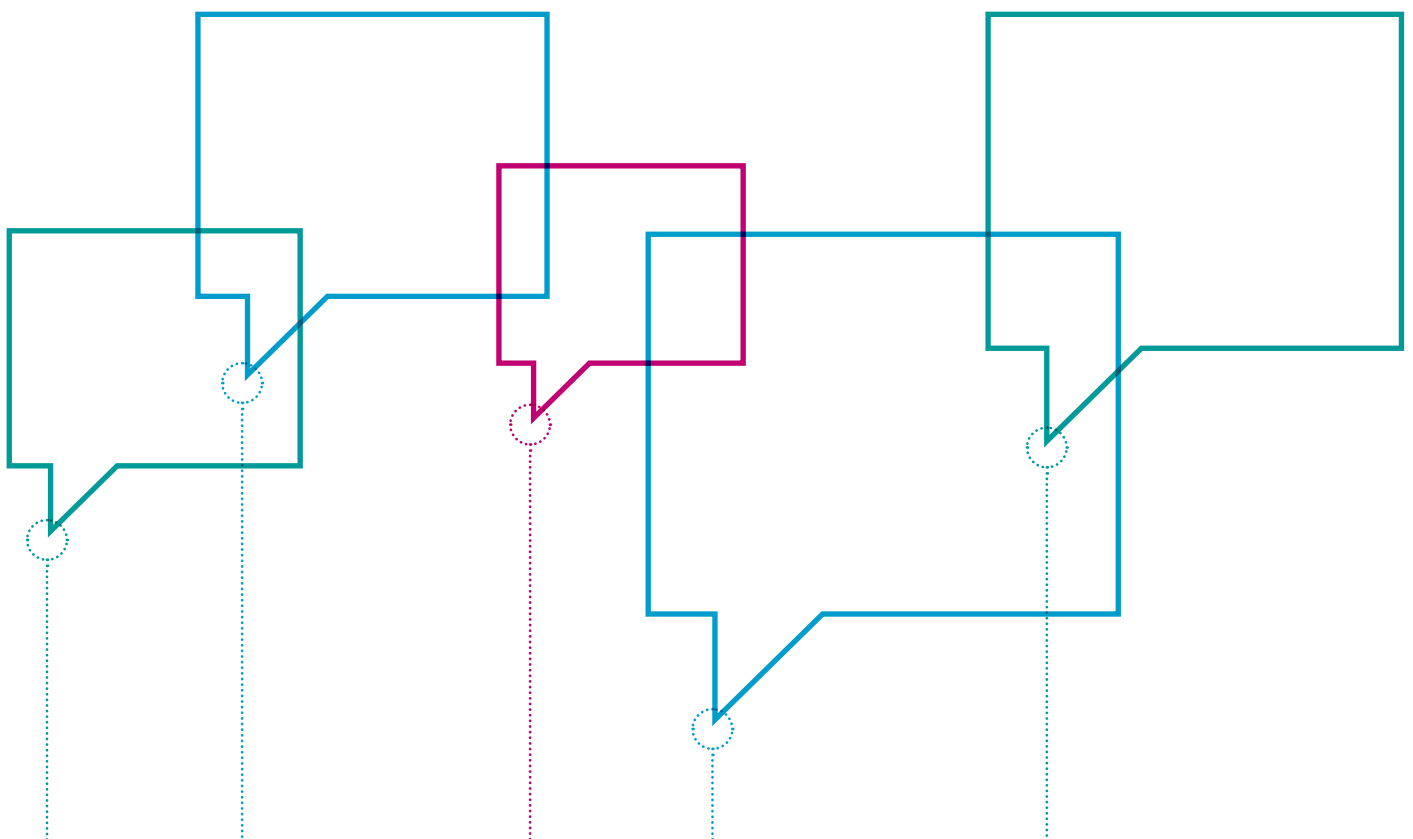


Communications Strategy

2013 - 2016



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1. Introduction

1.1 Executive summary

Communicating well as an organisation is vital to our success. The scale of the challenge facing NHS trusts in pushing through major reforms outlined in the Health and Social Care Act 2012, against the backdrop of current financial constraints, is unprecedented. Locally there are challenging times ahead for the NHS and our Trust is not immune to the national requirement to reduce costs and become more efficient in the way we provide our services. Establishing constructive and engaging dialogue with our stakeholders is essential if we are to succeed in this challenging environment, and is pivotal to realising our vision for the future and achieving our organisational strategic goals.

This Communications Strategy will provide a framework for the delivery of effective communications over the next three years, recognising the challenges we face while ensuring we are equipped to position ourselves as a clinically-led provider of consistently high quality specialist care.

Some of the communications tools we propose to use to achieve the objectives set out in this document are additions to those used in recent years. Responding to the constantly shifting digital landscape is important for all communicators if we are to meet the expectations of those who interact with us. This Communications Strategy will equip GHNHSFT for the future, enabling us to begin to make the critical shift toward a more balanced approach to the use of traditional and online communications methods to reach out to and engage our stakeholders.

In developing this strategy we have taken into account the communications requirements of other key Trust documents, namely:

- the Stakeholder Engagement Strategy
- the Annual Plan
- the Trust Strategic Framework
- the Mission, Vision and Values

1.2 Why good communications matters

There is significant evidence¹ to support the contribution that effective communication can make to improving organisational performance. Further still, significant links have been made in both business and public sectors to reputation as a key contributor to the health and performance of an organisation. Through their 'Public Perceptions of the NHS' studies and other reputation analyses, research organisation IPSOS Mori have developed a substantial amount of data related to the overall performance of an organisation and the effectiveness of their communication.

Good staff communication is also critical if organisations are to effectively engage with their staff. From a financial perspective, the benefits of an engaged workforce are compelling, with numerous studies linking employee engagement with improved productivity². We want our stakeholders to be aware of and support our vision and values, understand the reasons for the decisions we make and be able to inform and influence these.

Within our own organisation, the percentage of staff reporting good communication between senior managers and staff in the annual Staff Survey has been below that of the national average for the past two years. Other key results from the Staff Survey 2011 appear to indicate that despite steps taken to improve to staff engagement, involvement and communication these have not been translated into a change in the perception of staff.

1. *The Communicating Organisation*, Department of Health, 2009

2. http://www.nhsemployers.org/Aboutus/Publications/Documents/Improving_staff_engagement-Briefing_68.PDF

1. Introduction

1.3 What good communications looks like

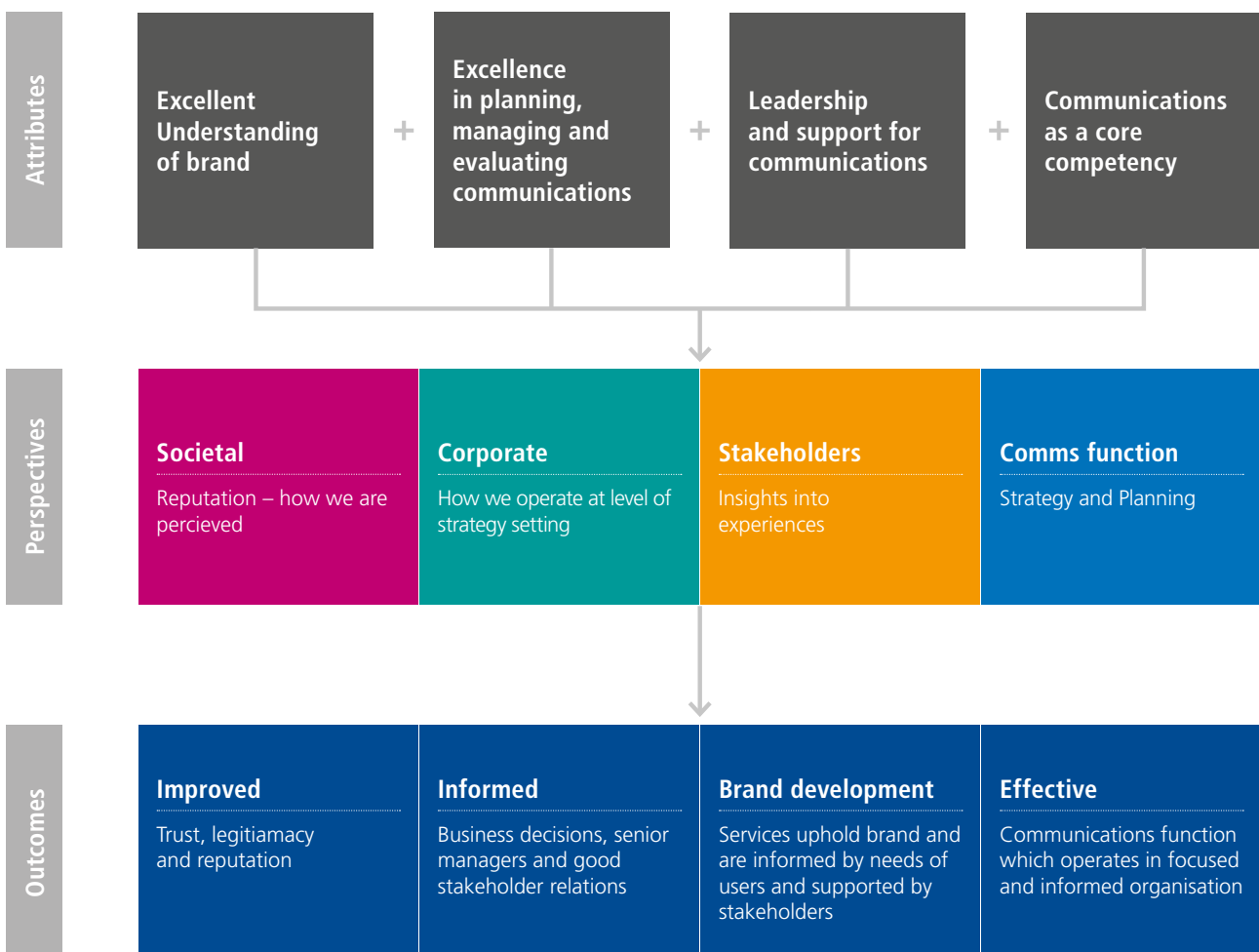
According to the Centre for Public Relations Studies at Leeds University³ organisations that communicate effectively have the following four attributes (see Fig 1):

³. What Good Looks Like: An evidence base, 2009

- An excellent understanding of the brand
- Excellence in planning, managing and evaluating communication
- Leadership support for communication
- Communication as a core competency

In achieving the above through four core perspectives (societal, corporate, stakeholders and the communications function) we can expect to improve trust, legitimacy and reputation with the local community and be able to make informed business decisions taken by better equipped senior managers. We will be able to ensure our service developments are informed by the needs of their users and that change is supported by engaged stakeholders.

Fig 1. A framework for describing communicating organisations



At the level of the individual, good communication ensures all staff feel they are kept well informed, know where to go to find information, have a voice that is valued and have the opportunity to influence planning and decision making around service development.

1. Introduction

1.4 Supporting the framework for the future

Gloucestershire Hospitals NHS Foundation Trust has set out the strategic objectives for 2012/13 within four, equally important, core domains:

- **Our Business** – to ensure our organisation is stable and viable with the resources to deliver its vision
- **Our Staff** – to further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance
- **Our Services** – to improve year on year the safety of our organisation for patients, visitors and staff and outcomes for our patients
- **Our Patients** – to improve year on year the experience of our patients

Each of the objectives is equally important to our core business 'mission' to 'improve health by putting patients at the centre of excellent specialist care.' If we achieve our objectives we will move closer to our vision for the future, which is to provide 'safe effective and personalised care - every patient, every time, all the time.'

Effective communication will be central to the successful delivery of all these objectives, narrowing the gap between where we are now and where we would like to be.

This Communications Strategy identifies three priority areas for 2013 - 2016 which will support the delivery of the Trust's Vision, Mission and Strategic Objectives. These are:

Brand development and reputation management

Providing, developing and embracing digital communications platforms

Building on our success and doing the basics well

Each of these three priorities is supported by several objectives in a detailed action plan (see *Communications Strategy Action Plan 2013/14* in Annexe A). At the end of each year during the life of this strategy, we will review our performance against each of the strategic communications objectives in a Communications Strategy Update to the Board. Our action plan will include measurable targets to against which our performance can be evaluated.

2. A new world of communications

2.1 The digital revolution and Web 2.0

Within a few short years, online communications and social media in particular, have revolutionised communications and information-sharing worldwide, creating what some experts call the most significant and fundamental shift in world culture since the Industrial Revolution. Social media tools, such as Facebook, Twitter and YouTube, are rapidly changing the way we find, consume and share information. These platforms enable millions of people worldwide to connect and communicate in new and innovative ways, transforming online monologues into engaging dialogues.

Technology has reached a point where everyone can have a voice, where content is everything and where the conversation is everywhere. This revolution of digital technology, known as Web 2.0, delivering social media, blogs, forums and wikis, provides a range of new and exciting opportunities for public sector communicators to engage with their stakeholders.

New research published in July 2012 by OFCOM⁴ shows that social media is here to stay and is being adopted in increasingly large amounts, particularly among 19-24 year olds – a notoriously difficult to reach social group for many public sector organisations.

4. The Communications Market, OFCOM, July 2012

However, social networking is not the preserve of the young. The OFCOM research shows that it is used daily to communicate by about one third (32%) of adults. The OFCOM research shows:

- The average consumer now spends 90 minutes a week on social networking sites
- In 2012 50% of adults used the internet to access social networking sites, 15% read or browsed Twitter and 9% posted a message on Twitter
- Looking at the overall ways in which people communicate with friends and family on a daily basis, 68% use any textbased methods and 63% use any voice-based services.

2.2 What this means for us

As an organisation we are now operating in a world of instant comment, peer-to-peer communication, dynamic and constant reputation and stakeholder management. The behaviours and expectations of those who use online methods to seek and receive information have inevitably increased the demand for interactive services and responsive, immediate methods of engagement.

Harnessing these opportunities to help us positively engage with our stakeholders will be essential in the onward delivery of effective communications in the future. NHS trusts in the South West which currently use social media actively report that it has proven to be a successful and effective method of engaging with staff, especially with those groups which are traditionally harder to reach. Online conversations about our effectiveness as an organisation, our services and our staff are taking place right now. It is also important to recognise the limitations and potential pitfalls of these forms of communications and ensure we have the right structure in place to manage them successfully.

3. Where are we now - insights and influences

3.1 A time of unprecedented change and challenge

The Trust provides acute hospital services from two large district general hospitals, Cheltenham General Hospital and Gloucestershire Royal Hospital. Trust staff also provide outpatient clinics and some surgery from community hospitals throughout Gloucestershire.

The Trust remains the major provider of secondary care services in the area. Analysis shows that for Gloucestershire we are the leading acute healthcare provider by a significant margin.

Our overall share (% of Gloucestershire PCT expenditure) is about 80%. In terms of year on year change there has been a small percentage increase in patients travelling to specialist centres outside of the county. We employ around 8,000 staff and have a turnover of around £420 million.

The Trust has a record of success, but is facing challenges and a time of change that are unprecedented:

The economic position

The economic position means that health funding is likely to reduce in real terms over the next five years. The impact is greater on the acute sector. The Trust will be expected to generate a surplus of 1% in 2012/13, 1.5% in 2013/14 and 2% in 2014/15. At the same time the Payment by Results tariff for 2012/13 is reduced by 1.8%. The Trust has saved £72 million over the past three years. However, this level of saving has to be maintained.

Demography and demand

The profile of Gloucestershire is changing; the ageing population is increasing at a significant rate. The county's population aged over 65 is projected to increase by at least 50% by 2021. This means 16,000 more admissions related to population change alone for the same period.

However, there are a wide range of factors that will reduce the demand for hospital beds. New technologies and innovations constantly offer opportunities for less invasive or more local interventions.

The countywide strategy for healthcare in Gloucestershire has at its heart the commitment to reduce the reliance on hospital based care by altering pathways of care and providing alternatives to admission that enable people to access care as close to home as is safe and feasible. Schemes to deliver this service redesign are included in the Gloucestershire Quality Innovation, Productivity and Prevention (QIPP) plans. In addition the introduction of new providers into the healthcare landscape for Gloucestershire should also have the impact of reducing the proportionate demand on GHNHSFT.

The scale of the financial and demography changes demonstrate the importance of the QIPP programme in delivering transformational change in service delivery.

The impact of changes in policy

The Health and Social Care Act (February 2012) provides a new structure and a new approach to commissioning. Its principles are that patients should have more control over the care they receive and that those responsible for patient care, should have the freedoms and powers to lead an NHS which delivers continually improving care for its patients.

3. Where are we now - insights and influences

A new NHS Commissioning Board was established in October 2012 and the Primary Care Trust will cease to exist from March 31, 2013. Locally, NHS Gloucestershire and NHS Swindon have come together into a single PCT cluster. The GP led Clinical Commissioning Group for Gloucestershire has been established. The CCG has established the Gloucestershire Clinical Priorities Forum to provide an opportunity for clinical input to commissioning across the health sector.

The policy changes provide a renewed focus on improving the experience for patients and carers, particularly with reference to older people and veteran's health, and a reaffirmation of the importance of the NHS Outcomes Framework. Quality is a high priority.

Innovation is also a high priority; innovation is to be harnessed to improve patient outcomes, to improve quality and productivity and to contribute to the Government's Plan for Growth.

Our staff

The current economic position means that change for staff is unavoidable; the pay bill represents two thirds of our expenditure. The Trust as a member of the South West Consortium has engaged experts to advise on options that may be considered. There is a risk that the scale and context of potential change will be misinterpreted and reduce morale.

Culture

The Board and Chief Executive have set out a clear vision for the Trust. This includes a shift in culture, where every member of staff has a proactive and positive 'can do' attitude.

Service Line Management is a structural change that requires a major shift in culture. It includes devolving management responsibility to lead clinicians and service managers so that our specialties are recognised and function as businesses in their own right. This is a big change to the way that the Trust currently operates, with new freedoms being granted for some and loss of control for others.

3.2 What this means for communications

Communications has a central role in supporting the organisation and its stakeholders through this landscape of change and challenge.

4. The Corporate communications function

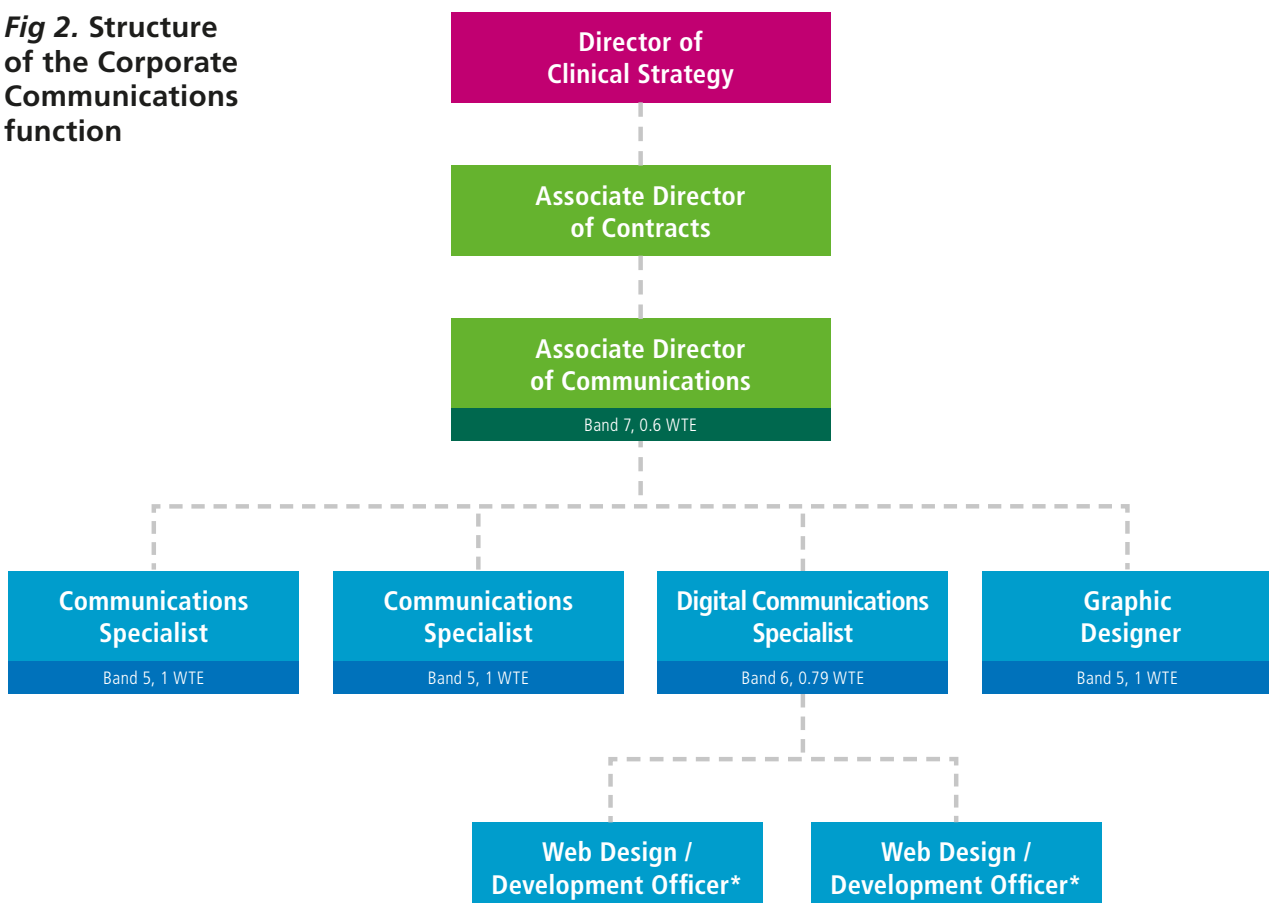
4.1 Roles and responsibilities

All members of staff throughout the organisation have a part to play in supporting the delivery of effective communication, ensuring this takes place internally with each other, by engaging with partners and the public and by helping us share good news about our services. Communication is everyone's business and is not the responsibility of the Communications Team alone.

However there are specific tasks and responsibilities that are performed and managed by the team. The Communications Team provides leadership, technical expertise, advice, guidance and support on all communications issues. Our responsibilities currently include but are not limited to:

- brand and reputation management
- media relations
- internal communications
- campaign management
- web/intranet content development
- graphic design
- project support for key corporate developments and service change
- support for emergency planning/major incidents

Fig 2. Structure of the Corporate Communications function



*Subject to the completion of reconfiguration of the Countywide IT Service

4. The Corporate communications function

4.2 How we communicate

Internally – With in excess of 7,000 members of staff across more than one acute hospital site, communicating internally can be a challenge. At a corporate level we currently have the following internal communications tools at our disposal:

- the intranet
- Outline magazine (monthly)
- Involve - monthly staff briefing leaflet circulated via global email and monthly open verbal briefing by the Chief Executive held on both sites
- global email
- screensavers
- posters, leaflets, other printed materials
- 100 Leaders events

At an operational level the responsibility to communicate with staff is passed by cascade from senior management to their teams.

Externally – our Communications Specialists have established excellent relationships with local media and manage the news agenda on a daily basis. Between August 1, 2011 and July 31, 2012 the Communications Team received 592 media enquiries. Although the type and/or quality of coverage is not currently measured we know by recording the nature of all enquiries that the main issues for our local media can be broadly categorised as below:

- finance and performance: perceived mismanagement of finances, CQC and Monitor interventions, fines, missed targets, investment, capital development
- patient experience/quality of services: poor/excellent experience, new initiatives, SUIs, new treatments, innovation
- staff: jobs at risk, Unison action, staff survey, staff awards
- corporate: sustainability, new contracts, reconfiguration, MP/high profile visits

Our methods of communicating with our external audiences are predominantly traditional, via:

- press releases
- news events - campaign launches, interviews, photocalls
- our website
- production of corporate materials - posters, documents, newsletters

Positive news coverage is generated on a weekly basis through features and news stories with local press and radio stations. All coverage is shared on a daily basis with the Chair and Chief Executive and is uploaded to the intranet. The outcome or impact of our coverage is not formally recorded or evaluated.

4. The Corporate communications function

4.3 Approach, constraints and issues

The Communications Team is a corporate function and plans, tailors and delivers key corporate messages throughout the organisation. Tasks are currently prioritised in accordance with their direct relevance to the delivery of the corporate objectives. Organised workload of this kind operates concurrently with the management of the press office function, with media enquiries handled daily regardless of scheduled work. As a consequence the team can find it hard to make time for forward-planning. The extent to which the Communications Team is able to provide robust responses to media enquiries is often limited by the availability/willingness of key spokespeople to provide media interviews.

Along with other departments within the organisation, the team works alongside HR and Patient Experience to support the delivery of individual projects, such as the Staff Survey and Awards, and promotion of Inpatient/ Outpatient Surveys. The support provided to these two key departments is not formalised or defined.

Sourcing information for proactive communications can be a challenge for the team and is heavily reliant on established channels via project groups, meeting minutes or management cascade. Innovations, individual awards/ recognitions may not be communicated via these methods and opportunities for promoting key messages may be lost in these instances.

While visitors to our hospitals can post news, comments, images and videos to any number of online forums, the Communication Team's ability to respond quickly and easily to events is currently limited to what can be provided via a PC at a desk. While our website's Content Management System (CMS) can be accessed remotely, there are no smartphones within the team to do this. As a consequence opportunities to update our audiences at a pace at which they are currently able to engage are missed.

Crucially, the team's ability to assess performance and monitor the impact of campaigns is limited to what we know about the effectiveness of communications at an organisational level. The annual Staff Survey provides valuable insight into overall effectiveness of staff communications and engagement. Patient experience data enables us to understand any reputational issues which may need addressing.

When considering the model for effective communicating organisations (Fig 1, page 4) thorough and analytical evaluation of our communications activities are largely absent from our corporate function. In addition, the communications perspective is not fully embedded within the organisation with no senior communications presence at Board or Executive level. Communications requirements are not routinely considered at the point of strategy development, leading to last minute requests for support and an unpredictable workload for the team.

5. Where we want to be

5.1 Key messages

GHNHSFT has six core values which act as principles to guide us in our thinking and our actions. They are also standards against which we judge ourselves and others. These are:

Listening, Helping, Excelling, Improving, Uniting, Caring

These values are a core component of our brand identity and are used to help us convey who we are and what we stand for. We will propose within our Brand Development and Reputation Management priority (see page 13) that the promotion of these values be further developed and have outlined actions to embed them.

The values evolved following discussions with patients and staff in 2008 and provide a framework for the development of more specific key messages:

- patients are at the centre of all we do
- our staff will work together to provide the best possible care for you
- you can feel safe and confident in your treatment
- our specialists will use their expert skills to care for you as an individual
- our hospitals are clean and safe
- you will be treated with kindness and respect

5.2 Principles

A set of principles will help guide the work of the Communications Team and others working to deliver effective communications within the organisation:

- **strategic:** we will justify everything we do by showing how it contributes to the objectives of the organisation
- **transparent:** our communications are attributed, open and honest
- **mainstream:** communications is core business for the Trust and everyone has a contribution to make
- **audience:** all communications will be specifically targeted, crafted with a particular stakeholder group in mind. Our stakeholders are defined in the Stakeholder Engagement Strategy
- **improvement:** we will learn from the best and explore opportunities to be better
- **partnerships:** we will work with relevant partners in other organisations to minimise duplication and ensure consistency
- **practitioners:** we are the communications experts and will take the lead on advising and supporting others to deliver good communication
- **evidence based:** we will evaluate what we do, learn from mistakes, build on success and improve as a result.

5. Where we want to be

5.3 Priority 1: Brand development and reputation management

The changing policy landscape means reputation management is becoming increasingly important to all NHS organisations. Reputations are built by developing strong and valuable relationships with key stakeholders and cannot be managed by one team alone. Our reputation consists of the perception that stakeholders develop through their accumulated experience of our hospitals, both in their direct contact with staff and services and via external influences such as the media. It is only as good as the actions of the staff they come into contact with in our organisation.

External influences on our reputation will continue to become increasingly important as the development of online communities, and the speed at which they can build or damage reputation, continue to grow. A good reputation amongst staff ensures better levels of morale and an increased ability for the Trust to retain and recruit staff. It also increases an organisation's ability to implement change as staff embrace the organisation's vision and values.

Understanding the issues which arise as a result of Inpatient and Outpatient Surveys will help us assess our reputation with those who have direct experience of our services and staff. In 2011/12 the Care Quality Commission visited Cheltenham General and Gloucestershire Royal Hospital and presented positive reports; the national inpatient survey showed 93% of patients rated their care as good, very good or excellent. We will;

- work with the patient experience team to explore opportunities to gain insight into the impact of communications activity and the effect on reputation, capture information gathered through informal routes, such as focus groups
- promote an awareness among staff of the value of relational and reputational capital, working with service lines to develop materials to support communications channels and with Education, Learning and Development to influence communications training
- monitor and evaluate media activity to assess the impact of our communications output and adjust accordingly to manage and build reputation
- produce a monthly reputation report, circulated to the Executive Team
- the Trust's vision and values are the foundation of our brand identity. They define what we stand for and reflect our ambitions as an organisation. We will;
- review the use of our internal/external branding to ensure best approach
- monitor and maintain consistency of all branding across all traditional and online communications platforms
- develop a brand centre to facilitate consistent use of branding while empowering and educating others
- identify ways to further embed the values throughout the organisation.

More detailed objectives and actions can be seen in *Communications Strategy Action Plan 2013/14* in Annexe 1.

5. Where we want to be

5.4 Priority 2: Providing, developing and embracing digital communications platforms

The website: The Trust's website and intranet are now supported by a new Content Management System and much of the information on the old sites has now been updated and migrated into the new platform. An organisation's website can no longer act solely as a digital brochure, something that we have recognised during the past 18 months of the Web Redevelopment Project. In order to build and further develop our sites we will:

- establish a culture of continuous improvement in relation to web development
- exceed the expectations of our users, using the best of technology to improve patient experience via our websites
- explore opportunities for the development of a mobile website
- empower staff to manage their own web content and communicate directly with patients via the CMS

The intranet: Successful intranets are no longer simply information or document stores, they are forums for collaboration and knowledge sharing, useful tools for performing key tasks, and engaging platforms where the organisational values are evident and culture is developed. We will:

- produce an intranet development strategy aimed at addressing key staff engagement and involvement issues within the Trust
- facilitate collaboration and initiate a shift in staff culture from passive to active knowledge acquisition

Social media: The way people access and share information has changed dramatically in the past decade, as outlined in Section 2, 'A New world of communications' (see page 6). The development of a Social Media policy and associated Code of Practice will define how appropriate and considered use of social media will support the achievement of our objectives and improve stakeholder engagement. By using social media as a communications tool we will:

- support the general public's expectation for enhanced access to online information
- improve the trust's ability to effectively get information to its stakeholders, including diverse audiences, through a more balanced approach
- ensure that the Trust's communications spend is used effectively (social media is a free method of reaching a wide audience)
- gain useful insight into the public's perception of our services or topics that are of interest to target audiences
- increase openness and transparency of information and provide more accessible customer service by improving Trust's ability to respond to questions, requests and inaccurate information online in real-time.

More detailed objectives and actions can be seen in *Communications Strategy Action Plan 2013/14* in Annexe 1.

5. Where we want to be

5.5 Priority 3: Building on our success and doing the basics well

In recent years the Communications Team has directly supported the successful completion of key Trust developments including the opening of the Women's Centre in 2011, the internal communication of the Safety campaign, the creation of the Kindness and Respect Behaviour Standards, the redevelopment of our web and intranet sites and the re-design of our corporate brochures. In addition, the team produces a monthly newsletter Outline, a quarterly FT Members newsletter and a monthly team brief, Involve.

It is important for us to build on these successes and to organise our small team so our work is efficient, effective and has maximum impact:

Internal communications and engagement: Our organisation is not only judged on its corporate words and actions, but by the myriad of individual transactions that take place on a daily basis between our staff and patients. High quality, effective communications must be carried out at all levels of the organisation. To enable our staff to better convey the organisational narrative, we will:

- align the work of the Communications Team more closely with the work of the service lines, providing a detailed proposal of the support available
- develop toolkits and supporting materials to empower service lines and divisions to communicate effectively with staff
- develop an intranet strategy to employ social elements, facilitating staff engagement and meaningful dialogue

GP communications: In the current climate of NHS reform, building partnerships with our future GP commissioners will be essential if we are to shape future service provision that best meets the needs of local people. GPs are a trusted source of healthcare advice and have a strong influence over a patient's choice of provider. To facilitate better communications we will:

- explore opportunities to further develop and promote the GP section of the website
- develop a new e-newsletter with targeted content

Media and public relations: Having the resources, knowledge, expertise and flexibility to deal with reactive and crisis communications will always be an essential prerequisite for any communications team. Time should also be made available to organise proactive public relations campaigns, redress the balance when the Trust is under fire and consider approaches for positive but more time-consuming media opportunities. We will:

- use relationships with service lines to identify and forward plan positive PR opportunities
- identify and train informed, key spokespeople throughout the organisation to speak publicly on a range of high profile issues
- reorganise workload within team to provide protected planning and evaluation time.

More detailed objectives and actions can be seen in *Communications Strategy Action Plan 2013/14* in Annexe 1.

5. Where we want to be

5.6 Evaluation and analysis

Evaluation should be seen as an integral and continuous stage in the communications process. Evaluating the effectiveness of our communications tools and techniques is vital if we are to understand what works and what doesn't and whether our messages are reaching the right audiences. Evaluation:

- focuses 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

Measuring the effectiveness of communications isn't simply about monitoring our output (the quantity of posters, leaflets, press releases issues) but should be about assessing the outcomes of our activity – what our campaigns have achieved.

In order to gain useful data to help plan and measure the effectiveness of campaigns and assist reputation/brand management we will identify relevant metrics, set goals and evaluate:

- **the press office:** establish media monitoring and reporting mechanisms assessing quality and quantity of coverage gained
- **the website:** use Google Analytics and intranet analytics packages to understand user behaviour and inform development of the sites
- **social media:** evaluate effectiveness of social media and other digital communications channels via Tweetdeck, tweetreach.com, klout.com and other free Twitter evaluation tools
- **internal communications:** consider use of tools such as MailChimp to understand effectiveness of key emails/e-newsletters. Audit effectiveness of the in-house newsletter and explore opportunities to increase readership

We recognise that evaluation techniques are constantly changing and priority will be given to understanding what will work for us - how best to gain the data we need to develop our communications in the future. The results of these reporting mechanisms will be collated and reported to the Executive Team on a monthly basis enabling them to understand our current reputational status.

6. Conclusion

This Communications Strategy outlines key areas for development over the next three years, focussing on three core areas to enable us to become a more strategic and effective communicating organisation.

The communications function comprises of a small team with a wide remit to guide and protect corporate reputation, improve communications standards and influence decision-making at a senior level. It is vital that the function has the tools, skills and buy-in of the senior team to support further develop communications within the organisation and achieve the goals that have been set.

It is important to note that many of the key areas for development may not be achievable within the current available resources of the department.

If the priority areas for development are endorsed by the Board, we propose the next stage of strategy implementation will be to identify any gaps in organisational structure and resources required and put forward plans to address these.

Effective communication is something to which everyone within the organisation can and should contribute. We welcome feedback on this vision for the future of communications within our organisation and look forward to working with our colleagues to deliver it.

7. Glossary

Content Management System (CMS) – A content management system, or CMS, is a computer program that allows publishing, editing and modifying content on a website as well as maintenance from a central page. It provides procedures to manage workflow in a collaborative environment. The CMS used to manage GHNHSFT's web and intranet sites is called EpiServer.

Online Communications – refers to the communications of information through the use of the Internet for any purpose. There are several different general categories of online communications, including, but not limited to social media, social networking, online advertising and email marketing

Social Media – focuses on building online communities of people who share interests and/or activities, or who are interested in exploring the interests and activities of others through two-way communication. Popular methods include Facebook and Twitter

Traditional Communications – refers to the sharing of information for any purpose via commonly used traditional tools such as media relations (media releases, photocalls, interviews), print (brochures, posters, newsletters, corporate documents) television or radio.

8. Annexe 1: Communications Strategy Action Plan 2013/14

PRIORITY	OBJECTIVE	ACTION	MEASURE
Building on our success and doing the basics well	Continue to work with local, regional, national and trade media (all types) to ensure coverage is predominantly positive and provide effective rebuttals and balance where required	Develop proactive 12-month PR plans in partnership with the Service Lines	Develop media tools and metrics to enable greater analysis of all coverage based on delivery of key messages. Identify trends
		Develop further the media centre exploring opportunities to provide podcasts, for example	
		Identify and implement methods of impact evaluation for campaigns	
	Increase openness and transparency of communications	Continue to provide communications advice and support for SUIs, inquests, legal cases and FOIs	
	Ensure there are robust internal and external communications channels in place to respond to major incidents or other emergencies.	Review of comms plans and procedures, support with development of key major incident web areas, active participation in exercises to test the system, use of social media	Review plans and procedures in line with outcome of exercises
	Provide communications support and advice to senior decision makers on issues which will impact on staff morale, patient confidence, or general reputation	Social media monitoring (see below), analysis and feedback on issues/themes of importance. Establish comms involvement at point of decision-making	
	Improve internal communications processes so that staff feel well informed, know how to access information, have a voice that is valued and have the opportunity to make sure their voice is heard	Create Operational Comms Toolkits to support service/support lines	
		Establish direct link to service lines from comms. Consider support contracts to agree process and methods of support provided	
		Development of intranet strategy (see below)	Surveys, analytics, focus groups
		Promote and disseminate good news stories throughout the organisation, celebrating staff achievement eg via Staff Excellence Awards	
Review use, format and distribution of Outline		MailChimp (or similar)	

8. Annexe 1: Communications Strategy Action Plan 2013/14

	Establish new processes to allow for forward planning and continuous professional development	Review working arrangements for press office cover	
		Attend regional comms meetings where appropriate	
		Produce 12-month activity planner to support assessment of demand v capacity and allocation of resource	
		Take advantage of free industry events/courses/workshops/seminars/webinars	

8. Annexe 1: Communications Strategy Action Plan 2013/14

PRIORITY	OBJECTIVE	ACTION	MEASURE
Providing, developing & embracing digital platforms	Review usage of the Trust website and redevelop to ensure web and intranet sites are developed in response to needs of users	Develop intranet strategy	Google Analytics (or other internal)
		Establish and work with focus groups to agree new design format, structure and functionality	
	Increase openness and transparency of information and facilitate better customer service via the website		Use of Google Analytics to guide development, analyse operating systems and explore opportunities for targeting key audiences
	Identify and start using social media platforms to communicate with stakeholders	Develop social media policy (staff use), Code of Practice (corporate) and implement use	Tweetdeck, Tweetreach, Klout etc
	Ensure the continuous monitoring, tracking, researching and evaluation of online communications tools, trends and best practices, leading to continuous improvement and the potential use of new tools in the future	Establish comms/web social media rota	
		Research and identify key objectives for use of social media	
		Arrange service line/divisional meetings to identify and explore social media opportunities	
	Develop new channels as a low-cost, high quality mechanism for communicating with stakeholders	Explore opportunities for creating mobile web platform for external site	Customer insight. Work with Patient Experience
Evaluate opportunities for use of internet-ready TVs in key areas			

8. Annexe 1: Communications Strategy Action Plan 2013/14

PRIORITY	OBJECTIVE	ACTION	MEASURE
Brand development and reputation management	Ensure Trust branding is used and supported consistently by all staff and across all platforms	Review corporate identity guidelines and brand positioning	
		Develop online Brand Centre to support use of branded materials across the Trust	Develop and maintain reputation dashboard to provide overview of status and share with Exec Team on monthly basis
		Ensure understanding of the brand and key messages are integral part of the induction process	
		Ensure process is in place for monitoring consistency of use both online and offline	
		Monitor content of Divisional newsletters to ensure consistency of message	
		Design, write and manage production of key corporate brochures for 2012/13	
	Ensure staff at all levels understand the brand, our key messages and who we are	Work with Divisions/Service line contacts to promote awareness and understanding of brand centre	
		Review use and promotion of the Kindness and Respect Behaviour Standards	
		Work with Divisions/Service line contacts to develop key messages	
	Identify key Trust messages and ensure all branding reflects this	Review use of internal/external branding.	
		Establish closer working links with Patient Experience, ensuring best use of user feedback to support reputation management and brand development	
		Explore relationship to Values and key messages	
		Align tactics with strategy - convey the messages on most appropriate platform	
		Produce timetable of awards. Share with and encourage service lines to enter as appropriate	

8. Annexe 1: Communications Strategy Action Plan 2013/14

	Identify and establish new corporate communications channels to enable dialogue with stakeholders in harder to reach groups	Further develop and promote GP section of the website. Develop RSS feed	
		Explore mobile/accessible options for communicating with junior doctors	
		Design and issue e-newsletter for GPs	
	Provide robust rebuttal of all negative media coverage	Work with service lines/divisions to identify and train key spokespeople	

Communications Strategy 2013–2016

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