Communications plan

outputs

FINAL

version 1.0

19 May 2014

Situation analysis

The Kings Lynn Trust is in a turnaround situation, having been placed in Special Measures by Monitor in October 2013 following the publication of two CQC reports in August 2013 and November 2013.

The Trust was non compliant with 12 of the 16 CQC outcomes. In addition it was the subject of a Rapid Response Review in August 2013, making a further 27 recommendations to improve patient care. The Trust was served 4 formal warning notices from the CQC.

The Trust is also in financial deficit, projecting a budget loss of c.£13m for the financial year 2013.

A turnaround action plan has been established to address quality and financial issues simultaneously.

The first period of 'transactional change' over the last 6 months has looked to stabilised the Trust. The next phase requires 'transformational change'. E.g. moving from delivery of *transactional* training workshops to seeing new *transformational* behaviours on the wards.

Pace of change is slower than desired.

The previous financial year is closed and a new financial year is about to start therefore there is a strong need in the next 3 - 6 months to engage a communications approach to support and accelerate this transformation.

We know good communication is the key to having engaged staff.

Situation analysis

Communication inside and outside the organisation is a critical to encourage and embed required transformational change.

to ensure people know what is going on

know what is required of them to turn the situation around

understand, recognise and feel progress is being made

and to rebuild pride and professional self belief to raise standards

The task is made more complex by the fluid and dynamic situation the Trust finds itself in and the numerous, interdependent audiences that need to be communicate with.

Each audience requiring a tailored, relevant and undiluted message.

Additionally the communication, dialogue and the experience provided to patients needs to be addressed.

Situation analysis – manifesto for change

Underlying issues to address;

'Weak leadership and governance'

'Fire fighting constantly'

'Don't spot and nurture talent'

'Don't deal with poor practice'

'Don't espouse the values of the organisation'

'Don't articulate what needs to be done in a joined up fashion – quick fix mentality'

'Acceptance of poor standards'

'Learned helplessness – need permission to act'

'Box ticking attitude rather than changing the way we work'

'Staff crying out for visibility of the leadership'

'Stopped listening to patients'

'Communication messages poorly prepared and presented'

'Exec Team need to be a functional team'

'Management and team structures inefficient'

'Lack of investment to provide a sustainable position e.g. IT'

How can we wake up the organisation ?

Putting pace into change

Tasks

- Address clinical quality concerns
- Address financial concerns

- Get pride and professionalism back into the organisation
- Provide energy to help and support improvement
- Reshape positive attitude

Approach

- Consistent key messages communicated simply.
- Framework to keep focus on priorities
- Getting the emergency pathway understood and sorted
- Reinforce underlying specific values and behaviours to enable change

Situation analysis – priority manifesto for change

2014

3-6 months

- Simple structured framework and messages for all to know
- Reinforce leadership and accountability of Executive Team and their direct reports.
- Instil positive spirit and clear messages of confidence in all staff.
- Manage poor behaviour and performance.
- Manage external communications proactively.

Behaviour code and message framework reinforced consistently

2014

6-12 months

- Finesse messages by team and initiative.
- Reinforce behaviour and attitude change
- Build pride through results and performance
- Enhance patient experience

Repair reputational damage

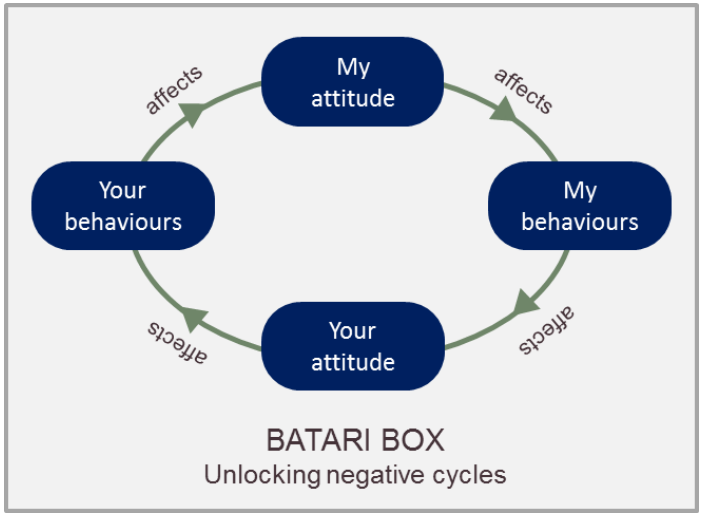
2015 and beyond

- Organisational development
- Renewed purpose in community
- Attractive place to work
- Clear role in healthcare provision across wider catchment

Communication strategy 2014

Framework to provide consistency and galvanise change

Strategic approach



All messaging leads to reinforcing of the promise or **vision for patients and public**

Delivery and turnaround activity structured with clear and **focused priority tasks**

Culture change supported by focused set of **values and behaviours**

Communication strategy 2014

Framework to provide a bedrock of consistency to galvanise change

	Commentary	Action plan	Specifics
vision for patients and public	*Use the quality logo to reinforce priorities and by a symbol of positive change. An identify to unify the organisation as one team behind the transformation agenda*	Visual recognition of the quality mark as the promise to patients and staff	**Well led Trust**
focused priority initiatives	*Galvanise communications effort and resource behind 12 campaigns to improve outcomes in 4 priority areas.*	Focus on 3 campaign activities for each of the four initiatives	**Safe Care** **Listening to patients** **Supporting our staff** **Financial recovery**
values and behaviours	*Distil the current 'long list' of values to the immediate priorities to ensure they are memorable and motivating. These will form the backbone of an engagement campaign.*	Focus on 4 primary values	**Courage** **Compassion** **Pride** **Curiosity**

Values and behaviours

Communications strategy 2014
Exec Team ownership and beyond

The values and behaviours are critical, however in the current format there are too many and they are hard to communicate in a simple way to be meaningful to everyone. This has been a core element of the anecdotal feedback, specifically on the values themselves, from the workshops.

We need to focus on the elements that are going to create the environment where people are happier and more productive in their working lives/relationships, a pride and quality standard is maintained and enhanced and performance is achieved where it needs to be.

Putting patients first by

- Having the **courage** to do the right thing – being bold particularly when things go wrong.
- Providing **compassionate** care – dignity and respect for others at all times.
- Taking **Pride** in doing a good job - We are all part of a team – delivering well gives us professional pride.
- Constantly being **curious** - actively look for better ways to do things, innovating and improving

Good examples can be highlighted and celebrated : poor behaviours highlighted and discouraged

Priority areas of focus – 3 strands per area

Communications strategy 2014
Exec Team ownership

Safe Care
Lead : Bev

- ➔ Zero preventable harm is our target
- ➔ Remove CQC concerns and communicate progress
- ➔ Owning quality : campaigns on specific initiatives

Supporting Staff
Lead : Mark Vaughan

- ➔ Valuing our staff through respect, recognition and reward
- ➔ Accountability and visibility of leadership
- ➔ Recruit and retain the best

Listening to patients
Lead: Catherine

- ➔ Learning from complaints and compliments to improve quality
- ➔ Actively seek opinion and increase friends and family scores
- ➔ Improving patient experience and environment

Financial Recovery
Lead : David

- ➔ Emergency care and A&E review
- ➔ Deliver CiPs* to Modernise services
- ➔ Magic numbers to deliver consistent timely access to services

*Cost improvement programmes

Framework schematic

Well led Trust

Governance – the way we do business

Safe Care

- Zero preventable harm is our target.
- Remove CQC concerns and communicate progress.
- Owning quality : campaigns on specific initiatives.

Supporting Staff

- Valuing our staff through respect, recognition and reward.
- Accountability and visibility of leadership.
- Recruit and retain the best.

Listening to patients

- Learning from complaints and compliments to improve quality.
- Actively seek opinion and increase friends and family scores.
- Improving patient experience and environment.

Financial recovery

- Emergency care and A&E review.
- Deliver CiPs* to Modernise services.
- Magic numbers to deliver consistent timely access to services.

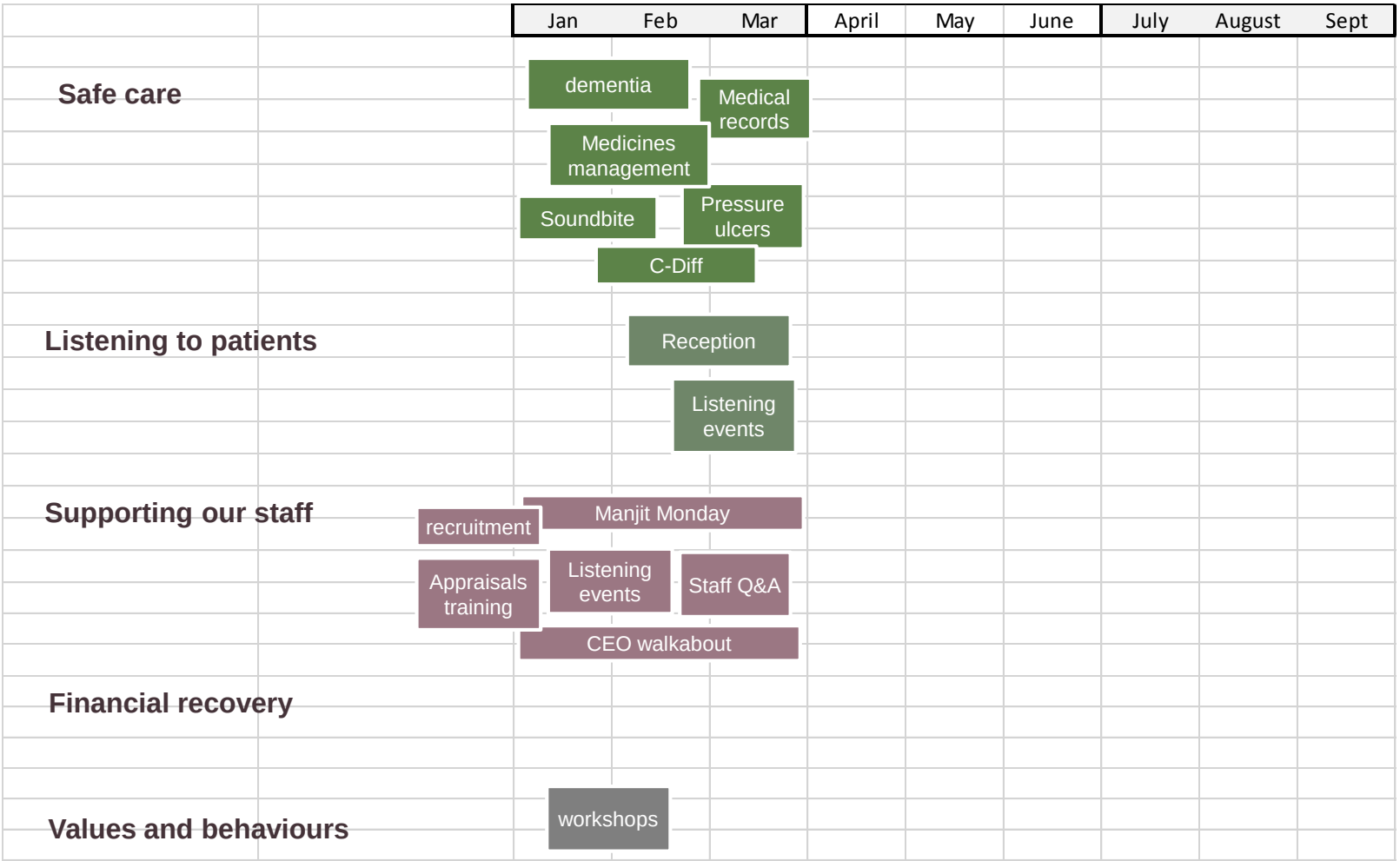
Values and behaviours

Putting patients first by

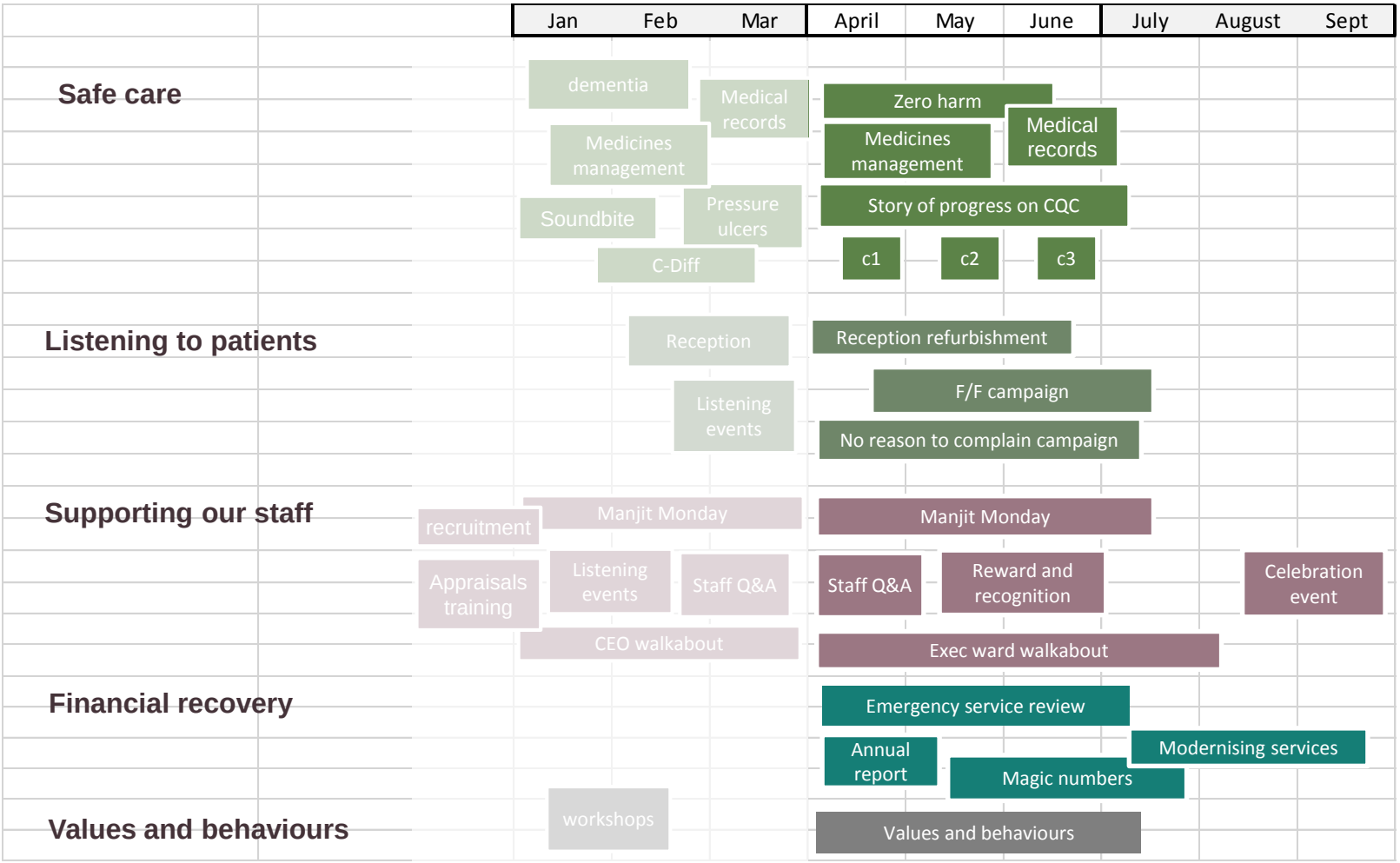
Having the **courage** to do the right thing. Providing **compassionate** care.
Taking **pride** in doing a good job. Constantly being curious

*Cost improvement programmes

Planner – activity last three months and gaps



Planner – provisional activity next 3-6 months, closing gaps



Communication strategy 2014 – to be completed

Immediate Requirements

Sign off on the approach and priorities

Drafting of Key message document for each area and ‘corporate story’

Development and agreement of the values focus

Ownership from the executive team and their direct reports

Develop detailed implementation plans for each area and execute.

Example Action plans - TBC

Quality mark integrated into all communications - now

Quality mark booklet produced – explaining what it is - April

Delivery of annual report - April

Campaign around values planned and executed - mid April

Emergency service patient, medical and financial journey review and visual completed - May

Story telling of progress made so far – written and executed - April

EC more frequent briefing and walkabout – programme commenced - April

Reception refresh and new signage – May

Appendices

Audience segmentation
Example activities

Communication strategy 2014

Example One – supporting staff
Ward Walkabout and buddying support for wards

We all have recognized many staff are battle weary and need our help to be able to address some of the quality concerns highlighted by the CQC and help support them with their staffing and skill mix issues.

Support is usually given more often than not in response to a “crisis” and is therefore often seen on the wards as being a “policing” or punitive intervention. We need to move away from this and genuinely to move on to a more proactive model.

Starting April 2014 we will implement an Executive Team Ward Walkabout program where each member of the Executive Team will “buddy” a ward.

	Manjit Obhrai → Pentney	
David Stonehouse → Necton	Catherine Morgan → West Raynham	Mark Vaughan → Emergency Care
Andrew Stenton → Stanhoe	Mark Blunt → Gayton	Beverly Watson → Oxborough

Nominated Ward Buddy

What does this entail?

Each Executive Director will visit their nominated ward at least once a week in order to meet staff and support them in any way required. I would expect each one of us to:

- listen and engage with the views of the Ward teams.
- work with the ward team including the ward manager, matron and the Associate Nurse and also offer them support, mentoring and coaching as and when necessary.
- assess what needs to be done to help and fix things that you can in your role as an ED.
- respectfully challenge your fellow Execs to try to get the remaining issues/concerns resolved.
- provide feedback and dialogue with your nominated ward.

Findings will be annotated on the white board outside the PMO office so what we can all be informed of the issues causing concern.

This will help us identify common themes from our combined efforts and provide added assurance that we have increased visibility on the wards. In addition we will ensure we are working closely with our staff at their time of need for help and support.

It is important that we live and understand that the principle of this approach will be an organic and supportive. I want us to lead, engage and mentor individuals and teams rather than manage, or enforce change. Once we have learned how to make best use of this supportive exercise for our “challenged” wards I would like to roll this approach out more widely across the hospital including non-clinical areas.

Communication strategy 2014

Example Two – supporting staff
Respect, Reward and Recognition.

Shining Stars event
September

In addition to the monthly recognition programme we will renew and refresh the successful Shining Stars event in 2014.

Going above and beyond

Awards nominations

Encouraged by the Exec Teams via the Walkabout events

Nominations for of great work to support

Safe Care
Listening to patients
Supporting our staff
Financial recovery

Nominations for action aligned to values

Courage
Compassionate
Pride
Curiosity

Nominations and awards being meaningful

Investigate Gold/Silver and bronze staff badges for the winners to carry in recognition of their works and demonstration of behaviours that live the values.

Communication strategy 2014

Considerations

- How to reach and tailor to audiences (See audience chart in appendix)
- Limited by IT infrastructure and access
- Wider Trust attitudes to high quality production and materials
- Measuring progress and results
- Resourcing
- Strategic versus tactical

Primary audience segmentation and mapping

Patient facing	Doctors Trainee Doctors Consultants Nurses Student nurses Pharmacy Clinical / Nursing directors Allied health professionals	Porters Domestics Secretariat
Other Internal	Estates Facilities Finance/HR/Communications	
External	Patients General public Carers Commissioners MP's Expert influencers Colleges Patient groups	GP's Regional Acute Trusts Borough and County Councils Volunteers, voluntary and community sector