Date of Meeting: Tuesday 9 June 2015
Title of Report: Communications and Engagement Progress Report - June 2015
Status: • Public

Report of: Phil Woodford
Associate Director of Corporate Affairs

Prepared by and contact details: Louise Jones
Acting Head of Corporate Communications
(Louise.Jones2@mbht.nhs.uk)

Purpose of the Report:
To update the sub-committee on progress with creating a communications and engagement plan to support the Trust’s work with implementing the recommendations.
Also to seek the approval of the report from the sub-committee.

For Decision: X
For Assurance: X
For Information:

Executive Summary:
A communications and engagement work stream has been established as an “enabler”, supporting the various projects as they seek to implement the important recommendations of the Report of the Morecambe Bay Investigation.

- The plan has been constructed to be mindful of the volume of messages that staff, the public and stakeholders are provided with regarding the Trust, and wherever possible, to use existing methods of communication.

- Experience leading up to the publication of Dr Kirkup’s report has shown that different people require different methods of communication and engagement at different times, which adds to the complexity and importance of the task.

- The communications and engagement plan sets out the roles and responsibilities of those involved, as well as being clear about the open and honest approach the Trust is taking.

- A fundamental part of the plan is ensuring that staff, patients and other users of our services have the opportunity to be involved. To assist and as an early action of the plan, guidance is being given to project leads in the form of a workshop.

- A good deal of work is already underway across the Trust, with investments made over the last year in community and patient engagement/experience roles. Using an external member of the sub-committee, we have begun to visually ‘map out’ this work to ensure...
we are making best use of what we have to inform and influence decision making and avoid any unnecessary replication. Once completed, this will allow further opportunities for engagement to be created.

However, work has progressed with engaging with members of the public and a letter has been sent to those people who raised a concern with Dr Kirkup regarding the Trust. This letter requested they contact the Trust to discuss opportunities to be involved and discussions are in place with a number of people who have responded.

There a number of risks associated with this work. In summary they are around the availability of resources due to other pressures on the team, not least the preparation for the CQC inspection and vacancies. There are also a number of other programmes of work which have the possibly to cross over with messages causing confusion to the public eg: RCOG review, BCT and national initiatives.

Risks are being mitigated through time limited staffing support and also cross organisational communication discussions.

**Recommendation(s):** The sub-committee is asked to:
1. note the contents of this paper
2. comment on the contents of this paper
3. approve the communications and engagement plan

**Implications and Monitoring Assurance Framework Summary**

**Links to Trust Values: - Please indicate below with an (X) those values that this report relates to**

| Patients: Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement. | x |
| People: Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work. | x |
| Partnerships: Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities. | x |
| Performance: Our performance drives our organisation. Providing consistently safe high quality care is how we define ourselves and our success. | |
| Progress: Our progress will be improved through innovation, education, research and technology to meet the challenges of the future | |

**Links to Strategic and Divisional Objectives(s) - Please insert details below**

- Continuously improve the patient experience – become the provider of choice for excellent with safe and effective patient care.
- Support and develop all staff to take responsibility for what they do and help them to do their best. Getting staff truly engaged in how the Trust works.

**Links to Risks on Board Assurance Framework (BAF),Corporate (CRR) or Divisional Risk Register (DRR) - Please insert details below including the Risk Reference Number**
Please indicate below with an (X) that all areas have been considered

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Previous Meetings Please insert the name of the committee/group and date the paper was presented and what the outcome was e.g. approved, noted etc.

KRIG, Tuesday 2 June 2015.

Version Control: - Please insert the final version control number e.g. 1.0.

1.0
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Communications and Engagement Progress Report - June 2015

INTRODUCTION
1. Communications and Engagement is one of the seven work streams set up by the Trust in response to the publication of the Report of the Morecambe Bay Investigation. The purpose of the work stream is to ensure that progress with implementing the recommendations is not only communicated regularly but also that the relevant corporate, stakeholder, patient and public audiences are engaged with and involved as appropriate.

2. Due to the wide reaching nature of the communications and engagement activities required to deliver this project, it is being split into two areas:
   - Staff and stakeholder corporate communications
   - Service user and public engagement (including affected members of the public)

3. The staff and stakeholder corporate communications area will be led by the Trust’s Corporate Communications team, while the service user and public engagement area will be led by an external expert in public engagement and involvement.

4. It is the responsibility of the project leads to:
   - Develop their own communications and engagement plan within their individual project. Relevant advice and guidance can be sought from the Corporate Communications team
   - Identify service users, internal and external, who can contribute to their plans
   - Embed engagement practices within their normal, day to day operations

CORPORATE AND STAKEHOLDER COMMUNICATIONS - ACTIVITIES TO DATE
5. The Corporate Communications team has a number of regular key channels through which it communicates with a range of different audiences internally and externally. Existing channels of communication will be used in the first instance to reduce duplication and any unnecessary cost.

6. Experience is being drawn from the communication and engagement work leading up to the publication of the report, such as the ability to deliver scheduled messages through personal briefings and where needed, wider corporate messages by email or letter.

7. Throughout the work of the Investigation, regular communications were shared with staff, governors and volunteers to keep them up to date with key developments with the Investigation, and reiterating the methods of support available.
8. This has continued since the publication of the Report, with key updates being shared immediately following the publications and on a regular basis via the Team Brief sessions for Managers and Supervisors (which is then cascaded down to teams across the Trust) and in the staff newsletter.

9. External engagement with key communications colleagues from regional and national NHS, regulators and Public Health England, continues to take place on a regular basis, allowing all parties to keep each other up to date with key developments from within their organisations.

10. A Communications and Engagement Plan has been produced to set out and confirm the communications and engagement approach we should adopt throughout the implementation of the recommendations from the Report of the Morecambe Bay Investigation. This plan is can be found in appendix A.

11. The plan sets out roles and responsibilities, various elements of the communication function, the outline approach and tone, audiences, key messages, and an outline of the tactics/methods that will be used to communicate with the various corporate and stakeholder audiences.

12. A more detailed action plan has also been produced that includes a clear set of actions, timings and responsibilities for the staff and stakeholder corporate communications element of this work stream. This plan will be used to allow the Corporate Communications team to plan to monitor performance against the relevant milestones.

13. The Trust website has been updated to include a dedicated section for the Investigation Report and the Trust's response. On here, members of the public will be able to view monthly updates from the Sub-Committee, along with papers and minutes from the meeting. In time, cases studies and other updates will be available.

14. A workshop has been arranged for 9 June 2015 with Project Leads to provide information on appropriate and effective communication and engagement channels and approaches. This will support the development of their communications and engagement plans with the aim of embedding communication and engagement practices in their everyday operations.

PATIENT AND PUBLIC ENGAGEMENT ACTIVITIES TO DATE

15. The Communications and Engagement Plan (appendix A) provides an overview of the approach to engaging with patients and the wider public of Morecambe Bay. To assist us with this important piece of work, we are working with an External Expert with experience of supporting and developing effective patient and public engagement.

16. The important task of ensuring that service users and the wider public have many opportunities to hear about the Trust's work in implementing the recommendations of
the Report of the Morecambe Bay Investigation, and importantly, to be at the heart of the changes and improvements, is well underway.

17. Interviews have taken place with staff currently leading the wide range of existing user involvement, patient experience and community engagement across the Trust, and with key stakeholders working with service users and the public, for example Maternity Service Liaison Committees. Evidence of successful methods and approaches for engagement has been collected to build a ‘map’ of the current patient experience and public within the organisation and with communities. The ‘Engagement Map’ will be produced in a graphic format, in addition to the text version.

18. The production of the ‘Engagement Map’ will ensure that:
   - There is understanding and learning across the organisation of good practice in effective engagement
   - Duplication is reduced
   - Existing methods, networks and mechanisms are built on and utilised
   - Identification of the successful engagement activities learning will be shared with all divisions

19. Work is underway to co-produce and establish a Public Reference Group (PRG) in conjunction with the Morecambe Bay Investigation (MBI) Sub-Committee Public Member, and in discussion with patient and public representatives and organisations.

20. Planning is in progress for a start-up event working with a wide group of service users, patients and community representatives to co-produce objectives and ways of working for the PRG. The External Expert is working with our existing community engagement and patient experience staff and an independent graphic facilitator to plan innovative ways to facilitate the session and record ideas and feedback.

21. The event will also have many other positive functions:
   - Provide an opportunity for people to hear about the way we are engaging with people who use our services, and the public of Morecambe Bay
   - Co-produce effective ways to engage a wide group of people
   - Hear feedback from those involved about the way we are implementing the recommendations from the Report

22. The External Expert has been working with, and providing support and advice to, the MBI Sub Committee public member. A Public Member role description for has been jointly produced.

23. Working in partnership with the Head of Midwifery, the External Expert has provided advice on contacting members of the public regarding the Report. Following on from the Chief Executive’s formal letter asking whether families would like to be involved, further contact has been made by members of families to discuss how they want be
involved in further engagement around the programme for implementing the Report’s recommendations, and potentially, the PRG.

CORPORATE AND STAKEHOLDER COMMUNICATIONS - NEXT STEPS
24. The next stage for the staff and stakeholder communications element of this work stream is to produce an update from June’s MBI Sub-Committee. This update includes sharing the papers on the Trust website, producing a one page overview of actions taken and milestones achieved that month to date to be shared with staff, stakeholders and the public via the various communications methods detailed in the action plan.

25. A ‘Plain English’ report guidance document will be produced to enable the individual work streams to write their update reports in a format and language that will be easily understood by all who may access them.

26. A plan for monthly staff drop in sessions will be created and finalised so staff can receive an update on progress and ask and questions. These sessions will be run by a member of Divisional / project staff and a member of the Communications team.

PATIENT AND PUBLIC ENGAGEMENT - NEXT STEPS
27. A draft engagement and involvement plan is in production and will be further influenced by the results of the mapping exercise and the co-production event. The plan will identify existing good practice and mechanisms for engagement as a platform for embedding effective engagement across the Trust.

28. The plan will identify a range of opportunities, methods, partnerships, and networks that can be utilised to build effective, meaningful and long lasting engagement with families, individuals, communities, relevant groups and the wider public.

RECOMMENDATION
29. The Sub-Committee is asked to note the content of this paper, and approve the communications and engagement plan and action plan.

Louise Jones
Acting Head of Corporate Communications
5 June 2015
MBI Communications and Engagement plan v01

Confirming the approach to communicating the recommendations of the Report of the Morecambe Bay Investigation and engaging with relevant audiences

29 May 2015
CONTEXT
1. The Morecambe Bay Investigation was established by the Secretary of State for Health in September 2013 following concerns over serious incidents in the maternity unit at Furness General Hospital (FGH).

2. The Report of the Morecambe Bay Investigation was published on 3 March 2015, and concluded that the maternity unit at FGH was dysfunctional and that serious failures in clinical care led to the unnecessary deaths of mothers and babies.

3. The report makes 44 recommendations aimed at ensuring the failings are properly recognised and acted upon - 18 of the recommendations are for the Trust to address, with the remainder being for the wider NHS.

4. A Sub-Committee of the Trust Board has been set up to provide scrutiny and assurance that the recommendations are monitored and implemented in full. The committee will report monthly to the Trust Board, and these reports will also be shared with the Care Quality Commission, Monitor, and NHS England.

5. An implementation group has also been set up who will have day to day responsibility for the delivery of the action plan and provide the overall management of the actions required to deliver the recommendations. The KRIG will report directly to the MBI Sub-Committee.

6. Communications and Engagement is one of the seven work streams set up by the KRIG with the purpose of ensuring that progress with implementing the recommendations is not only communicated regularly but also that the relevant corporate, stakeholder, patient and public audiences are engaged with and involved as appropriate.

AIMS
7. This plan aims to set out and confirm the communications and engagement approach the Trust should adopt throughout the implementation of the recommendations from the Report of the Morecambe Bay Investigation.

8. Existing channels of communication and engagement will be used in the first instance to reduce duplication and any unnecessary cost.

9. Experience is being drawn from the communication and engagement work leading up to the publication of the report, such as the ability to deliver scheduled messages through personal briefings and where needed, wider corporate messages by email or letter.

STRUCTURE
10. Due to the wide reaching nature of the communications and engagement activities required to deliver this project, it is being split into two areas:
   - Staff and stakeholder corporate communications
   - Service user and public engagement (including affected members of the public)
11. The staff and stakeholder corporate communications area will be led by the Trust’s Corporate Communications team, while the service user and public engagement area will be led by an external expert in public engagement and involvement.

**STAFF AND STAKEHOLDER CORPORATE COMMUNICATIONS**

12. The scope of the staff and stakeholder corporate communications work is split into two distinct categories:
   - Corporate communication on progress with the implementation of the recommendations.
   - Providing advice and guidance on communications and engagement to the individual work streams.

13. The timeframe of this work is being planned over a 12 month period (to 1 May 2016).

**SERVICE USER AND PUBLIC ENGAGEMENT**

14. NHS organisations have a responsibility and legal duty under the *NHS Act 2006 (as amended by the Health & Social Care Act 2012) Sections 13Q & 14Z2* to ensure that people are involved and consulted when planning and delivering services. The NHS Constitution confirms these rights to be involved when NHS organisations are:
   - Planning the provision of services
   - Developing and considering proposals for change in the way services are provided
   - Making decisions that affect the operation of services

15. Legal and good practice guidance on effective and meaningful engagement stresses that:
   - Involvement must be an integral part of the service change process
   - The best proposals are characterised by early and ongoing engagement through all stages of the process
   - Communities should be involved as partners, with change, improvements and proposals genuinely shaped around patient, and citizens’ needs

16. Guidance also recognises that involving individuals and communities is good practice and has many benefits:
   - It makes sense – involve people if we want to know what works and what doesn’t
   - It improves services and makes them more relevant & accessible
   - People are better informed
   - People use services more effectively and involvement improves outcomes
   - Better decisions are made

17. Guidance also emphasises that a range of options for engagement and involvement is needed to ensure that everyone has an opportunity to give their views or influence change. The ‘Ladder of Participation’ or a spectrum of involvement *(attached)* shows how people can be involved in many ways and at different levels of participation.
18. Recognising that there is no ‘one size fits all’ in terms of engagement the approach to be taken is to work with the public direct and, via the PRG, to identify and develop appropriate opportunities for involvement. This approach means that there is also recognition that some people will only want information on activities and progress with implementation of the Report recommendations whilst others may not want to be involved at any level and we must respect their decision.

19. Work has already begun within the Women and Children’s Division to engage with service users and this will form part of the mapping and learning to be shared with all divisions.

ROLES AND RESPONSIBILITIES

20. There are three main roles and responsibilities within this work stream:

Corporate Communications Team:
It is the role of the Corporate Communications team to:

- Use existing communications channels to inform staff, stakeholders, the press and the wider public on progress made in implementing the recommendations of the Report.
- Offer advice and guidance on communications and engagement to the individual work streams.
- Respond to any press and media enquiries.
- Take the lead on arranging any press or media interviews, including supporting identified spokespeople.

External Engagement Expert

It is the role of the External Engagement Expert to:

- Understand and ‘map’ the current patient experience and public engagement activity across the Trust. The production of the ‘Engagement Map’ will ensure that:
  - There is understanding and learning across the organisation of good practice in effective engagement
  - Duplication is reduced
  - Existing methods, networks and mechanisms are built on and utilised
- Co-produce and establish a Public Reference Group (PRG)
  - The PRG will act as an advisory and monitoring group to provide a wider, public view on the progress made by the Trust in the implementation of the Report recommendations
  - The group will advise on effective communication and methods to engage and ensure the participation of patients, local communities, groups and the wider public
  - The group will also comment and provide input to public facing materials, programmes and communications
  - The External Expert will facilitate a start-up session with the PRG members to establish Terms of Reference for the Group, objectives and ways of working
• Provide support and advice to the public member of the MBI Sub Committee
  - Develop a role description jointly with the public member
  - Liaise regularly and provide support on development needs, priorities, relationships
  - Support effective communications between the public member and the PRG. Work jointly to provide feedback from the MBI Sub Committee and other activities related to Report recommendations implementation to the PRG. Support the public member to identify PRG key issues to take to the MBI Sub Committee

• Work in partnership with the Head of Midwifery, providing expert advice on contacting members of the public regarding the report
  - Establish preferred methods of being kept informed/involved and support appropriate activities.
  - Work in partnership to identify members of families who may want to be involved in the PRG
  - Establish relationships with families and individuals to identify a range of methods for involving them in the programme for implementing Kirkup

• Provide advice, guidance and support to project leads on appropriate and effective engagement methods
  - It is the responsibility of the project leads to develop their own communications and engagement plan within their individual project. Relevant advice and guidance can be sought from the Corporate Communications team and from the External Expert around patient and public engagement.
  - The leads are also expected to identify service users, internal and external, who can contribute to their plans.
  - Embed engagement practices within their normal, day to day operations.

• Design an engagement strategic plan to ensure the involvement of patients, citizens, families and individuals in the implementation of Kirkup recommendations
  - Point 14 provides an outline of the work required to deliver this responsibility area

Project leads
It is the responsibility of the project leads to:
  • Develop their own communications and engagement plan within their individual project. Relevant advice and guidance can be sought from the Corporate Communications team
  • Identify service users, internal and external, who can contribute to their plans.
  • Embed engagement practices within their normal, day to day operations.

OUTLINE APPROACH AND TONE
21. Any communications need to be understanding and sensitive about the issues covered in the Report of the Morecambe Bay Investigation, and the impact they had on families, staff and the wider public.
22. It is also important that we continue to show our culture of change in terms of being open and transparent by being honest and upfront about progress to date, what is still left to do, and if timescales were to change, the reasons why.

23. It is vital that when we meet recommendations that we are very clear that they have been met so it is easy for everyone to understand.

24. The Sub-Committee will trial a recording of one of its meetings with the aim of sharing this with the public in some format in the future. The trial recording will be shared with the public reference group when it is set up to determine whether it is helpful or not.

25. Updates on progress with meeting the recommendation will be provided by mini ‘case studies’ saying what has been done, how it was achieved, the outcome, and how it is, or will be, embedded and sustained.

26. Communications should be clear that only three of the 18 recommendations for the Trust are aimed specifically for the Women and Children’s Division, these recommendations will help to improve services across the Trust.

27. The tone of voice should be personal, professional, and un-defensive. This includes using ‘we’ and ‘us’, rather than ‘the Trust’ and ‘it’.

28. To ensure our communications are understandable for all, we should keep it clear and concise, and avoid the use of technical terminology, jargon or typically NHS/corporate language - such as ‘policies’, ‘procedures, ‘health economy’, ‘strategy’, etc.

AUDIENCES
29. There will be a range of audiences, both internally and externally, which can be broadly listed as staff directly impacted (i.e. those that were involved in the work of the Investigation and WACS staff), wider Trust staff, key stakeholders, families, and members of the public.

30. An overview of how each audience will be communicated with is included in Appendix A. This will be reviewed and updated as appropriate as the project progresses.

31. The External Expert will work in partnership with key stakeholders:
   - Affected families
   - The MBI Sub Committee Public Member
   - The Public Reference Group (PRG)
   - Patients and service users
   - People involved in existing patient experience and public engagement mechanisms and approaches
   - Citizens and communities – the wider public
   - Council of Governors and Members
   - The Heads of Midwifery and Nursing, lead staff and directors with responsibility for
the implementation of the Report recommendations

- Staff currently working in patient experience, community engagement and communications
- Voluntary, community and statutory bodies and groups with an interest in the implementation of the Report recommendations

32. A structure diagram outlining patient and public engagement activities and networks, including key audiences and relationships can be found in Appendix B. A spectrum of involvement is found in Appendix C.

33. As part of our openness and transparency commitment, our national and regional NHS and regulator communications colleagues will continue to be kept informed throughout. This is especially important given that the recommendations themselves are not just focused on the Trust, but on the whole healthcare system - at a local and national level. The regular teleconferences with communications colleagues from local and national NHS teams, regulators, the Department of Health, and Public Health England, will continue.

**KEY MESSAGES**

34. Key messages will continue to be developed regularly, however the overall key messages are consistent with those that were used following the publication of the report, namely:

- The Trust accepts the entirety of the Report, and apologises unreservedly to the families concerned.
- The Trust is committed to ensuring that staff, stakeholders, the families affected by the Report, and the wider public are kept up to date with progress in meeting the recommendations.
- The Trust is committed to involving not just those affected by the Report, but also service users, any interested groups, and the wider public.
- The Trust has learnt some important lessons, and can demonstrate this with examples of improvements made within its services.

**TACTICS / ACTIONS**

35. The tactics used to communicate with the wide range of audiences will need to be accessible. This will mean online/offline and not just relying on impersonal, written methods.

36. Existing communications team procedures and channels will be used in order to reduce duplication and help ensure that each group receives any information in the most appropriate format and at the right time.

37. Regular updates, Sub-Committee papers and other valuable information will be placed on the Trust’s website so members of the public can keep up to date with what progress has been made. This will include an update from each Sub-Committee meeting with the relevant ‘single version report’ and a one page summary of actions taken and milestones achieved that month.
38. Real-life case studies will be used wherever possible to give real examples of the impact any changes made have had on service users and the wider public. The Corporate Communications Team will provide work streams with a pro-forma to enable them to capture the case studies easily.

39. A ‘Plain English’ report guidance document will be produced to enable the work streams to write their update reports in a format and language that will be easily understood by all who may access them.

40. An overview of the tactics that will be used for each of the main audiences is included in Appendix D. A more detailed action plan has been produced that includes a clear set of actions, timings and responsibilities for the staff and stakeholder corporate communications element of this work stream. This plan will be used to allow the Corporate Communications team to plan to monitor performance against the relevant milestones.

41. The External Expert will produce a specific engagement and involvement plan that will identify existing good practice and mechanisms for engagement as a platform for embedding effective engagement across the Trust. The Plan will identify a range of opportunities, methods, partnerships, and networks that can be utilised to build effective, meaningful and long lasting engagement with families, individuals, communities, relevant groups and the wider public.

42. The Plan will detail the actions, responsibilities and timings required for early engagement in the delivery of the Report recommendations and set out a series of action points and responsibilities to ensure that engagement and involvement is embedded in Trust-wide activities in addition to the continuing delivery of the Kirkup recommendations. The Plan will include examples of opportunities for continuing involvement such as the participation of individuals and groups to influence the physical changes to the unit at FGH.

MEDIA HANDLING

43. It is important that the Trust continues to handle the media and wider communications in a proactive way, wherever possible. This means actively sharing regular updates with the media and responding to any enquiries in a quick and efficient manner.

44. The Trust’s Communication’s team will continue to be responsible for handling all media enquiries regarding the implementation of the recommendations.

45. The spokespeople for any media work will be the Medical Director as the Executive Director responsible for the implementation of the recommendations. A public member of the MBI Sub-Committee has also expressed consent to be a spokesperson should it be required and appropriate.
COMMUNICATIONS CAPACITY AND RESILIENCE

46. The Communications Team will act as the first point of contact for all enquiries, both online and offline 24 hours a day, seven days a week.
APPENDIX A: OVERVIEW OF COMMUNICATIONS KEY AUDIENCES

Staff and Corporate Communications

- Local Councils
- Wider public
- Public Health England
- Cumbria Constabulary
- Local Universities
- CQC
- Monitor
- Cumbria Health On-Call
- National press
- Local campaign groups
- Lead / Local GPs
- Nursing and Midwifery Council
- Local press
- Morecambe Bay Investigatio n Team
- CCGs (inc RCOG Review group)
- Royal College Obs and Gynae (RCOG)
- Council of Governors
- Staff side / unions
- Staff in the Women and Children’s
- Staff in the Women and Children’s
- Better Care Together (BCT)
- Wider Staff
- Affected staff - those directly
- Overview and Scrutiny Committees
- Healthwatch Cumbria and Lancashire
- Department of Health

- Wider Staff
- Local / Region / National NHS
- Local MPs
- Healthwatch Cumbria and Lancashire
- Overview and Scrutiny Committees
- Morecambe Bay Investigati on Team
- CCGs (inc RCOG Review group)
- Royal College Obs and Gynae (RCOG)
- Staff side / unions
- Trust Board
- Staff in the Women and Children’s
- Staff in the Women and Children’s
- Better Care Together (BCT)
- CQC
- Monitor
- Cumbria Health On-Call
- National press
- Local campaign groups
- Lead / Local GPs
- Nursing and Midwifery Council
- Local press
- Morecambe Bay Investigati on Team
- CCGs (inc RCOG Review group)
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- Wider Staff
- Affected staff - those directly
- Overview and Scrutiny Committees
- Healthwatch Cumbria and Lancashire
- Department of Health
AGENDA ITEM 3 2015/16

Communications and Engagement Progress Report - June 2015
University Hospitals of Morecambe Bay Hospitals NHS Foundation Trust
MBI Sub-Committee (9 June 2015)
APPENDIX D: OVERVIEW OF COMMUNICATIONS TACTICS / ACTIONS

**KEY:**

√ - primary audience, i.e. the audience that the information is aimed at reaching and that it is most relevant for

x - secondary audience, i.e. the other audiences that may access the information

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<td>Quarterly - June, September, November 2015</td>
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<tr>
<td>FRIDAY MESSAGE</td>
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</tr>
<tr>
<td>INTRANET - NEWS AND INVESTIGATION PAGE</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Frequency:</td>
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<td></td>
<td>Monthly - within two working days of the Sub-Committee taking place</td>
</tr>
<tr>
<td>WEBSITE - SUB-COMMITTEE PAPERS</td>
<td></td>
<td>x</td>
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<tr>
<td>Frequency:</td>
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<td>Monthly - within two working days of Sub-Committee</td>
</tr>
<tr>
<td>WEBSITE - ONE PAGE UPDATE ON PROGRESS</td>
<td>x</td>
<td>x</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Frequency:</td>
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<td>Monthly - within two working days of Sub-Committee</td>
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<tr>
<td>WEBSITE - CASE STUDIES</td>
<td>x</td>
<td>x</td>
<td>√</td>
<td>√</td>
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<td>Quarterly</td>
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<tr>
<td>FACEBOOK</td>
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<td>Monthly - update within two working days of Sub-Committee. Daily monitoring will occur and acted on as and when needed</td>
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<tr>
<td>TWITTER</td>
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<td>Monthly - update within two working days of Sub-Committee. Daily monitoring will occur and acted on as and when needed</td>
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<tr>
<td>PRESS RELEASE - UPDATE ON PROGRESS</td>
<td>x</td>
<td>x</td>
<td>√</td>
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<td>Frequency:</td>
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<td></td>
<td>Monthly - within two working days of Sub-Committee.</td>
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<tr>
<td>PRESS RELEASE - THEMED CASE</td>
<td>x</td>
<td>x</td>
<td>√</td>
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<td>Frequency:</td>
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|                      |       |                           |              | Bi-monthly and themed as below:
<table>
<thead>
<tr>
<th>STUDIES</th>
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</thead>
<tbody>
<tr>
<td>• Listening to and involving service users</td>
</tr>
<tr>
<td>• Culture change</td>
</tr>
<tr>
<td>• Incident reporting</td>
</tr>
<tr>
<td>• Staffing</td>
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<tr>
<td>• Openness and transparency</td>
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<tr>
<td>• Leadership</td>
</tr>
<tr>
<td>Other themes can be added as work progresses.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STAKEHOLDER LETTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency: Monthly - within two working days of the Sub-Committee taking place</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>THOUGHT PIECES / BLOGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
</tr>
<tr>
<td>Frequency: Every 3 - 6 months dependent on the timings of the recommendations.</td>
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<table>
<thead>
<tr>
<th>UPDATE VIDEOS</th>
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</thead>
<tbody>
<tr>
<td>x</td>
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<tr>
<td>Frequency: As and when the progress can be evidenced but ideally every 6 months. First one to be November 2015 to coincide with open day.</td>
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</table>

<table>
<thead>
<tr>
<th>MONTHLY ‘SINGLE VERSION’ REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
</tr>
<tr>
<td>Frequency: Monthly</td>
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</tbody>
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<table>
<thead>
<tr>
<th>SUB-COMMITTEE KEY MESSAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
</tr>
<tr>
<td>Frequency: Monthly, for members of the sub-committee. Completed within one working day of the meeting.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WORKSTREAM KEY MESSAGES / ‘NARRATIVE’</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
</tr>
<tr>
<td>Frequency: Monthly, from the Sub-Committee.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERIALS - ‘PLAIN SPEAKING REPORT GUIDANCE’</th>
</tr>
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<tbody>
<tr>
<td>√</td>
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<tr>
<td>Frequency: Once.</td>
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<thead>
<tr>
<th>SUB-COMMITTEE FILMING</th>
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</thead>
<tbody>
<tr>
<td>√</td>
</tr>
<tr>
<td>Frequency: Filming of each sub-committee. Pilot June and review following feedback from Public Reference Group.</td>
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</tbody>
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<thead>
<tr>
<th>OPEN DAY</th>
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<tbody>
<tr>
<td>√</td>
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<tr>
<td>Frequency: First one in November 2015 then every 6 - 12 months when progress can be shown / evidenced</td>
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<thead>
<tr>
<th>ANNUAL GENERAL MEMBERS’ MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
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<tr>
<td>Frequency: Annually in September (17 September 2015 this year)</td>
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<thead>
<tr>
<th>MONTHLY STAFF DROP IN SESSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
</tr>
<tr>
<td>Frequency: Monthly, for members of staff. Run jointly by members of Divisional staff and communications team</td>
</tr>
</tbody>
</table>

(Version 1.1 July 2014)