistently low mortality rates.
- We are the first Trust in south west London to be licensed as an NHS Foundation Trust.
- We have a busy and popular maternity unit delivering 6,000 babies a year and is the second biggest single site unit in the UK. Every two days a school class of children is born at Kingston Hospital.
- Our care during labour was rated as the best in London and in the top 20% of the country in the latest CQC maternity survey, published in December 2013.
- Every year we see more than 113,000 patients in A&E, almost a third of the population we serve, and hold 355,000 outpatient appointments.
- 65,000 patients are admitted for treatment every year.
- We believe that our patients should be seen by the most senior staff in the Hospital and on the wards seven days a week and during the evening. We have achieved this in maternity and A&E with 17 hours a day of consultant cover and are increasing consultant availability in acute medicine.
- Successfully recruited more than 100 new nurses during 2013, which has improved patient experience and reduced use of temporary staff.
- All of our staff are committed to enhancing and improving patient experience and we strive to ensure that everyone lives our values every day – caring, responsible, safe and value each other.
- Strong reputation for providing the full range of high quality and efficient general hospital services to our core catchment population.
- We provide an increasing number of services at outreach clinics across Kingston, Richmond, Merton and Surrey.

- We are working closely with GPs and our local Clinical Commissioning Groups to ensure we can provide integrated healthcare services to the communities we serve and patients are treated and cared for in the most appropriate setting for their needs.
- In the latest NHS Staff Survey, our staff rated us in the top 20% for the quality of patient care they deliver and job satisfaction and we have an above average score for staff recommending the Hospital as a place to work.

6. Interrelationships with other Trust strategies

Communications inevitably touches all parts of the organisation and on a daily basis the department is asked to provide advice and support communications activities from staff and teams from across the Hospital.

However, there are some strategies and functions which have a natural relationship and affinity with communications and require more of an emphasis. The existing strategies that communications is currently supporting are Quality, Commercial, Stakeholder Engagement, Membership, Governor Involvement and Public and Patient Involvement. However, two additional strategies are currently in development which will require significant communications input and support to ensure their success – Volunteering and Fundraising.

It is important that the Trust sets out its vision and aims for both Fundraising and Volunteering, but this will bring the number of strategies with a specific 'Engagement/Involvement' theme to seven – Commercial, Communications, Fundraising, Membership, Patient and Public Involvement, Stakeholder Engagement, Governor Involvement and Volunteering. This means that in the longer term the Trust needs to be much smarter about linking the work supporting the delivery of these seven strategies as there is a danger of over and unjoined up engagement with the same audiences. However, the new Stakeholder Engagement Strategy will support this.

This will allow the Trust to coordinate key messages to all its stakeholders and audiences, which will be focused on the different ways in which they can become involved with the Trust and in return the communications and interactions with staff, volunteers, fundraisers, members, patients, the public and key stakeholders can focus on promoting the quality of care and the service and improvements to patient experience.

However, over the next 12 months communications will continue to support the Trust strategies outlined above in the following ways:

6.1 Quality Strategy

The Quality Strategy is focused on engendering a culture of putting quality first from board to ward and through the back office and support functions. This is supported by communications

through the coordination of the Walkabouts programme and collation of feedback, using team brief to promote quality initiatives, running internal and external publicity campaigns to promote aspects of quality and excellent patient experience such as the Dining Companions 'Adopt a Ward' programme and the new visiting times.

In line with the national drive to increase transparency, the new Trust website will contain quality and outcomes data and the Medical Director and Director of Nursing and Patient Experience are planning to send out a weekly 'Safety message' to staff to ensure that patient safety stays high on the agenda. There is also scope for using these messages in external communications.

6.2 Membership Strategy

The main aims of the current strategy are to engage with and target hard to reach and underrepresented groups such as young men and ethnic minorities, recruit 7,500 members by the end of 2014 and actively engage the members the Trust has already recruited in a meaningful way. The Trust now has just over 6,000 public members and it is important that as many as possible are retained. Membership is one of the three ways to 'Get involved and support Kingston Hospital' and in turn, the Trust needs to now use the membership to increase the number of volunteers and to support fundraising. Communications needs to focus on promoting the good reputation and achievements of the Trust and in turn encouraging members to get more involved and do more. Alongside encouraging wider support for the Trust, communications will continue to run Members events and use more digital channels to communicate with members as nearly 3,000 members have provided email addresses. Writing to members needs to be done infrequently as there are significant cost implications of doing this. Members will also be encouraged to use the website to find out what is happening at the Trust. Communications will also continue to run membership recruitment and provides the secretariat facility for the Council of Governors' Membership and Engagement sub-committee, which is now responsible for delivering the strategy.

6.3 Commercial Strategy

The commercial strategy objectives for Trust are to maintain and grow business, thus helping to promote the financial sustainability of the Trust. To this end the Strategic Development Team are responsible for gathering and responding to market intelligence in order to develop a clear understanding of what services need to be marketed and who they need to be marketed to.

Through their understanding of the market, the Strategic Development Team help develop marketing plans for individual specialties, services and sites. The marketing activity is delivered through a comprehensive plan of primary care liaison visits, commissioner meetings and GP education. Online activity includes the development of the GP and Private Patient sections of the website and monthly GP newsletter, which is complemented by offline marketing materials such as the Directory of Service and a variety of leaflets, also coordinated by the Strategic Development Team.

The communications team support the above activities through the use of social media, liaison with the press and internal communications, particularly in relation to new site launches. The

Communications team are also responsible for the listing of our services and sites on NHS Choices and Dr Foster which are key sites for patients and public.

The Head of Communications is also supporting the process to refresh the Commercial Strategy.

6.3.1 Integrated Marketing Communications

The Head of Communications meets monthly and works closely with the Strategic Development Team and they have collectively developed an integrated Marketing Communications Plan. The plan includes all of the activity being undertaken by both teams that has any cross over and mutual benefits. The plan includes sections on Business Development Opportunities, GP Liaison and Marketing activities, private patient marketing, digital marketing and communications, communications campaigns, members' events and communications and specialties and services that the strategic development team is undertaking any specific marketing or business development activities. The plan and regular meetings ensure that the communications team can align its activity with the focus for the strategic development team and plan PR and marketing activities that support the Trust's business development programme.

6.4 Governor Involvement Strategy

The role of the governors can in essence be described as acting as ambassadors for the Trust, gaining assurance from the Non-Executive Directors on performance, sharing information with members and feeding back views of members. To support the governors in their role, the Trust has developed a Governor Involvement Strategy which sets out involvement work to date and the plan and approach going forward, which includes involvement in service redesign, volunteering, fundraising, stakeholder engagement, member and community events and acting as spokespeople. The involvement activity is being fully supported by the Director of Corporate Affairs and the Head of Communications, who will support the governors through the provision of a rolling brief, which include key facts and messages, and presentation material.

7. The Communications function/Roles and responsibilities

7.1 Communications Approach

The Trust aspires to the following guiding principles, while recognising patient confidentiality, in its approach to internal and external communications:

- Effective communications is everyone's responsibility;
- Wherever communication takes place it should always be on a two-way basis;
- Communications should be open and transparent;
- Information should be comprehensive - information should not be withheld from those who need to know, either by choice or by inadequate communication;
- Information should be up-to-date and received as soon as it is available;

- Use plain language and communicate in a way which enables everyone to understand.

For the communications department to successfully implement this strategy, the team needs to be kept fully updated on any developments, changes or decisions that might impact on reputation, staff or other stakeholders. All members of staff throughout the organisation have a part to play in supporting the delivery of effective communication, ensuring that this takes place internally, engaging with partners and the public and by helping the Trust share good news. It is not just the responsibility of the communications team to communicate.

7.2 Department roles and links with other Departments

The staffing in the team is currently three substantive members of staff – Head of Communications and two Communications Managers (one on maternity leave until July 2014, covered until end of January 2014 by a Communications Officer). In December 2013 the team was boosted by additional resource provided by the NHS Apprentice scheme. The Apprentice will be in post for 12 months. However, communications in some form is everyone's job and everyone has a role:

Board Members and Executive Management Committee members:

- Provide information about possible PR opportunities
- Provide 'heads up' on any issues with a reputational risk and assist in the development of plans to manage the issues
- Ensure that there are channels in place to communicate key messages to teams and feed information back up to the top
- Work with the communications team on campaigns and initiatives to market and publicise services
- Provide clinician input and content

Governors:

- Assist in communicating to key groups, individuals and communities within their constituencies
- Increased visibility and awareness of key announcements and initiatives through the implementation of the Governor Involvement Strategy

Communications team:

- Plan and co-ordinate communications activities across the organisation
- Own and develop on line capability and infrastructure
- Provide advice and support to senior managers and clinicians
- Liaise with the media on a proactive and reactive basis
- Ensure that all Corporate communications adhere to the corporate identity
- Take the lead on promoting a positive image and reputation for the Trust
- Train and skill up other Trust staff to carry out own small scale departmental communications

Other staff:

- Be involved in communications activities where appropriate
- Work with colleagues and managers to ensure that information is shared
- Adhere to the Corporate Identity when producing Trust information
- Report good news stories and flag up issues to the central team
- Carry out small scale departmental communications under the guidance of the communications team

7.3 Budget

Communications has contributed to the CIPs programme over the last three years and as a result has seen a reduction in both the pay and non-pay budgets. This does mean that there is a small budget (£30,000) available to support communications activities and £11,000 of that is for the annual subscription for the membership database. Further savings of approximately £15,000 will need to be found in 2014/15, which is why the team will exploit the benefits of free digital communications platforms and also look for opportunities for income generation through the use of advertising and sponsorship to help pay for publications and other activities.

8. Communications Focus and Activities

8.1 Internal

The Trust is a people business served by people. The staff matter as how they feel affects the experience for patients, families, visitors and the communities served. Staff are also ambassadors for the Hospital and a great many of them live within the Trust's core catchment area and they and their families and friends use the services. A marker of success for the Trust is if staff recommend the Hospital as both a place to work and be treated. In the 2012 national staff survey the Trust scored 3.74 for overall staff engagement compared to the national average of 3.69 and scored 3.68 for staff recommending the Hospital as a place to work or receive treatment compared to the national average of 3.57.

There was a particular focus on internal communications in the run up to achieving Foundation Trust status in May 2013 and, as a result, the Trust has strong and effective internal communications mechanisms in place. However, the challenge going forward is to continue to galvanise staff in the way they were during the run up becoming an FT and to ensure that the Trust continues to receive above average scores for engagement and it has a staff base that is happy to recommend the Trust as a place to both work and be treated.

The Trust's internal communications fundamentally supports the delivery of Strategic Objective 2 - *To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients.*

8.1.1 Internal Communications and Engagement Mechanisms

Staff currently receive a broad range of communications. The monthly *Team Briefing* is held with around 40 senior staff and then cascaded throughout the organisation. Teams are asked to confirm that the briefing has taken place and feedback on an issue, idea or project that the Executive Management Committee would like the views of staff on. Topics have included; new Trust website, setting the corporate objectives, raising concerns and Quality Account priorities. The Chief Executive also holds a Trust Management Forum meeting following the Board to brief leaders across the organisation about key decisions and messages from the Board. The meeting is also used to brainstorm and discuss major issues and developments for example; Service Line Management and the Estates Strategy.

We also aim to send out special staff briefings, usually in an email from the Chief Executive, prior to the publication of survey results, CQC reports etc, so that staff find out information directly from the Trust and their managers, rather than reading about it in the press.

The Chief Executive writes and sends out a personal weekly email to all staff, which celebrates good news and successes, observations from that week, challenges we are facing, patient feedback, as well as our priorities and plans for the short and long term future.

Our website includes news releases and information on the Trust's departments and services and there is a direct link to it on the intranet. The Intranet and daily global email system are also used extensively to pass key operational messages on to internal audiences, as well as corporate messages.

Staff achievements are also recognised through the monthly and annual staff recognition awards. Everyone month staff are nominated by their manager, colleague or patient for an award and the categories are aligned with the four values – Caring, Responsible, Safe and Value Each Other. The winner (or winners) are decided by the Executive Management Committee (EMC) and surprised by the Chief Executive who then presents them with their award. These awards give the winners a real boost and also helps to highlight to EMC the achievements of staff throughout the organisation.

8.1.2 Intranet

However, there have been plans for a while to improve the intranet for staff. The Trust's Intranet is currently not fulfilling its potential. It is a useful form of reference and is used as a central storage facility for policies, guidance and contact details, rather than the staff engagement tool it should be. IM&T is currently responsible for updating and maintaining the intranet, but there is potential for this to move to the communications department. The Intranet needs a complete redesign and restructure and this would require investment in both improving the functionality and design, but also in a project manager to oversee the redevelopment as it would be a large scale project. If it is agreed to scope out the redevelopment of the Intranet, it is estimated that this would cost in the region of £50,000. This would cover the technical development and design and a temporary Project Manager to oversee the project.

8.1.3 Safety Message

Safety is higher on the agenda than ever and there is more and more public scrutiny and spotlight on it. NHS England have started to publish a range of outcome measures and the CQC are now publishing monthly Intelligence Monitoring reports for every provider Trust, which list a range of measures the Trust is measured against and the level of risk. The report also highlights where the Trust has an increased or elevated risk. During this financial year, the Trust has breached its c.difficile annual trajectory and is currently delivering an action plan to address issues raised in the CQC inspection in July.

There is a clear need to get more communications out to staff on a regular basis about patient safety and a weekly message will be launched that will focus purely on this area. The message will come from either the Medical Director or Director of Nursing and Patient Experience and will be a mixture of highlighting achievements and concerns and areas of focus. The message will be issued on a Wednesday following EMC, and could also be used for external communications if appropriate.

8.2 External

The main planks for all the Trust's external communications are digital communications, media relations, member and governor communications, GP communications (managed by the strategic development team), patient information and stakeholder engagement. External communications are a key part of ensuring the Trust protects and enhances its reputation and that the tools and information that patients and their families need to make an informed choice and to feel reassured about the care provided are available via easy to access channels. External communications also affects the Trust's relationship with key stakeholders, members and governors and plays a part in many people's first impression of the organisation.

The Trust's external communications fundamentally support the delivery of Strategic Objectives 1 and 3 –

- 1. To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience.*
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- 3. To work creatively with our partners to develop sustainable high quality care as part of a thriving health economy for the future.*

8.2.1 Digital communications

In just a matter of years, online communications, social media and the use of digital channels in everyday life has transformed and revolutionised how everyone can communicate and how the NHS can interact with its patients and stakeholders. Social media such as twitter, facebook and YouTube have and continue to change how everyone accesses and shares information. Twitter in particular has opened up the Trust to new and existing audiences and allows the Trust to have instant interactions with people. This supports the reputation management of the Trust as there have been instances over the last year where the communications team's response to a negative tweet has helped to resolve an issue and restore that person's faith in the Trust. One tweeter responded to a tweet offering to help with: 'thank you – I didn't realise there would

actually be anyone on the end of the twitter feed.’ Every week twitter provides the Trust with at least one very positive tweet about an experience and this is visible to our 4,000+ followers (up from 1,000 in September 2012). Social media also allows the Trust to engage in the wider healthcare economy and very quickly, and with minimal effort, join a debate – the advantages of this communications platform cannot be underestimated.

Technology means that everyone can potentially have a voice. Research published in July 2012 by OFCOM shows that social media is here to stay and is being adopted in increasingly large amounts (our huge increase in twitter followers is testament to that), particularly among 19-24 year olds, which is a very difficult group for the Trust to traditionally engage with. But the older generations are also getting online with 55 - 64 year olds as the fastest growing group joining twitter. Around a third of all adults are using social media on a daily basis and this is increasing all the time. Please see Appendix 2 for further information on social media usage.

Harnessing the opportunities to positively engage with the Trust’s key audiences is essential to ensure communications remain up to date and responsive. Another audience the Trust could explore the use of social media with is staff and some other NHS organisations have already had a positive experience of this. However, this requires further discussion. Obviously there are pitfalls to using social media, but they are definitely outweighed by the benefits. Social media is also extremely cost effective, which is a key consideration with an extremely small, and reducing year on year, budget.

Over the next 12 months, communications will use twitter to highlight particular services through ‘tweetathons’ on for example A&E and maternity. They will provide a real and live insight into a 24 hour period of the service. These have also generated positive media coverage for other NHS organisations. There is also potential to run online Q&A sessions with the CEO, Medical Director, Director of Nursing and Patient Experience and Divisional and Clinical Directors and addition to the Chief Executive joining twitter, the Director of Nursing and Patient Experience is planning to tweet in a professional capacity.

As activity increases on twitter, there is more need for staff to have access to the site. Twitter is currently blocked on the majority of the Trust’s PCs, along with YouTube, and both sites are increasingly being used by NHS England, the Dept of Health, Monitor, CQC and the Royal Colleges to provide access to regulatory, professional and policy information that can assist a number of the Trust’s staff in their day to day work. With this in mind, the Head of Communications is drafting a social media policy for the organisation.

8.2.2 Website

The new Trust website has been developed by Kingston based company called Zoo Communications and the new Content Management System (CMS) has provided much more flexibility and functionality than the previous site, which was very static and restrictive. The CMS means that departments and services can now update their own content and the communications team act as super administrators. This is giving staff more ownership over communicating their services and also means they are not reliant on communications to make changes, which has been increasingly difficult with a reduced team.

The new site also contains feedback from patients and the ability for patients to feedback on their experience and also clinical and operational outcomes through the 'How well are we doing?' section. The updated information will also be fed to our NHS Choices pages.

There is also now a publicly available Consultant Directory, which had previously been limited to the password protected GP section of the website.

The new website has been designed to be responsive to the device that it is being viewed on. The old site was not mobile or tablet enabled, but the functionality automatically changes the display of the website depending on what it is being viewed on. Increasingly people are viewing online content on smartphones and tablets and the number of people using smartphones to access content went up from 15.9million in 2012 to 20.4million in 2013. There are now more mobile phones than people in the UK, 52% of them are smartphones and 50% of people in the UK go online with a mobile phone more than once a day.

Once the new website is fully functional, the communications team will be producing some films featuring patients' experiences and information about services, which will be available via a link from the website to the Trust's new YouTube channel, which allows the Trust to store and publish films for free.

8.2.3 Media relations

The Trust has built up a good working relationship with the local and some parts of the national media, to ensure that we are always contacted to contribute to issues concerning the hospital. However, one of the areas of focus over the next 12 months is to ensure that there is more positive media coverage beyond the Kingston media (Surrey Comet). The team will be proactively working with the media covering Richmond (Richmond and Twickenham Times), Merton (Wimbledon Guardian) and Elmbridge (Surrey Advertiser) to generate more coverage about the Hospital.

The communications team is the recognised point of contact for all media enquiries and proactive work with the media. Staff are aware of this arrangement and refer enquiries to us.

There is an onus on staff, particularly managers, to involve the communications team in promoting key initiatives and to highlight any issues that may lead to criticism or other reaction through the media. Experience to date shows that Executive Directors and senior managers make appropriate contact with the communications team in advance of potential adverse publicity and the team is able to prepare for it. However, information about good news stories is less likely to be volunteered and the communications team needs to be more proactive in identifying good news stories. This can be done through the Executive Management Committee, which the Head of Communications is a member of, and Trust Management Forum, which the Clinical Directors and Heads of Service are members of. More informally, the communications team will ensure they are out and about in the organisation and building and maintaining relationships with staff to source good news stories.

A media activity plan is being developed which includes proactive activity and also issues that need to be planned for.

8.3 External and Internal

A great deal of the Trust's communications cover both internal and external audiences and by doing so helps the communications team to get more 'bang for its buck' and minimise the number of different channels, publications and communication collateral produced.

8.3.1 Dining companions/Adopt a Ward

The Volunteering and Membership Manager, with support from the Head of Communications and a steering group, is leading a project to increase the number of volunteers helping on the wards at mealtimes. In April an 'Adopt a Ward' scheme was launched, which aims to provide a volunteer on a ward every day. This scheme involves teams of non-clinical staff and external groups running their own three week rota to ensure there is cover every day. The groups are made up of between 15 and 20 people and the majority of the groups provide help to the ward they have adopted at lunchtime, however recently there has been a push to get more groups supporting at dinner time and at the weekends when there are less staff on the ward. This work needs to continue as all wards now need to have a full rota of volunteers for both lunch and dinner time through the week and weekends.

8.3.2 Fundraising

Fundraising now sits within communications and the Trust's first Head of Fundraising was appointed in August. A Fundraising Strategy has been developed and will go to the Board at the end of November. Communications is an integral part of successfully launching a fundraising programme for the Trust and will be working with the Head of Fundraising to develop a detailed plan of communications activities that will target both internal and external audiences, which will form part of the overarching communications plan.

8.3.3 Volunteering

A Volunteering Strategy is also under development and the aim is to completely transform how volunteers support the hospital and how the Trust works with the local community and businesses to encourage them to take part in more regular volunteering activities and provide support. Any campaign developed to recruit volunteers will need communications support and it is vital that this is then triangulated with the work going on to support fundraising and membership and they all carry a very similar message around 'Supporting your local hospital'. There will also be more communications around recognising the impact that the Trust's current volunteers have and this could be done through more regular recognition awards (i.e. volunteer of the month) and case studies about the Trust's volunteers and the crucial role they play.

8.3.4 Patient Experience

The communications team already works very closely with the Patient Experience Manager and during the next six months will be working on a number of projects to increase awareness and transparency of the Trust's performance, particularly the Friends and Family test (FFT) scores and comments. Along with publishing outcomes and FFT scores on the website, there will also be case studies of patient stories and testimonials.

There are also plans to roll out a campaign both internally and externally, to re-focus on the Trust values – caring, responsible, safe and value each other – and to encourage more informal feedback from patients.

8.3.5 Events

The communications teams are also responsible for organising and running a number of events including the AGM/AMM and members health talks and there will be a new large scale event added to the calendar this year:

Open day

The Trust's first ever open day will be held in June 2014 and will be aimed at both showcasing the Hospital's services and raising the profile of volunteering, fundraising and membership with the local community and stakeholders. A number of other Trusts have been successfully running open days for the past few years and they include tours of theatres and pathology laboratories, teddy bear hospital and dressing up opportunities for children, health advice and much more. A planning committee has been established to organise the day, with representatives from across the Trust and governors.

8.3.6 Information screens

Plasma screens displaying patient information and information about the Hospital are being put in all key patient waiting areas. The screens will provide a communications channel to ensure the Trust can communicate instant and timely messages and information (infection control, waiting times, quality and safety, news, how to feedback, events, fundraising, membership and volunteering etc.) to patients/visitors attending the Hospital for appointments and treatment etc. The Trust website and social media are the Trust's current avenues for the most up to date information, but patients will not necessarily be accessing these channels when already at the Hospital site.

This initiative is part of the Trust's on-going commitment to enhancing and improving patient experience and it will also help to 'tidy' up some of the clinic waiting areas, which are in some places overrun with posters and notice boards. Noticeboards will also be removed from corridors as the screens will be used to deploy messages currently displayed on posters.

The technology will also allow outpatients to inform patients if there is a delay to a clinic and, if appropriate, the reasons for the delay. In specialty specific areas such as Antenatal, Cardiology, Royal Eye Unit and William Rous, the screens will also be used to communicate specific patient information about particular conditions.

8.3.7 DH Connecting Programme

Following the publication of the Francis Report, the Health Secretary Jeremy Hunt announced that all Department of Health staff would be required to spend some time volunteering in the NHS or social care to gain a better understanding of how the system works.

The programme is called 'Connecting' and is also aimed at ensuring that the Department can develop policy and reforms that fully reflect the experiences of patients, services users and staff. The Department also wants staff to form enduring relationships with the organisations they volunteer with.

The programme has started in the summer and so far the Trust has run three placement weeks covering the emergency pathway and maternity with a total of 12 senior civil servants from the Dept of Health, including the Permanent Secretary Una O'Brien who spent a few days in maternity. This has already led to positive coverage for the Trust through blogs published by the Dept of Health and Channel 4 news recently filmed a feature about the Trust's Dining Companions initiative, which formed part of their coverage of the Government's response to the Francis report.

The feedback from the staff has been very positive and the staff who have hosted them have been able to feedback on key issues affecting the NHS and staff and have also been invited to spend time in the DH and also provide advice on policy.

The plan is to provide at least three further weeks during 2014, with one being focused around dementia and the whole health economy. The Trust is also working with the DH to develop ways to recruiting more permanent volunteers, particularly as Dining Companions.

8.3.8 Publications

Communications will continue to take the lead on producing the Annual Report, which will this year fully incorporate the Quality Account and Charitable Funds Annual Report, and have an accompanying summary version, and patient information leaflets. However, there are some new publications which will be launched:

- ***Trust Magazine***

The Trust previously had both a staff magazine and members magazine, which were produced quarterly. In order to save money and time, the magazines have been consolidated in one which will be published three times a year and sent to members and stakeholders and made available within the Hospital to staff, patients and visitors. A PDF of the magazine will also be available to download from the website.

- ***Membership and Trust stakeholder bulletin***

However, the Trust does need to ensure that it regularly communicates with members and stakeholders as there are always a number of developments and announcements that they should be made aware of. A monthly email bulletin is being developed that will be sent to the members on email (approximately 2,500), stakeholders and staff (as members). This will also be posted on the website and a link tweeted to the Trust's followers.

- ***Rolling Brief and Key Facts***

With the establishment of the Council of Governors, the Trust now has a number of new advocates attending events and meetings in the communities served by the Hospital. The Governors are keen to promote the Hospital and also defend its reputation, but have asked for

the tools to do this. A rolling brief will be published monthly for the Governors and the Board, which will be adapted from team brief, media statements and information made available in the public board papers.

- **Get Involved Leaflet**

There is going to be a publicity drive on getting the messages out that there are many ways to get involved with and support the Hospital – fundraising, volunteering and membership. A leaflet will be produced to outline this and distributed to community groups and organisations in the Trust’s catchment area including GP surgeries, libraries, community centres and dental surgeries.

8.3.9 Branding

The Trust currently has a corporate identity/brand, which incorporates the LOVE values and has been in place for two years. This is used across a range of materials and the plan is to refresh and update the visual branding now that we have achieved Foundation Trust status and also have a new website. The website has a new design that can be adapted for other branded corporate materials. In addition to the Hospital’s corporate identity, the fundraising activities and campaigns will need a clear visual identity that links to the main Trust brand identity.

9. Measuring and Evaluating the Success of the Strategy

Evaluation should be seen as an integral and continuous stage in the communications process and is vital if we are to understand what works and what doesn’t and whether our messages are reaching the right audiences. Evaluation also helps to:

- focus effort; keeping the important in perspective
- demonstrates effectiveness; showing the value of good communications
- ensures efficiency; so investment is used where needed
- enables continuous improvement; helping us become better communicators

The strategy’s activities will need to be evaluated to ensure that the emphasis and agreed priorities have delivered. This evaluation is also key to planning activities and prioritising the workload of the small communications team in future years.

Activity	Quantitative Measurement	Qualitative Measurement
Internal communications	<ul style="list-style-type: none"> - Trust continues to be in top 20% for staff engagement - Increase in staff engagement score - Increase in team briefing feedback - Comms audit survey (September 2014) 	Feedback and soft intelligence from staff during walkabouts and in briefings.

External communications	<ul style="list-style-type: none"> - Increase in website hits and reach through use of Google analytics - Increase in positive media coverage across all boroughs served by the hospital - Increase in twitter followers by a further 1,000 to 5,000 - Maintain or increase twitter klout score (currently at 49) 	Feedback on new website and soft intelligence on how Trust is perceived externally
Internal and external communications	<ul style="list-style-type: none"> - More than 500 visitors to first Trust open day - Increased number of dining companions and all key wards have daily, additional support at mealtimes - Three further DH Connecting weeks between January and December 2014 and sustained volunteer support from DH staff - Increase attendance at 2014 AGM - Successfully deliver communications CIPs in 2013/14 and identify CIPs for 14/15. 	<ul style="list-style-type: none"> - Positive feedback from open day - Continue to receive positive feedback from DH Connecting visitors - Governors and staff more visible at community and local events and meetings

10. Risks and Mitigations

The communications team has a wide and challenging remit and programme of work, which brings with it both opportunities and some risks. There are also external factors that may affect activity carried out by the team.

Risk 1: Demand for communications support from the Trust outstrips capacity of the team.

Mitigation: Work closely with EMC to prioritise work and ensure that all work is aligned with the priorities across all relevant functions. Provide more support to individuals and teams to carry out their communications i.e. web editors in every department and Strategic Development

provided with support to produce its own publications and materials.

Risk 2: Continuing to meet savings without further staff reductions.

Mitigation: Focus on income generation, for example through paid for advertising in Trust publications and film production companies paying to use the site as a backdrop. If staff reductions are necessary to meet CIPs, EMC will need to agree on a reduction in communications outputs.

Risk 3: Very small non-pay budget makes communications activities limited.

Mitigation: The team are already investigating and utilising options for income generation and advertising and also maximising the use of digital, cost neutral communications.

Risk 4: Reduction in NHS funding adversely affect the Trust's reputation if patient care suffers as a result.

Mitigation: Proactive patient and stakeholder engagement and media relations.

11. Conclusion

An annual work plan has been developed to accompany and deliver the measures outlined in the strategy and this will be updated and adapted if necessary every month. The Head of Communications will report progress against the strategy and workplan quarterly to the Executive Management Committee and the Trust Board, via the Chief Executive. This will ensure that the communications strategy is further embedded into the organisation and owned by the Trust and its management. It will also ensure that the plan can be adapted if priorities change during the year. The Strategy will be reviewed, and an update provided, in September 2014.