

## Appendix -1

### Summary Communications Strategy

#### Adding value to SBUHB through engagement, communications and insight

#### **CASE FOR CHANGE**

The Health Board's resources for engagement and communications are limited and inadequate for the role they need to fulfil as one of the largest NHS organisations in the UK. The Health Board is a complex organisation employing 13,000 people, in three large acute hospitals, mental health centres and dozens of community locations, and 49 GP practices, serving at least a 400,000 population encompassing a major UK city the wider metropolitan and regional rural area and some national specialities with a budget of approximately £1.2 billion per annum.

A complex organisation, with a critical mission, that needs to engage, communicate and foster positive relationships with diverse internal and external audiences and stakeholders, should both organise and resource itself to do so. Currently, notwithstanding hard work and dedication from staff who contribute to this part of the Health Board's work, their impact is limited and they struggle to be the sum of their parts let alone more than that. Several other Health Boards have larger teams which bring more 'communicating' functions together and under strategic leadership.

Different BUHB teams – communications, engagement, fundraising, patient experience, staff experience, governance - currently work diligently on many parts of this agenda, but without synchronicity, shared language, methods and objectives and without pooling and triangulating intelligence and feedback channels on what audiences are saying about us and each other to generate new insights for the Health Board leadership and other teams to act on to improve patient experience, service quality and outcomes. Effective communication and engagement are also essential to underpinning the organisation's values and stimulating cultural development.

In most sectors this would be called customer experience and customer service, making use of all available knowledge, data and experience to enhance and improve the customer's relationship with the organisation. In the NHS we are not driven by a profit motive and a need to secure market share, but we are driven by the aim to offer the best health outcomes and patient experience, provided by valued and skilled staff. Improving what we know of our audiences, how we communicate with them and how we act on what we learn from them is an essential contribution to improving the Board's effectiveness and delivering its mission and objectives.

#### **Audiences**

Improving the Health Board's relationships with its audiences and the mutual benefits that can be generated are at the core of this paper and its proposals. The Health Board's audience falls into four broad categories, whose membership can overlap:

- Patients – people who use our services
- The Public – everyone the Board’s services are commissioned for
- Staff – the people who work for and provide the Board’s services
- Stakeholders – organisations and institutions that are impacted by, have an interest in, share a responsibility with the Board over the provision of its services and these who fund, regulate and hold it to account, including democratic representatives.

These audiences are diverse culturally, socially, economically and with multiple divisions, definitions, and nuances within them. They are also fluid for example when someone becomes a patient, they do not stop being a member of the public. Much of the Board’s public health agenda and long-term strategy is indeed aimed at ensuring as few members of the public become patients, and effectively communicating and engaging with them is a key contributor to this outcome.

Responsibility and ownership of audience relationships is naturally held by many different clinical and corporate teams. However, understanding those relationships, hearing what they are saying and learning from and being responsive to what they are saying are essential to improving patient and staff experience. This is the capability and capacity to generate insight that can be acted on at all service planning and delivery levels and it will contribute to improved patient care, outcomes and better support for public health programmes. Crucially to develop or grow relationships with audiences we need much deeper understanding of them, their opinions of and connections to us and their values, ambitions and priorities. Our service planning and delivery will both be more representative of our audiences and better influenced by the co-design and coproduction our audiences and stakeholders can be involved in.

## **Five recommendations**

- 1. Narrative and key messages**
- 2. Permanent Engagement**
- 3. Insight Generation**
- 4. Integrated resources in a new Directorate**
- 5. Enabling staff with information, dialogue and skill**

### **1 Narrative and key messages**

At the heart of any strategy is a core narrative and key message suite owned by the leadership and shared with all audiences. The cornerstone of the communications strategy is the core narrative and key messages, tailored to the diverse nuances, sensitivities and interests of audiences. The core narrative should describe the purpose of the organisation and its plans in meaningful and relevant ways that engage all its audiences on their terms. Purpose is essential in messaging because it answers the first question before the what? when? where? and who?.....the why?

The answer to why is crucial to the credibility of messages and ensuring the answer resonates with audiences is the fundamental purpose of strategic communications.

The Health Board is creating a core narrative and key messages that are based on its strategy and will be consistently deployed and found in everything it does and communicates. The narrative will offer a direction of travel to a future beyond the immediate that uses dynamism, rhythm and momentum, that feels progressive, unifying, advantageous and motivating for the audiences it aims to connect with. The core narrative and messages then need to be applied to audiences' dynamics so they can see, understand and engage with the core narrative from their perspective in a way that is meaningful to them.

This approach applies to all audiences but will require tactical delivery that reflect individual audience characteristics as understood from the audience matrix that will be created. The support and alliance of audiences is built slowly through the regularity of engagement and messages, by being consistent and persistent, to develop familiarity, shared understanding and willing engagement.

## **2 Permanent Engagement**

Engagement is at the heart of relationship building and sustaining and it should be permanent. It is the practical activity of meeting, listening, sharing, acknowledging and respecting the views and experiences of audiences; providing information, advice and news from the Board; and demonstrably reflecting and acting on feedback and championing coproduction in service planning and delivery. The NHS in general, too often formally seeks views when it thinks it must rather than as a habit; to meet minimum standards of involvement, consultation and accountability. That makes the quality of its relationships austere and transactional. It often has to work hard to identify who it should engage with on developments because it lacks existing relationships, and Covid has demonstrated that quality relationships in the communities the NHS serves have been invaluable where they have existed for providing information about personal safety, infection prevention and control, vaccines and changes to services and shaping audience behaviour. Equally where those relationships haven't existed or were outdated their absence has been sorely missed, responsiveness to Covid messaging has been weaker and significant effort has been required to mitigate them.

This paper proposes the creation of an engagement department to organise, plan and manage all of the Board's audience relationships, regularly track their quality, and establish programmes of contact and report on outcomes and issues arising. The Fundraising Team and Briefing function will also be in this department as their specialist relationship growing and management skills will complement a fundamental characteristic of our ambitions.

The department will devise a calendar of engagement to ensure regular contact and coproduction with audiences according to our understanding of their needs, business plan objectives and priorities, and assessment of the nature and frequency necessary to develop or maintain a mutually beneficial good relationship.

The team will build on existing relationships and external partnerships such as the university, local authorities, charities and ARCH, new ones developed during Covid and the Changing for the Future engagement and produce the audience matrix. They will also support the Director of Strategy's engagement and consultation responsibilities as set out in the Consultation and

Engagement Framework agreed with the CHC. The Director of Strategy will continue to have the lead Executive Director relationship with the CHC.

### **3 Insight Generation**

Create an **Insight** capability and function within the directorate with a brief to be curious, analytical and triangulate what is learnt from engagement, fundraising, complaints, experience, surveys, etc. The Insight Team will need to work closely with patient and staff experience teams, link to governance and data teams, to produce analysis and identify trends and issues for the Health Board leadership and management teams and feed in to service planning and operational delivery.

The Board has millions of individual relationships every year through all of its work. It is a human contact industry. Adopting and adapting the philosophy of *Making Every Contact Count* allows us to recognise that not only is every contact an opportunity to support behavioural change to achieve personal and public health benefit, but is also a moment when an existing relationship evolves or a new one is formed. Our teams directly involved in engaging in their various spheres and our staff delivering services are generating millions of responses and reactions and hold significant knowledge and data about how people think and feel about our services and their experience.

This is an untapped mine of knowledge about how we perform, the quality of our customer service and quality of care, the morale of staff, achievements and success and concerns and problems. Counting every contact or perhaps assessing the intelligence and data we generate through services and engagement creates new value for us in understanding how we are performing. Bringing as many of the teams that corporately engage together, creates the opportunity to triangulate and cross fertilise what we learn from engagement, it provides an opportunity for curiosity and insight if we can use the intelligence intelligently. The Insight function will seek new ways for us to understand our activities, establish metrics and measurement for them and make our numerous engaging activities count providing visibility and responsiveness to what can be unseen in front of us.

### **4 Create a new directorate – Insight, Communications & Engagement**

Create a new Directorate of Insight, Communications and Engagement that brings optimises the skills and resources of its key ‘communicating teams’ with combined focus under single leadership, strategic direction and operational integration. The five teams below, four existing and one new, are the main resources of the Health Board with a primary remit to engage with and promote its messages to its audiences – insight will a new additional function.

- *communications*
- *fundraising*
- *public engagement*
- *briefing*
- *insight*

The organisational change policy will apply in the creation of the Directorate. No posts are at risk, and with the exception of the Public Engagement Team no responsibilities or job descriptions change. The Engagement Team will be a new team with adaptations to current roles and responsibilities. The resource is currently in the strategy directorate and has various levels of duties which are not engagement and will remain in Strategy.

The directorate will modernise the Board's communications approach and develop new products and channels to reach audiences more effectively and consistently.

- Commission new communication products
  - Team Brief – management briefing
  - Bay Brief – CEO blog/vlog
  - Bay Health – all audience newspaper/magazine
  - NHS Map
- Overhaul digital channels
- Create communications metrics, measure and report them
- Invest in in-house design, video and digital capabilities
- Appoint communication managers to each of the Divisions
- Police corporate house style, branding and local communications commissioning
- Implement the Visible Executive programme
- Create a new monthly staff awards programme
- Review patient information

## **5 Enabling staff and involving people authentically with information, dialogue and reliability**

Communications are a key enabler for organisational objectives and policies. They are an essential lubricant of organisational machinery and the blueprint that connects organisational architects, builders and users – they are the plasma for the healthy circulation of an organisation's values and culture. Our approach needs to be consistently applied, through a cycle of communications and engagement which grows sustainable relationships with audiences who feel valued, listened to and informed. They develop a shared understanding of the Board's mission and feel they can contribute to it when they wish to, and that contribution is valued by the Board.

A strategic cycle of communications and engagement can achieve that alignment and support relationships building and shared understanding of messages. The cycle needs to be completed regularly and needs to start with the leadership. The most effective way of doing this is for the message cycle to start with a public board meeting where the decisions are turned into messages contextualised by and in the language of the Board strategy. Products and channels such as Team Brief, stakeholder briefings, videos, infographics, etc deploy the messages and discussion and feedback mechanisms provide a response to the next Board, where they are heard, acknowledged and responded to, and the cycle starts again.

The cycle creates an expectation of communication that becomes an authentic habit for the organisation and its audiences. It provides for the sharing of messages and feedback and enhances the communications culture of the organisation. The right communications products and activities need to be tailored to audiences' dynamics and characteristics such as

constituency specific information for Senedd Members, site or service specific messages for some patients and staff. The cycle encourages and stimulates interest and creates assurance that the Board can be relied upon to be open and communicative. Information provision and opportunity to contribute should become business as usual rather than a statutory formality.

An illustration of the cycle is in figure 1 below

Communications and Engagement Cycle – Figure 1

