

Communication and Engagement Strategy

Trust Board	Item: 13
Date: 27th March 2019	Enclosure: I
Purpose of the Report: To seek approval for the Communications and Engagement Strategy.	
For: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
Sponsor (Executive Lead):	Susan Simpson
Author:	Sheena Hobbs, Head of Communications
Author Contact Details:	sheena.hobbs@nhs.net 020 934 2019
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input type="checkbox"/>	
Link to Relevant Corporate Objective:	
Document Previously Considered By:	Trust Board (Part 2) Executive Management Committee, Governors' Membership Recruitment and Engagement Committee
Recommendations: The Board is asked to approve the Communications and Engagement Strategy.	

Communications & Engagement Strategy 2019-2021

Aspiring to Excellence ... Beyond 'Outstanding'

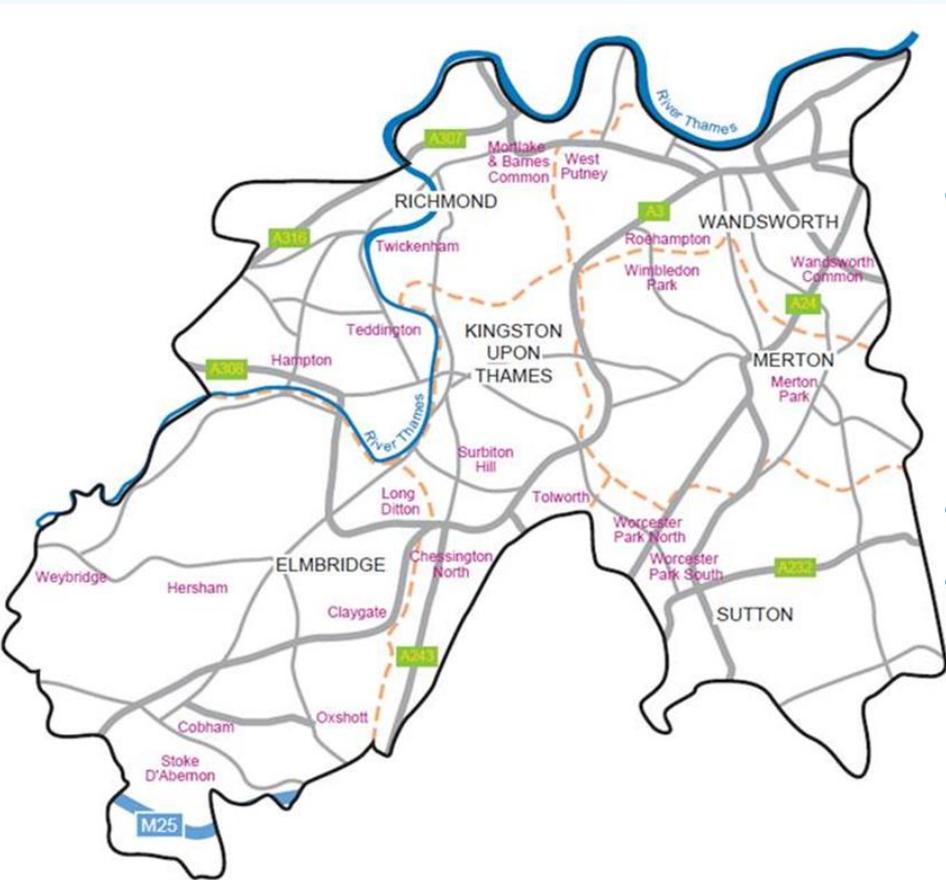
**Sheena Hobbs, Interim Head of
Communications & Engagement**
March 2019

Version: Final
For review March 2020



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• Complexity

- 5 Boroughs
- 2 NHS Regions
- Multiple patient flows

• Population characteristics

- 350K population
- Affluence/advanced age
- Working – often outside area
- Families

• Diversity of health choices and options

• Size

- 420 beds
- 2,900 staff, plus 300 contractors (58 countries)
- +450 volunteers; +10,000 members
- 118,000 patients through A&E
- 424,580 outpatient appointments
- 66,484 admitted patients
- +5,000 births



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Our strengths

- **Well Regarded:** our Trust has a strong reputation for service delivery and patient experience, both in the local community and in the wider healthcare landscape.
- **CQC 'Outstanding':** in August 2018 we went from 'Requires Improvement' to 'Outstanding' in the latest CQC inspection of our services - the first acute trust in London to be rated 'Outstanding' for Overall Quality, Leadership and Caring.
- **Strong Performance:** We are a Trust that shows a number of consistently high performance metrics, most notably:
 - One of the best performing trusts in the country against cancer targets
 - Exceeding the Referral to Treatment (RTT) (18 weeks) target
 - Excellent performance against the National Institute for Health & Care Excellence (NICE) quality standards
 - Low mortality rates
- **Overall Good Staff Satisfaction:** Our annual staff survey shows consistently strong results in key areas:
 - Scored in the top 20% of all acute Trusts in the country for 16 key areas
 - Third best score in London for overall staff engagement
 - High percentage of staff recommend the organisation as a good place to work or receive treatment
 - Low vacancy rates compared to local trusts
- **Excellent Patient Satisfaction:** Majority of patients would recommend Kingston Hospital to their friends or family (Monthly Friends & Family Test survey).



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Key considerations in developing this strategy

A Communications Review undertaken in 2018 identified a number of key issues to resolve. The ambitions of the NHS Long Term Plan (published January 2019) and the Trust's Patient First Improvement Programme – moving the Trust culturally beyond 'Outstanding', also underpin our thinking.

- **Supporting change and improving quality:** Moving beyond 'Outstanding' will require an ongoing cultural change effort, as detailed within the Trust's new Patient First Improvement Programme. There is a need to develop a shared local narrative that considers the ambitions of the NHS Long Term Plan (LTP), such as the Prevention agenda.
- **Maintaining and improving staff satisfaction and morale:** KHFT staff satisfaction remains strong overall, with one of the most engaged workforces in the country, but there are still definite areas for improvement - namely stress management, and bullying and harassment – in particular that of patients/carers to staff. This strategy will work alongside the Trust's health and wellbeing strategy to improve these metrics as much as possible.
- **Internal vs External:** the Trust's internal engagement has been proactive and therefore well received and this should be maintained, however the internal focus has resulted in inconsistent external communications that has tended to be more reactive than proactive – this strategy seeks to adjust the balance of this focus.
- **Building on external relations:** historically we have had varied relationships with our external stakeholders, ie relationships with our NHS partners, Kingston Council and national representatives are strong and effective, but more needs to be done to build on our strengths and improve relationships in more targeted and sustainable way with other key stakeholders ie third sector – with our 'Outstanding' CQC rating we are in an ideal position to do this, whether with the media, general public or government leaders.
- **Communications Team:** The ask from the organisation is ever increasing and to deliver this effectively consideration needs to be given to prioritisation, in terms of this strategy and in meeting the organisation's overarching objectives, as well as delivering day to day communication activities and how these can be achieved with the current resource and skill mix, or what needs to change if this is not achievable.



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Communication Drivers, Objectives and Principles

This section describes the drivers underpinning this strategy, and sets out the principles that will inform all communications activity, from corporate level to the front-line



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Communications Aim and Pillars of Development

Aim: To implement and embed a robust, deliverable communications and engagement strategy which supports KHFT to achieve its strategic goals

Pillars of Development:

- **People** - identifying and building skills of core team, super-users and Comms Champions
- **Quality** - setting principles and standards, identifying key messages linked to Trust's strategic goals and leading and supporting the Trust in communications best practice
- **Systems and partnerships** - clarifying and developing tools and channels available; mapping the audiences, tailoring our approach to their needs and building relationships with key people
- **Sustainability** - understanding our impact and measuring progress through the development of KPIs
- **Engagement** - developing mechanisms to consult and engage with governors and members to ensure communications targeted to these key audiences are well received



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Communications Objectives

- **Outstanding delivery** of a seamless, proactive and responsive communications and engagement service with clear accountability and ownership and fully, and effectively, utilising all available channels.
- **Promote KHFT** through the Trust's key messages, vision and values, priorities and plans to enable shared understanding, inspire commitment, and support the achievement of Trust priorities.
- **Influence behaviour**, **Patients/Public**: encouraging people to make better, more appropriate choices about the way they access or use our services; helping to deliver the 'Home1st' message and the national 'Prevention' agenda **Staff**: helping to embed the Trust's values and support the HWB and staff engagement plan.
- **Recognise** the efforts and achievements of staff, volunteers, members, governors and others, and support the Trust in valuing their contributions at a corporate level.
- **Achieve better, more collaborative system-wide working relationships** with partners and key stakeholders, including governors and members, thereby increasing mutual understanding, trust and goodwill. There is a need to develop a shared local narrative that considers the ambitions of the NHS LTP, such as the Prevention agenda.

Once agreed these Objectives will be drawn up in a set of Team KPIs to identify focus, improvement outcomes and benchmarking with a clear understanding of inter-dependencies



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Communication Principles

- **We will innovate and continuously improve** our communications and engagement service, building on insight, evidence and best practice, and exploring new technologies to enhance offering.
- **We will involve staff, members, governors and other key stakeholders (including patients)** in shaping plans and key decisions, and we will close the feedback loop, eg 'you said... we listened and did'.
- **We will seek to ensure public value for money** for all our activities, seeking to maximise impact with the resources available.
- **We will work collaboratively** where appropriate to identify possible synergies and better ways of doing things with our system-partners and develop a shared narrative.
- **We will be inclusive** with particular consideration given to equality characteristics, all staff professions and levels as well as our charity, volunteers and governors.

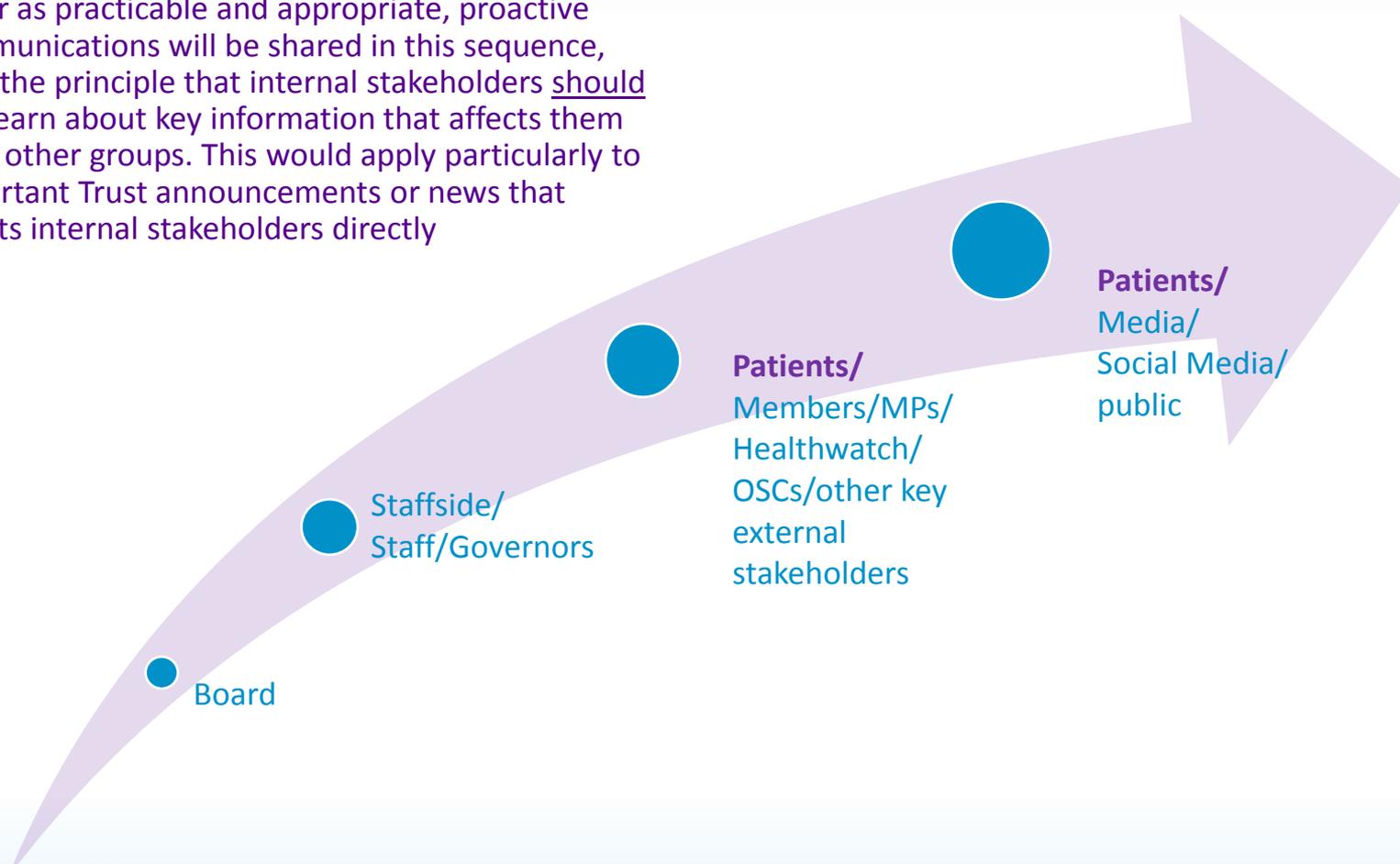


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Sequencing

As far as practicable and appropriate, proactive communications will be shared in this sequence, with the principle that internal stakeholders should not learn about key information that affects them *after* other groups. This would apply particularly to important Trust announcements or news that affects internal stakeholders directly



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Challenges and risks

This section identifies challenges and risks to achieving our ambitions for excellence in communicating with each overarching stakeholder group, which are broadly:

- **Staff:** including volunteers and union representation
- **Governors and members**
- **External stakeholders:** including the patients and carers, media, MPs and Councillors, Overview and Scrutiny Committees, Healthwatch, healthcare partners, local authorities, and local people and communities



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Challenges

Staff

- **Satisfaction and morale** although we have a very good overall annual staff survey result for 2017/18, especially for staff engagement, there are very definite areas for improvement (ie stress and bullying and harassment) to ensure a more satisfied workforce with a higher staff morale.
- Staff need to be even more **actively engaged** with to help us more fully understand the issues that concern them and what we as an organisation can do to support them to progress solutions, giving them a sense of ownership and empowerment in delivering change.
- It is recognised that the vast majority of staff will have **access to their own devices** and the secure use of different methods of communications needs to also be explored.
- It is essential to keep all staff informed and engaged but it is estimated that around a third of staff do not have regular **access to Trust on-line systems** whilst at work, with the reality likely to be higher; yet there is a present reliance on on-line methods with variable effectiveness of cascade approaches where used. The need to offer a better choice of methods available should be balanced with the need for staff to take personal responsibility in accessing key Trust information.
- Some **communications tools** need improving, and/or are hampered by use of old or **inadequate technological platforms** and arrangements, eg public website, global emails and e-newsletters.
- There is a need to rejuvenate **guidance for leaders and staff** on access to communication tools; to identify help available from professionals and encourage increased skill and capability within service lines.



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Challenges

External Audiences

- **Historically good reputation**, with deep-rooted belief of being a good 'community' Trust, reinforced by the recent CQC report and move from 'Requires Improvement' to 'Outstanding' – this could pose a rise of complacency when prioritising reputational communications or failing to capitalise on the opportunity to further build and sustain the Trust's good standing.
- **Social media** skills need to be extensively developed and managed – as identified in the 2018 Communications Review, although the Trust benefits from a fairly good social media 'profile', its levels of engagement could be better; skills within the team are relatively poor and **activity is not well thought** out or planned; therefore, a clear plan of activity should be created up to support hospital wide news and campaigns and attention given to upskill the team.
- **Relationships with the media** are not sufficiently established or mutually helpful. Media activity has been **largely reactive**, with limited proactive activity, for many years and the Communications Team and Trust leadership needs to concentrate on building stronger relationships, especially with the local media.
- Work on the **public website** needs completion to offer a fresh 2019 approach and this will be prioritised within the team



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Challenges

Governors & Members

- There is a need to **improve engagement** with members:
- Improving **Trust reputation** - concerns remain linked to adverse publicity. Opportunity to address misconceptions/perceptions, promote the facts as well as stories of achievements/successes and develop a body of champions.
- The Trust is **not fully engaging** with its membership and so it is largely inactive despite relatively high numbers. Of **10,361** members (Public 7,096, Staff 3,265) only 3,497 public members have registered an email address.
- Need to increase the **opportunity to feed back** and/or to become involved in or attend relevant activities, eg openings, AGMs, awareness events – more events should be planned accordingly.
- Need to work with and encourage governors to take more active role in identifying opportunities to **engage with their respective constituents**, supported by the Trust Communications team.



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This is an ambitious, but achievable plan assuming that all other things are equal and the proposed expansion of the communications team takes place and strong candidates can be recruited to complete the team. There are a number of key risks that could affect the scope of activity undertaken as well as the proposed time scales for achieving improvements.

- 1. Resources are essential:** This strategy would see 30% of team focused on external work. The Trust's ask is extensive and the current skill levels and/or capacity are not adequate. It is also proposed that the Communications Team develop a 'network' of Super-Users and Champions across the Trust as an extra resource for news, intranet/web content and cluster activities.
- 2. Left-field issues:** Communications and PR activity includes a significant volume of reactive work, eg negative media enquiries, crises, responding to internal or external demand, external NHS changes or other factors. Significant issues, or significant numbers of issues affect, and will continue to affect, time scales.
- 3. Collaborative working:** There is a significant push towards partnership working but different organisations have their own priorities that may not necessarily fit with ours.
- 4. Making use of technology:** Technology is a rapidly moving feast and the Trust risks losing touch with key audience groups if they do not stay current in terms of tools and skill mix.



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Communication Priorities

Laying the foundations



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Laying the Foundations

The priority for the 2019-21 period should be on establishing a stable, capable and sufficiently resourced communications team and on getting the basics right, including tools, policies and processes.

This will lay the appropriate foundations as we journey beyond 'Outstanding', supported by staff, patients, members, governors and stakeholders who are each aligned to the same goals.

However, this vision comes with the caveat that this strategy *must* be underpinned by tangible continuing improvements in care and services and there is also interdependency between this plan, the Trust's new Improvement Plan, the Patient & Public Involvement strategy and the Workforce and HWB strategies.

Communications and PR messaging should always mirror both improvements made, and the 'state of play' within the Trust to ensure honesty, fairness and balance against a backdrop of the challenges still faced as we journey beyond 'Outstanding'. For this reason, close collaborative working will be essential between Communications, Workforce, Quality Improvement and Leadership in particular.

Below are the six high level actions areas that will be directly owned and led by the Trust's Communications Team :

- 1: Planning and resources
- 2: Enabling effective, high quality communications
- 3: Creating outstanding communications tools
- 4: Helping the Trust to recognise and value staff and members
- 5: Measurement and evaluation
- 6: System and Partnership working aligned to NHS LTP



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2019-21 Communication Priorities

Various departments across the Trust will initiate many campaigns throughout the period and the Communications Team will endeavour to support these as far as practicable, with resources provided, based on priorities and capacity at the time of the request.

The core priorities and areas of action identified for 2019-21 are set out below:

1. Enabling a stable workforce – aligned to Workforce and HWB plans
2. Supporting the Trust's new Patient First Improvement Programme and the national Prevention agenda
3. Improve external engagement with Members, Patients, MPs/Councillors, Public and the Media
4. Annual: Winter, NHS Staff Survey, Staff Awards, Quality Accounts and Annual Report
5. Supporting Kingston Hospital Charity and Volunteer Programme
6. IT/Digital strategic programmes including launch of new website
7. Support system-wide communications and engagement activities/campaigns
8. Establish KPIs for team based on the above and undertake regular evaluation of performance and activities to measure impact and outcomes



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Key Messages

The following key messages reflect the Trust, its aims and values as they stand currently, and should be woven into internal and external messaging as far as possible and wherever appropriate:

- **Aspire to Excellence ... Beyond 'Outstanding'**: We are focused on delivering the best possible patient care, and aim to go beyond 'Outstanding' as rated by local people and staff as well as the CQC.
- **Improving**: We are a constantly **improving Trust**. Although we have more work to do, we have 'Outstanding' leadership, are delivering good/best practice in many areas and are among the best in the country for eg Cancer waiting targets, ED performance, sepsis management etc.
- **Proud**: We are **proud** of the Trust, our staff, our high performing as well as the clinical care and improvements we have delivered over the past year.
- **Accountable, open and honest**: We will engage in the difficult issues as well as the positive, and will always apologise where we have not reasonably met expectations.
- **Values-based**: We remain true to our Trust's **core values**, which underpin our behaviours and approach to everything we do. We nurture a **culture** where we openly share and learn from best practice, actively encourage innovation, and empower staff to take ownership of making positive change happen. We value and recognise the vital contribution made by staff.
- **Collaborative partners**: We are taking a role in helping to make improvements across the local health and care economy, we will deliver on our commitments and remain committed to working **collaboratively** with our patients (through the ambitions laid out in the new Patient & Public Involvement strategy) and our partners to support the national agenda for service integration, prevention and parity in care.



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