

**OUR COMMUNICATIONS AND
PATIENT & PUBLIC INVOLVEMENT STRATEGY**

2015 - 2017

1. INTRODUCTION

- 1.1 Somerset Partnership NHS Foundation Trust is the provider of community, mental health and learning disability services, employing more than 4,000 staff. The Trust provides services in community hospitals, mental health wards, GP surgeries, dedicated clinics and inpatients' homes across Somerset.
- 1.2 The Trust has developed, in partnership with its Council of Governors and staff, its mission, vision and values, and six strategic objectives to help it fulfil its vision.
- 1.3 The Trust recognises that effective communications and patient and public involvement are vital in the Trust's efforts to meet these objectives successfully. Additionally, the Trust recognises that to create real partnerships with patients, their families and carers there has to be real involvement of people so they can genuinely influence decisions made about their care, the services provided and the way the organisation works.
- 1.4 Real involvement must be built on a foundation of good communication, ensuring that everyone can get involved in their own care and the work of the Trust. Our Trust needs to listen to patients, their families and carers and needs to communicate with them about their care in a clear and accessible way.
- 1.5 This document outlines the overarching communications and involvement strategy for Somerset Partnership NHS Foundation Trust and articulates how corporate communications and patient and public involvement will work to support the Trust in delivering its key strategic objectives. It unites and supersedes the previous PPI and Communication Strategies that were ratified in 2013.

2. THE STANDARDS OF GOOD COMMUNICATIONS AND INVOLVEMENT

Communication and PPI Standards

- 2.1 Communication is central to how we build and improve the relationships we have with our patients, our staff and the community we serve. The reputation of Somerset Partnership NHS Foundation Trust as a provider of healthcare services depends, not wholly on the quality of care we give our patients, but also on what others – the public, our stakeholders, media and our staff – think about us as an organisation.
- 2.2 The NHS Constitution, revised in 2013, sets out principles for involving and informing staff, public and patients in health services. The findings of Sir Robert Francis QC in his inquiry into the failings that took place at Mid Staffordshire NHS Foundation Trust have very clear implications for NHS organisations and how they communicate with patients, families, staff and the public. The *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* and the Government's response *Hard Truths: the journey to putting patients first* set out a clear duty for NHS Trusts for openness, transparency and candour. Corporate communications

therefore have a clear responsibility to ensure that we communicate clearly and openly, reflecting not just the successes of a Trust but also when things go wrong.

2.3 Accordingly, all communication and PPI activity from the Trust will uphold the following standards. It will be:

- **Accessible:** understood by the target audience and easily obtainable and available in other languages, symbols or formats.
- **Open and honest:** avoiding misleading information and being honest and open when something goes wrong.
- **Respectful:** showing respect for all, acknowledging the different needs of individuals and populations.
- **Straightforward:** using plain English and avoiding jargon and acronyms wherever possible.
- **Engaging:** embracing new technologies and new media and using them when appropriate.
- **Current and timely:** responding quickly and accurately to requests for information, keeping information up to date.
- **Clear and professional:** demonstrating pride and authority in what the Trust does.
- **Cost-effective:** showing we have used public money wisely.

3. COMMUNICATIONS AND INVOLVEMENT OBJECTIVES

Communications Objectives

- 3.1 For communication and PPI to be purposeful and effective, it must support the organisation in achieving its wider aims and objectives. Table One sets out each of the six Trust objectives and the corresponding objectives for Trust communications. It also includes the primary target audiences for each communications objective.
- 3.2 An annual communications work plan will detail how each of these objectives will be achieved.

Table One: How Trust communication objectives will support delivery of the Trust's overall strategic objectives

Trust's key strategic objectives	Communications objectives	Primary audience
Service Delivery	<ul style="list-style-type: none"> To raise awareness of the full range of services provided by the Trust and how to access them. To promote the excellence in our services and of our staff. 	Public/Patients/Carers and families, NHS partners, Commissioners, Media. Staff, Public/Patients/Carers and families, Media, NHS partners, Commissioners.
Quality and Safety	<ul style="list-style-type: none"> To enhance the reputation of the Trust by celebrating success and by being open when we get things wrong. To promote PALS, the complaints service and the Friends and Family Test. To provide accurate, up to date and accessible information for patients, their families and carers, staff and the general public. 	Media, Public/Patients/Carers and families, Commissioners, NHS partners. Staff, Public/Patients/Carers and families. Staff, Public/Patients/Carers and families
Innovation	<ul style="list-style-type: none"> To promote innovation and showcase best practice by publicising projects which lead the way in improving services for patients, carers and their families. 	Staff, Public/Patients/Carers and families, Commissioners, Media, NHS partners.
Integration	<ul style="list-style-type: none"> To promote the benefits of an integrated Trust with consistent communications that are relevant and accessible to all staff. To support and communicate the vision for integrated services and the benefits for patients and staff. 	Staff Staff, Public/Patients/Carers and families, Commissioners, NHS partners, Media
Culture and People	<ul style="list-style-type: none"> To support staff and volunteers with good, effective communications which meet their needs. To promote opportunities for education, 	Staff (including volunteers) Staff (including volunteers)

Trust's key strategic objectives	Communications objectives	Primary audience
	training and personal development. <ul style="list-style-type: none"> • To celebrate staff and volunteer success stories. 	Staff (including volunteers), Public/Patients/Carers and families, Media
Viability and Growth	<ul style="list-style-type: none"> • To support service re-design with communications that make the case for change. • To promote the Trust's response to the wider financial challenges in delivering efficient, quality patient care. • To support business development and to build strategic partnerships as opportunities arise. 	Public/Patients/Carers and families, Staff, Commissioners, NHS partners, Media Public/Patients/Carers and families, Staff, Commissioners, NHS partners, Media Commissioners, NHS partners, Staff

3.4 Our Patient and Public Involvement Objectives for 2015-17 are:

Individual level:

- PPI 1. We will involve patients in decisions about their own care.
- PPI 2. We will listen to carers and families and involve them in the care of their loved ones as much as we can.
- PPI 3. We will make sure people receive information about their treatment and care.

Service level:

- PPI 4. We will give all patients ways to tell us about their experiences of our services.
- PPI 5. We will listen to all feedback from patients, their families and carers and report what they say about our services on a regular basis.
- PPI 6. We will make changes to our services based on feedback from patients, their families and carers.

Trust level:

- PPI 7. We will identify Board members and senior managers who are champions for patient and public Involvement.
- PPI 8. We will listen to and learn from complaints.

- PPI 9. We will ensure that patients, families and carers have a voice on appropriate groups in the Trust
- PPI 10. We will involve patients, their families and carers in training and education of staff and volunteers.

- 3.3 An annual PPI action plan will detail how each of these objectives will be achieved.
- 3.4 The Trust will use a ‘Ladder of Involvement’ to express the engagement opportunities that we use to ensure that our PPI objectives are met.

4. AUDIENCES AND STAKEHOLDER ANALYSIS

- 4.1 The Trust recognises that there is an increasingly diverse range of communication channels which people may use to access and share information. For all communications activity, the Trust will map internal and external stakeholders against an influence-interest matrix (Table Two) to identify the best level and type of communications channel for that audience.
- 4.2 For each communication activity, a stakeholder mapping exercise will also be used to identify and prioritise communications and match channels to key audience groups

Table Two: interest-influence matrix

Influence of stakeholder	High	<p>INFORM & INFLUENCE</p> <p>We will actively communicate and use public meetings, face-face briefings, surveys and existing management meetings.</p>	<p>PARTNER & EMPOWER</p> <p>We will work together to deliver mutually beneficial outcomes with frequent personal briefings, Q&A, workshops and steering groups.</p>
	Low	<p>KEEP INFORMED</p> <p>We will keep you in the loop by using general, regular communications and press notices/statements.</p>	<p>ACTIVELY BRIEF</p> <p>Using newsletters, posters, websites, and attendance at public meetings.</p>
		Low	High
Interest of stakeholder			

5. COMMUNICATION AND INVOLVEMENT CHANNELS

- 5.1. In communicating with key audiences, and involving patients and the public, the Trust will use the most appropriate communication/involvement channel, matching the nature of the communication/involvement with the audience to whom the communication/involvement activity is targeted.
- 5.2. The key corporate communication channels currently used by the Trust include:

Internal

- newsletters
- Trust emails
- letters from the Chief Executive
- Trust internet and staff intranet
- face-face communications with senior and executive Trust staff
- Voicebox (previously the Francis Operational Group)
- Executive “walk-arounds”
- staff notice boards
- staff induction and training
- communication audits.

External

- patient information leaflets
- PALS
- complaints and compliments
- Trust website
- Trust social media accounts including Twitter, Facebook, LinkedIn, Flickr and other platforms where appropriate to the target audience
- patient surveys
- Foundation Trust members newsletter
- Trust representatives at public stakeholder meetings (eg health forums, Healthwatch)
- Trust AGM and Members’ Days
- Board and Council of Governors meetings
- face to face briefings
- conferences
- external events
- reports e.g. Safer Staffing, Friends and Family Test and other Board reports
- press notices, broadcast interviews and media statements.

- 5.3. These are the current tools used by the Trust. Communications technologies have made unprecedented advances during the last decade. The Trust recognises that for some target audiences, social media channels are now the primary, if not the only, source of information and news in their lives. To reflect its commitment to modern communications that acknowledge the different needs of individuals and populations, the Trust has been exploring the use of social media, micro-blogging and networking platforms and operates a Trust Twitter and a LinkedIn account.
- 5.4. The Trust will also explore further digital platforms including:
- mobile phone applications, particularly for patient experience
 - Trust information videos hosting on its own YouTube channel
 - crowd sourcing platforms
 - podcasting
 - other new media as it develops.

6. CHANGING THE CHANNELS

- 6.1 The Trust recognises that if its communications and involvement are to be truly dynamic, it needs to develop further its range and means of communications and involvement. This will ensure that the Trust meets its objectives set out in this strategy to ensure that the Trust can use the most appropriate communication channel to match the nature of the communication with the audience to whom the communications activity is targeted
- 6.2 To do this, the Trust has an annual work plan to deliver the following:

Internal Communications

- annual audit of internal communications where staff responses are used to evaluate and revise the means and forms of communications the Trust uses to communicate with and involve staff
- regular review of the format and content of the Trust intranet so that it continues to support staff with information about Trust strategies, policies and procedures and other information that helps them fulfil their role
- develop a programme of 'listening' and communications events with staff across the Trust
- support the Trust vision and values, reflecting them in the brand and culture and the way staff communicate at all times.

External Communications

- regularly review patient information leaflets and other publications to ensure they reflect the Trust identity and meet our targets of open, accessible information

- develop a communication programme at corporate and divisional level with local interest and representative groups, including GP federations, MPs, health forums, Leagues of Friends and local authority/district councillors
- market the Trust brand by developing new communication tools (banners, promotional products etc)
- review the content and function of the Trust website to make sure it delivers the Trust communications objectives
- deliver the Trust digital information action plan to extend the Trust presence across a number of digital platforms including Twitter, Facebook, LinkedIn and Flickr.

7. MEASURING SUCCESS

7.1. Annual communications and PPI work plans will be developed to support this strategy and to monitor its objectives. This work plan and progress against it will be reported quarterly to the Public and Patient Involvement Group, Trust Board and the Council of Governors.

7.2. Measures that will be used to assess the effectiveness of communication activities include:

- the number of items of positive, balanced and negative media coverage
- the number of hits to the website and the monthly trend
- the number of complaints and PALS queries concerning a lack of information or inaccurate information in any Trust publications (including patient leaflets, Trust website, staff intranet) and actions taken to address any gaps or errors
- NHS and other patient surveys where patient information is surveyed
- annual NHS staff survey
- annual internal communications audit for staff
- rolling review of patient information leaflets with their target audiences
- a review of the perception of the Trust brand to make sure it continues to reflect the Trust vision and values
- regular Members' survey in respect of Trust communications.

7.3. Measures that will be used to assess the effectiveness of PPI activities include:

- Friends and Family Test results
- National and local patient experience surveys
- Feedback via the Patient Advice and Liaison Service
- Feedback via complaints
- Feedback via compliments
- Feedback from Members and Governors

- Patient experience evaluations and surveys
- Patient experience audits
- Online patient stories
- Twitter and new media engagement

8. RESPONSIBILITIES

- 8.1. The overall responsibility for communication and involvement rests with the Chief Executive. This is managed on a daily basis by the Head of Communications in association with the Director of Governance and Corporate Development.
- 8.2. The Board has responsibility for agreeing the strategy and ensuring it is appropriately monitored and reviewed at least every three years.
- 8.3. The Council of Governors, elected by members, and representative of member constituencies, has responsibility, individually and collectively, for supporting the communication and involvement strategy. This is both as ambassadors for the Trust amongst the public, our patients, their carers and families and members of the Trust and by representing the views of members, patients, their carers and families views within the Trust. .
- 8.4. The Director of Governance and Corporate Development has the executive lead for ensuring this strategy is followed, reviewed and updated as necessary.
- 8.5. All Executive Directors, Heads of Division and Heads of Services have a responsibility to support the strategy and to act as spokespeople for the Trust in promoting the services we provide and responding openly and honestly where things go wrong.
- 8.6. The Head of Communications supports good communications and involvement by providing specialist communications handling advice and making sure that all key audiences are communicated to using the most appropriate channel. This includes supporting the Trust Board and Council of Governors with the information they require to undertake their communications responsibilities. The Head of Communications is also responsible for ensuring corporate communications uphold the Trust's communications principles and supports the strategic aims of the organisation.
- 8.7. The Patient Experience Manager is the Trust complaints manager and is responsible for ensuring that complaints are properly managed. The Patient Experience Manager is also responsible for managing the PALS Service and reporting and disseminating learning and feedback received through PALS and Complaints across the Trust.
- 8.8. Staff are the most powerful ambassadors for the Trust. In providing excellent patient care in a professional manner and behaving with care and compassion in all that they do, they can have the most powerful and positive effect on the Trust brand and reputation. Similarly by supporting the communication and involvement standards detailed in this strategy they will have the most direct impact on what our public thinks of the Trust. Consequently, staff are expected to uphold the

principles and standards of this strategy and promote the values of the Trust in their work. It is important also that if staff are aware of any practice that does not accord with the Trust's communications and involvement standards or the values of the Trust, they are asked to report it to their line manager who can assess and refer the issue accordingly.

9. REPORTING

- 9.1 To measure our progress we will monitor our actions and indicators from "ward to board". We will involve patients in our monitoring through our PPI Group and will report on a monthly basis to the Clinical Governance group and on a quarterly basis in the Quality Report to the Board.
- 9.2 Measures and achievement of success at ward, service and Trust level will be published locally and on the Trust website.

10. EQUALITY IMPACT ASSESSMENT

- 10.1. The Trust is committed to communication that is respectful and accessible to all, including the nine protected groups defined by the Equality Act 2010 and the further protected group of those with Learning Disabilities added by the Trust. This means supporting the different needs of individuals and groups with easily obtainable communications available in other languages, symbols or formats.
- 10.2. Making communications accessible to all is important to ensure all groups in our community are aware of the full range of our services and how to access them. If the Trust is able to meet the diverse needs of its patients/service users it will carry out its core business more efficiently. Similarly, a Trust workforce that has a supportive working environment is more productive; it can more easily recruit a broader range of talent and better represent the community the Trust serves. This in turn can lead to increased confidence in the Trust and the services it provides.
- 10.3. If an individual, or any other groups, believe they are disadvantaged by anything contained in this document they are requested to contact the Document Lead (author) who will then actively respond to the enquiry.

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TRUST TARGET AUDIENCES

There are a range of internal and external audiences with interests in the services provided by the Trust.

The key target audiences include:

Internal audiences

- nursing staff;
- medical and dental staff;
- professional and scientific staff;
- allied health professionals;
- clinical services staff;
- administrative and clerical staff;
- students;
- estates support staff (includes catering staff);
- matrons, ward managers;
- heads of service/senior managers;
- FT members;
- Governors;
- Trust Board members.

External audiences

Public

- patients;
- carers and families;
- patient participation and representative groups (including Patient Association);
- “Seldom heard” groups;
- Health Forums;
- Somerset Healthwatch and Healthwatch England;
- Hospital Leagues of Friends;
- County, district, town and parish councillors, management and staff;
- Somerset County Council’s scrutiny committee;
- Community Council for Somerset and Village Agents;
- Somerset Health and Well-Being Board;
- MPs;
- third sector and voluntary organisations including village agents;
- academic/research/training institutions.

Commissioners (including commissioner support)

- Somerset Clinical Commissioning Group;
- NHS Commissioning Board;
- other NHS commissioners;
- Commissioning Support Units (CSUs).

NHS partners

- GP practices;
- Somerset GP Federations;
- Yeovil District Hospital NHS Foundation Trust;
- Taunton and Somerset NHS Foundation Trust;
- South Western Ambulance NHS Foundation Trust;
- NHS111 providers;
- other NHS providers;
- Public Health England;
- Department of Health;
- NHS England;
- Monitor;
- Care Quality Commission.

Media

- local, regional and national media;
- national media health specialists;
- trade press including medical, nursing, scientific and management publications.

Other professional partners

- Trades Unions;
- professional bodies (Nursing & Midwifery Council, General Medical Council, etc);
- Royal Colleges;
- private providers.

The Trust will work with all these stakeholders in making sure they are informed and involved with the Trust using communication channels that suit them best.

Our Ladder of Participation

Devolving

- Governors
- Personal budgets

Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.

Collaborating

- Complaints resolution meetings
- Patient safety walkarounds
- PLACE assessments
- Wessex House working group
- Triangle of Care
- Leagues of Friends

Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.

- Patients involved in recruitment
- Operational Boards

Involving

- Complaints
- Video stories
- Participation groups
- Patient forums
- Carers forums
- Patient and carer stories at induction
- Memory assessment steering group
- Volunteer activities

Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.

- Care planning
- Healthwatch Somerset
- Feedback on leaflets
- PALs visits
- Working groups

Consulting

- Open days
- Questionnaires and surveys
- Friends and Family Test
- Compliments
- Carers' support groups
- Peer support groups
- 24 hour post-discharge phone call

Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.

- Participation support groups
- Feedback cards/boxes
- Patient opinion/NHS Choices
- ask@sompar and pals@sompar

Informing

- Videos about services
- Open days
- Communication booklets
- Membership

Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. E.g. websites, newsletters , press releases.

- Twitter
- Trust noticeboards