

Draft Communications Strategy for discussion

Communications / Stakeholder Team (to be agreed)

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Code A Project Manager, Capital Projects

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Code A - Project manager

Code A Communications officer (commissioning)

Code A Community engagement manager.

David Barker - Associate director of communications, Portsmouth City PCT

Code A Communications officer (care services)

Code A - Trimedia

Code A Trimedia

1. Aims

The communications strategy aims to engage local communities in developments at Gosport War Memorial Hospital, Oak Park Hospital, Fareham Community Hospital and Queen Alexandra Hospital thereby improving local knowledge of and confidence in health services in south east Hampshire.

The strategy supports the Trust's key objectives of improving the health of Hampshire's residents and health service users, reducing health inequalities, and improving patient knowledge of and confidence in health services.

The communications team (above) will be responsible for the development of the strategy and the tactics of its delivery.

2. Key audiences

1. Staff

- 2. The public
- 3. Service users
- 4. Local clinicians
- 5. Local politicians
- 6. Local voluntary and community groups
- 7 Media

3. Objectives

- 1. To increase the level of engagement with the wider population regarding the development of health services in South East Hampshire.
- 2. To positively promote the range of services and facilities in South East Hampshire and create positivity around the health services provided
- 3. To communicate the current and future plans of the local NHS with existing stakeholders
- 4. To identify alternative routes and methods of communication to broaden the reach of engaged audiences
- 5. To inspire and create confidence in local health services among internal and external audiences
- 6. To develop and maintain an active, reciprocal, engaged communications dialogue

4. Generic Key Messages (for discussion)

Care closer to home

- Health care is now closer to home than ever before
- The local NHS is creating a modern 'hub and spoke' care model across SE
 Hampshire with QAH being the 'hub' of care and the majority of care being
 provided in non acute 'spoke' community hospitals and in the community.

Improving quality

- The local NHS provides safe, clean, high quality care
- Improvements to healthcare in the area have increased dramatically and continue to get better.

Keeping you healthy

 Hampshire PCT is committed to improving the health and well being of the local population

5. Specific key messages (for discussion)

GWMH

GWMH is a modern, safe and vibrant community hospital.

FCH

 A brand new, modern facility for local people offering a broader range of services locally and reducing the need to travel

Oak Park

 A brand new, modern hospital for local people offering a broader range of services locally and reducing the need to travel

QA

 The new Queen Alexandra will be a state-of-the-art hospital with top class facilities, the latest technology and a clean, welcoming environment.

6. Methods of communication

Meetings and face to face discussion

Targeted bulletins

Lobbying and briefing

Print and broadcast media via media releases and interviews

Community Groups' and charitable organisations' publications

Local authority and Parish magazines

Entering awards

Third party ambassadors

Fostering relationships with local communities (e.g. local initiative sponsorships)

7. Approach

The strategy has four main approaches:

- to continue/develop existing face to face briefings and updates with interested parties by mapping existing meetings and key contacts and ensuring timely and consistent briefings
- 2. to develop greater interaction with, and information for, local community groups, voluntary organisations and faith groups.
- 3. to increase positive media coverage across local print and broadcast media
- to proactively manage communications and media relations regarding the GWMH inquests

8. Tactics, implementation and measurement

The outline implementation plan sets out how we will achieve our objectives.

Objective	Activity	Measurement/ control	Timeline	Lead	Status		
Planning/management							
	Establish Future Health Services Comms steering Group with cross orgaisational representation	Monthly meetings in place	From August 2008	ST	Complete		
	Identify existing and potential new stakeholders. Ask new stakeholders their preferred method of communication. Prepare stakeholder map, with preferred methods of comms identified.	Stakeholder map complete	By September 30, 2008	ST/NB/ Trimedia			
	Identify community publications and voluntary sector publications	Detailed list complete	By October 31, 2008	NB/ Trimedia	Complete		
	Map existing face- to-face meetings/briefings taking place and identify any gaps.	Meeting map complete	By November 30, 2008	NB/IH/FB/ MP	Outstandin g		
	Identify local media and key journalist contacts	List in place	By September 30, 2008	Trimedia	Complete		
	Identify key spokespeople and ensure briefed	List in place and briefing conducted	By October 31, 2008	ST/ Trimedia	Outstandin g		
	Establish Clientzone to share information and train key individuals on usage.	Clientzone in place. Training undertaken.	By November 30, 2008	Trimedia	Clientzone in place. Date set for training.		
	Commission new photography of GWMH.	Media using new photos.	By October 31, 2008.	MG	Complete.		
	Develop separate crisis comms plan for GWMH inquests.	Plan complete and approved by GWMH inquests steering group.	ВуХ	ST/ Trimedia			
Increasing in	nformation/awareness Research, write and issue monthly	Bulletin issued monthly	From October	Trimedia/ FB/MP/EE	Underway		

	1				,
	bulletin to all		08		
	identified				
	stakeholders and				
	publications				
	Create accessible	Document	Ву	LM/ST	Underway
	document/map	created	November		1
	outlining changes		7, 2008		
	and which		., 2000		
	services will move				
	Develop	List in place	Ву	LM/	Underway
	distribution list for	List in place	November	Trimedia	Olidelway
				Tillieula	
	map	N.O 'alal	7, 2008	1.88/07	
	Map distributed	Map widely available	By Nov 30	LM/ST	
	Supporting	Press release	By Nov 30	LM/ST/AS/	
	publicity	issued.		DB	
		Letter sent to all			
		stakeholders.			
		Piece in			
		Stakeholder			
		Update.			
		Piece in 2xPCT			
		and PHT staff			
		newsletters			
	Issue at least four	20% increase in	Monthly	LM/ST/AS/	In place
			Monthly		In place
	proactive media	positive	from Oct	DB/MG	
	releases per	coverage on	2008	Trimedia	
	month to local	GWMH, FCH,			
	media	OP and QAH by			
		Dec 08 from			
		July 08			
		baseline.			
	Issue monthly	At least positive	Monthly	NB/	
	round up of local	four items per	from Nov	Trimedia	
	stories to	month featured	08.		
	community	in community			
	publications	publications.			
	Identify/train	At least two	Monthly	LM/ST/AS/	In place
	broadcast	positive	from Oct	DB/MG	
	interviewees and	broadcast	08	Trimedia	
	place stories.	interviews per			
	place stories.	month.			
Increase fac	e to face briefings/lob			I	I
orcase iac	Arrange	All identified	By Feb 09.	FB/MP/NB	
	meetings/briefings	groups briefed.	Dyrob 0a.	/IH/RS/ST/	
		groups briefed.		Trimedia	
	for any gaps identified.			Tilliedia	
	Ensure consistent	Briefing pook	By Dec 08	LM/ST	
	1	Briefing pack	By Dec 06	LIVI/OI	
	briefing materials	available			
	for existing	through			
	meetings/briefings	clientzone and			
	identified.	regularly			
		updated.			
	Develop	Clientzone	By Dec 08	All	
	consistent central	actively used.			
	record of	Accurate central			
	briefings/meetings	record of			
	etc through	engagement			
	clientzone.	activity.			
		· y ·	<u> </u>	L	1

fa ke	rrange face to ace briefings with ey local urnalists.	Meetings held	By Dec 08	ST/ET/MG Trimedia	
of ro ar	rrange a series f community padshows/events nd supporting ublicity.	Roadshows held in Fareham, Havant, Gosport and Portsmouth.	By March 09	NB/ Trimedia/ LM/ET/DB	
of	rrange a series f clinical riefings.	Events held in Fareham, Havant, Gosport and Portsmouth.	By March 09.	ST/ET/DB/ Trimedia	

9. Risks

There are a number of risks associated with the failure to deliver this strategy. Most notably there is a risk that:

- There is a lack of confidence in local services resulting in reluctance to use local facilities and/or poor patient experience due to fear on doing so
- There is damage to the PCT and Trusts' or individual hospital/service
 reputation through negative media coverage or lack of stakeholder support
- There is negative feeling about developments locally which hinders service development by slowing planning applications, increasing scrutiny or undermining partner agency support.

10. Responsibilities and reporting

Progress against this strategy and implementation plan will be managed by the FHS Communications and Engagement Group, membership of which is identified at the beginning of this document. This group will report to the FHS Steering Group and the GWMH Inquests Steering Group on progress against the plan and the associated GWMH Inquests Communications Plan.