

# Our **Communications** and **Engagement** strategy



January 2022  
to January 2024

# Contents

Executive summary	3	11. Digital communications	20
1. Introduction	4	12. External communications	22
2. ESNEFT philosophy and values	7	13. Equality and diversity	25
3. How has this strategy been developed?	8	14. Identity and branding	27
4. Key lessons from the COVID-19 pandemic	8	15. Reputation management	28
5. Challenges	10	16. Crisis communications and emergency planning	28
6. Our principles for communications and engagement	11	17. Media relations	29
7. Audiences	12	18. Patient and public engagement	30
8. Partnership working	14	19. Evaluation	36
9. Internal communications and engagement	15	20. Resources and budget	37
10. Clinical communications and engagement	18	21. Review	37
		22. Conclusion	37
		Appendix 1: Stakeholder mapping	38

# References

'The Rapidly Changing NHS – Communications in the age of coronavirus' – Centre for Health Communication Research Bucks New University – August 2020

'Developing the approach to leadership development in ESNEFT' – Kate Read and Dr David Naylor – August 2020

2021/22 priorities and operational planning guidance – NHS England/Improvement – 25 March 2021

ESNEFT's People Strategy – August 2021

ESNEFT's Equality, Diversity and Inclusion Strategy – November 2021

# Executive summary

**This is the refreshed Communications and Engagement Strategy for the East Suffolk and North Essex NHS Foundation Trust (ESNEFT).**

Our first Strategy ran from September 2019 to August 2021, and has been reviewed and fully updated to reflect learning from both our three years as a new, larger Trust, and the COVID-19 pandemic. This new Strategy runs from January 2022 to January 2024, and will be reviewed in June 2023. It is accompanied by a detailed action plan for communications and engagement, and by a simple summary 'Strategy on a Page'.

The purpose of this document is to set the strategic direction for communications and engagement, and to explain clearly what our patients, staff, public and stakeholders can expect from us.

The audience for this strategy is our staff, our patients and their carers, the people who use our hospitals and all the communities, organisations and groups that we work with every day as we provide safe, high quality care for our patients.

This strategy sets out:

- Our communications principles and objectives
- The challenges we face
- How we will collaborate with our partners across east Suffolk and north east Essex
- Internal and external communications
- Digital communications
- Identity and branding
- Crisis communications
- Media relations
- Patient and public engagement including our approach to equality and diversity
- Reputation management

This document will be used as a reference point for all our communications and engagement activity over the next two years.



The Trust has over 11,000 caring and compassionate staff and provides acute and community services to almost one million people...



## 1 Introduction

- 1.1** East Suffolk and North Essex NHS Foundation Trust (ESNEFT) was formed on 1 July 2018, bringing together Ipswich and Colchester hospitals and community services in east Suffolk to create one of the largest and most complex integrated healthcare providers in the east of England. In July 2021, the Trust formed a collaborative with partners in north east Essex to run community services in this area.
- 1.2** The Trust has over 11,000 caring and compassionate staff and provides acute and community services to almost one million people living in mid and east Suffolk and north Essex, and some specialist services to the wider population.

**1.3** Our ambition to offer the best care and experience is supported by five strategic objectives which will guide planning and investment:

- Keep people in control of their health
- Lead the integration of care
- Develop our centres of excellence
- Support and develop our staff
- Drive technology enabled care

**1.4** Our ambition is to become an outstanding provider of healthcare services and to be one of the top organisations for patient experience and staff engagement.

**1.5** Strong, cohesive and engaging communications underpin the reputation and understanding of ESNEFT. It defines our plans and our culture. Communications delivered poorly, communication needs left unmet, or messaging that does not meet the needs of the audience, will impact on:

- Staff morale
- Public confidence
- Organisational reputation

**1.6** Everyone has a role to play in sharing the responsibility to communicate and engage. This strategy describes how this will be supported and facilitated and how ESNEFT will prioritise its efforts and resources in communicating and engaging with patients, staff, stakeholders and local people.

**1.7** The ESNEFT communications and engagement team has a strong track record of delivering professional corporate communications to an audience ranging from staff and patients to the media and stakeholders.

**1.8** The team continues to evolve and refine the communications activities that support the needs of the organisation and maximise the opportunities presented by emerging communications tools and trends. The most recent development is the increased use of technology through virtual meetings and appointments to enhance engagement with our staff, local communities and stakeholders.

**1.9** The move in July 2022 to a new statutory body, the Suffolk and North Essex Integrated Care System (ICS), we continue to work across our system on communications and engagement, in partnership with health and care across the area, and wider system partners.

**1.10** Our communications and engagement objectives are set out below. These are central to delivering our vision and values (see section 2):

- Develop consistent **key messages** and a **brand identity** in line with national NHS branding guidelines that can be communicated to all audiences
  - Deliver effective communications and engagement to support the delivery of ESNEFT's **strategic objectives** as set out in our ESNEFT Strategy (July 2019). This will be through working with patients and staff, NHS and social care teams, stakeholders, partners and the public in strategic planning and service transformation
  - Develop consistent, regular and high quality **communication channels** reaching staff, stakeholders, patients and the public, with a focus on prevention and self care
  - Secure ESNEFT's **reputation** for effective public and patient engagement, and promote its success beyond the boundaries of Suffolk and Essex
  - Deliver **engagement** that aligns with our cost improvement programme
- 1.11** This strategy is a dynamic document, regularly reviewed, which demonstrates our continuing commitment to delivering this challenging agenda.

“ Reputation is shaped by an organisation's vision and values, its actions and how it communicates with its stakeholders ”

Our organisational philosophy is **'Time Matters'**.

Our organisational values are: **optimistic, appreciative and kind ('OAK')**.

## 2 ESNEFT's philosophy and values

**2.1** Our organisational philosophy is 'Time Matters'.

**2.2** Our organisational values are: optimistic, appreciative and kind ('OAK').

**2.3** ESNEFT has also developed a Leadership Charter, having listened to our staff and what they want from their leaders. It describes how all our leaders will support their staff and the Trust. This strategy will support this leadership charter, and our new leadership training programme, with a particular focus on supporting leaders to:

- Make time to speak with and listen to their team about improvements, ideas and concerns
- Be visible, responsive and available to their team
- Routinely share departmental and organisational information
- Communicate and cascade the ambition, philosophy and objectives of the Trust and why they are important to the delivery of agreed goals and objectives
- Attend leadership briefings and forums, cascading team briefing information

We have set out the following expectations of our leaders in our People Strategy (August 2021) around staff experience.

- Demonstrate optimistic, appreciative and kind leadership
- Role model our Trust values and behaviours
- Share skills and knowledge, provide coaching, mentoring and where relevant challenge poor behaviour
- Pioneer service development and innovation
- Meet with staff, conduct 1:1s, wellbeing conversations, provide access to continuous professional development
- Proactively support appraisals

### 3 How has this strategy been developed?

- 3.1** This strategy sets out how we will deliver communications and engagement in support of ESNEFT, its people and its external audiences (see section 5).
- 3.2** It has been developed as part of our ongoing work with our staff, partner organisations and representatives of the communities we serve. In particular, it is informed by the engagement work completed prior to the merger of Ipswich and Colchester hospitals in 2018, and by the exemplar work completed as part of our public consultation completed in 2020 on the build of a new elective orthopaedic centre. It is also informed by learning from our 2021 staff pulse survey.
- 3.3** The content of the strategy has been guided by the 2021/22 priorities and planning guidance, and will be refreshed when the guidance for 2022/23 is published.
- 3.4** It is aligned with national and local strategies, and recognises that we are part of a complex system of health, care and wellbeing services. As such, we have key role in ensuring that service users received joined-up care.
- 3.5** Crucially, this strategy has been informed by learning from the COVID-19 global pandemic, which began in March 2020 and the effects of which are still ongoing. Section 4 includes reflections on how the pandemic has influenced our strategy and its associated action plans.

### 4 Key lessons from the COVID-19 pandemic

- 4.1** The COVID-19 pandemic, whilst hugely challenging for our NHS, has produced a revolution for the communications profession. We have seen a greater appreciation of professional communications across all NHS organisations, and an enhanced recognition of communications as a vital strategic function.
- 4.2** The increased use of communications by our clinical, operational and tactical teams has been fantastic. The transformation of the way we communicate through Microsoft Teams, Teams Live, YouTube, digital archives, increased use of video and social media, secure clinical messaging platforms, plus increased visibility of senior leaders and the improvement in informality and accessibility of communications, has changed the face of how we work at ESNEFT. Put simply, barriers that have been in place for years have been removed, which is excellent.
- 4.3** The pandemic has highlighted the importance of high quality communications and engagement. This has been critical in transmitting frequently changing infection control measures. Relationships have transformed internally and across our partner organisations, with a focus on our highly sensitive nosocomial and mortuary communications and our visiting arrangements. Our challenge now is to embed these positive changes that have emerged during the pandemic, and make sure we do not revert to our old, bureaucratic behaviours which stifle excellence.

- 4.4** Technology has transformed the way clinicians interact with patients through the pandemic. Online appointments through telephone calls and video conferencing, and a move to 'digital first' have made NHS services much more accessible. As a Trust, we have worked hard to improve access for relatives to patients, including our 'letters to loved ones' initiative and increased use of iPads in our ward areas. This remains a challenge. We will continue to use written letters by post as required, to deliver maximum accessibility.
- 4.5** The pandemic has also seen a dramatic shift from on-site working to home working for so many ESNEFT staff. This means we must always deliver communications which meet the needs of home working colleagues.
- 4.6** The pandemic has also revealed the need for excellence in close working relationships with the national and local NHS England / Improvement (NHSE/I) communications teams. It has also highlighted the importance of delivering timely and accurate messaging to enable Trusts to maintain control of the local voice of the NHS – crucial for information transfer, learning and reassurance.
- 4.7** From a networking perspective, the pandemic has galvanised working together, harnessing shared messaging. This will serve us well as we move further into working together as a

statutory integrated care system. These improved communications networks are already benefitting staff, patients and our communities as we provide clarity and joined up, consistent messaging.

- 4.8** Looking ahead, the public mood is likely to shift from one of huge support during the pandemic, to one of challenge. This is about whether the NHS did enough to keep people safe, and the impact on patients of waiting times and changes to accessing services. It will be the job of effective communications and engagement to manage this shift. We will seize opportunities presented by the pandemic to change the way the public access NHS services, secure behavioural change, addressing inequalities, and importantly continuing to involve our communities in this change.
- 4.9** Finally, the challenge of COVID-19 has affected our staff. Our new People Strategy (August 21) sets out how we will support our staff, and the two strategies are closely linked. Our ambition is to move away from the pessimism expressed in much of the narrative about NHS staff morale to an optimistic focus, whilst still being close to the realities of what our staff are thinking and feeling. It will be the focus of our communications work over the next two years to deliver a sense of optimism, appreciation and kindness, and a range of real development opportunities.



## 5 Challenges

- 5.1 The successful implementation of our communications and engagement strategy must involve everyone.
  - Encouraging leaders to communicate when they may not feel they have everything they need to do so – keeping the channels of communication open
- 5.2 Delivery of the communications and engagement strategy and associated action plans will need to reflect any emerging trends in communications channels and options.
  - Potential ongoing national and regional challenges to local NHS communications plans
- 5.3 It is recognised that the implementation and delivery of this strategy must be responsive to changes in the NHS landscape and any impact that this has on the Trust including:
  - Reluctance/resistance to change – behavioural or functional
  - Information fatigue – overload of messages and actions required, with very short delivery timeframes
  - Lack of time to respond to opportunities or activities
  - Supporting staff to be positive and professional ambassadors for the Trust and managing the impact when this is not the case
  - Potential negative impact on the Trust's reputation as a result of a negative issues within the local health and social care system
  - Negative media coverage/social media comments and conversations
  - Impact of lobby or protest groups
  - Communications and engagement team capacity and resilience
  - Senior leaders not recognising the difference between leadership and corporate communications

- Delivering communications and engagement post the COVID-19 pandemic, when the agenda is full and the pace of change and delivery rapid
- Motivation of staff and stakeholder audiences to act/respond/engage, with a focus on all staff living our values of 'optimistic, appreciative and kind' every day
- Facing an extremely tough winter period 2021 to 2022, capacity and workforce constraints and lengthening waiting lists
- Changes to how staff and patients access services and communications
- Lack of ownership to deliver - contributions, campaign objectives, information - making sure our leaders see communications and engagement as a core part of their role

## 6 Our principles for communications and engagement

- 6.1 ESNEFT will make best use of existing communication channels and products, both in NHS organisations in east Suffolk and north east Essex, and in partner organisations, such as working with colleagues in the local county, district and borough councils.
- 6.2 The ESNEFT communications and engagement team provides a professional advisory role within ESENET and across the wider health and social care system. This includes advising on staff and stakeholder engagement, and simply how to do communications well. The principles that will underpin our day to day work are set out below:

### Our ESNEFT communications and engagement principles:

<b>Being open and accountable</b>	<ul style="list-style-type: none"> <li>• Being open, honest and accountable and explaining the reasons for what we do</li> <li>• Responding to questions promptly and fully</li> <li>• Having a clear, easy to recognise corporate style or 'brand' in all we do</li> <li>• Working in partnership with other agencies to plan and coordinate communication</li> <li>• Providing internal communications which support our staff to engage effectively with all our partners, stakeholders and the public</li> <li>• Promoting our achievements and building credibility and trust in the services we provide</li> </ul>
<b>Planned and focused</b>	<ul style="list-style-type: none"> <li>• Communication and engagement work supports our strategic objectives</li> <li>• Communications are inclusive to everyone in the local communities that we serve</li> <li>• Making sure that ESNEFT has the appropriate communications and engagement skills and expertise to deliver</li> </ul>
<b>Two-way</b>	<ul style="list-style-type: none"> <li>• Internally and externally, encouraging feedback at all levels and showing where services and systems have changed to reflect this</li> <li>• We are a listening and learning organisation</li> <li>• Using clear language in plain English so that everyone can understand what we are saying (translated when required)</li> <li>• Being sensitive and respectful to the needs and aspirations of others</li> <li>• Avoiding jargon and acronyms</li> <li>• Improving digital access to information for our patients eg using the patient portal</li> </ul>
<b>Timely and targeted</b>	<ul style="list-style-type: none"> <li>• Making sure we reach the right audiences at the right time, and ensuring what we do is accessible to those receiving it</li> </ul>
<b>Cost effective</b>	<ul style="list-style-type: none"> <li>• Using the resources available to us prudently to deliver best value</li> </ul>
<b>Sustained</b>	<ul style="list-style-type: none"> <li>• Using communication and engagement consistently with clear, strong messages, often over a period of time to achieve impact</li> </ul>



# 7 Audiences

**7.1** We have many stakeholders and it is important that ESNEFT listens, engages and communicates with them as it seeks to deliver its vision and

priorities and is able to uphold its duties to involve under section 242 of the Health and Social Care Act 2012 (see section 18).

**Our key stakeholder audiences are:**

Internal	External
<ul style="list-style-type: none"> <li>• Staff</li> <li>• Divisions</li> <li>• Corporate departments</li> </ul>	<ul style="list-style-type: none"> <li>• Patients and their relatives/carers</li> </ul>
<ul style="list-style-type: none"> <li>• Volunteers</li> <li>• Staff partnership forum</li> </ul>	<ul style="list-style-type: none"> <li>• Members</li> </ul>
<ul style="list-style-type: none"> <li>• Governors</li> </ul>	<ul style="list-style-type: none"> <li>• Local people and communities</li> </ul>
<ul style="list-style-type: none"> <li>• Non-executive directors</li> <li>• Partner organisation colleagues who work in our buildings – eg OCS</li> </ul>	<ul style="list-style-type: none"> <li>• Health partners (local and national):                             <ul style="list-style-type: none"> <li>• GPs</li> <li>• CCG</li> <li>• Acute, community, ambulance NHS Trusts/organisations</li> <li>• Care Quality Commission</li> <li>• NHS England/NHS Improvement</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Friends of our hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Third sector; voluntary and community partners</li> <li>• Universities and colleges</li> <li>• Colchester Garrison and other armed forces and veterans groups</li> </ul>
<ul style="list-style-type: none"> <li>• Trade unions and other staff side groups</li> </ul>	<ul style="list-style-type: none"> <li>• Healthwatch</li> </ul>
<ul style="list-style-type: none"> <li>• Colchester and Ipswich Hospitals Charities</li> </ul>	<ul style="list-style-type: none"> <li>• Media:                             <ul style="list-style-type: none"> <li>• Print</li> <li>• Broadcast</li> <li>• Digital</li> <li>• Social</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• ESNEFT Charity supporters/donors</li> </ul>

**7.3** Continuing to engage with and build supportive two-way relationships with our various communities is critical to the ongoing

success of ESNEFT’s internal and external stakeholder relationships.



## 8 Partnership working

### 8.1 Suffolk and North Essex Integrated Care System (ICS)

ESNEFT is already recognised as a major partner in the Alliances we work within. We are an anchor organisation, sharing our specialist skills and working collaboratively. The Suffolk and North Essex ICS brings together 26 organisations involved in the planning and provision of health and care services across the region and includes ESNEFT along with other acute hospital trusts; CCGs; mental health; community services, voluntary services and local authorities. This includes three Alliances in west Suffolk, Ipswich and east Suffolk and north east Essex. ESNEFT is a highly active partner and leader in the ICS and within each of the Alliances.

8.2 From July 2022, CCGs will cease to exist and will be replaced by new Integrated Care Systems with statutory responsibilities. ESNEFT is a key partner in this transition, and will continue to collaborate closely to deliver the quality improvements, financial sustainability and health equity across all the communities we serve. A key part of these changes focuses on the development of new provider collaboratives. These are all about the shift away from NHS organisations working autonomously to all parts of the health care system working together through collective endeavour. They are a chance for systems and regions to work alongside providers to plan, design and deliver significant transformation of services at scale. Excellent communications

and engagement leadership will be central to delivering what our patients deserve, and what our health and social care leaders want to deliver.

8.3 ESNEFT will continue to work closely with the primary care networks across the three Alliances. Hearing the voice of GPs and all staff working in primary care in our service transformation is essential. This will be greatly supported through the joint appointment of colleagues between ESNEFT and the CCG to continue to develop system partnership working.

8.4 The ESNEFT communications and engagement team will continue to work collaboratively with communications colleagues from across the ICS footprint to make sure messages and plans are agreed and delivered collaboratively to support this narrative: that no part of the system works in isolation, working together to improve health, wellbeing and services and to make the best use of the available resources. Our ambition is to work with our system colleagues to develop a single communications and engagement team over the next two years.

8.5 Raising awareness through shared messages ensure that issues like system pressures, topics such as winter preparedness and campaigns including flu vaccination are timed and published together across the region. This collaborative approach includes the development of partnership platforms like shared websites where each organisation can signpost visitors from their individual websites. We lead in this field in many areas for example, leadership of the Alliance communications workstream in north east Essex. Sharing our specialist skills and learning from others too is a theme of our daily work

8.6 Other partner organisations alongside ESNEFT will be conducting consultation and engagement activities. Implementation will be planned carefully to avoid duplication and clashing with other events. We are committed to working innovatively and creatively with partner organisations where there may be scope for collaboration.



## 9 Internal communications and engagement

9.1 Strong staff communication is important to the success of engagement in any organisation.

9.2 Strong internal communications boosts staff morale, helps our staff to be happier in their work and more productive, and importantly, to develop as ambassadors of ESNEFT.

9.3 We will use the learning from COVID-19 to continue develop and transform our internal communications (see section 4). In particular, we will focus our communications on being optimistic, embodying one of our three values. One of the main ways we will do this is through our 'Time Matters' philosophy and our new Time Matters days, which will run monthly. We have changed the focus here, now leading with an appreciative enquiry approach, focussing

positively on how colleagues have made best use of their time to support patients and members of their teams. Likewise, we are moving away from a 'you said, we did' methodology, to focus on 'together we have achieved'. With our transformation team colleagues, we have started work with the John Lewis Partnership to help us to support staff better through internal communications, and so improve patient experience.

9.4 At ESNEFT, existing staff communications channels will be developed to deliver a measurable and sustained improvement in our annual NHS staff survey results for 2021. This will be both in response rate (45% of staff responded compared to a 41% average response rate for 43 similar trusts in our cohort)

“ Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services? ”

CQC Assessment Framework 2017



and in the reported results. Our aim is to deliver a 50% response rate in 2022. We continue to score significantly lower than average in questions relating to leadership and communication. A clear action plan to address this has been developed through our People and Organisational Development Committee and will be led by organisational development and communications to deliver an improvement in our staff survey performance in 2022.

**9.5** ESNEFT ran a pulse survey for colleagues which reported in March 2021, just after COVID-19 wave 2 came to an end. This showed that 71% of staff felt a strong or very strong impact on their sense of purpose, and 65% of staff felt proud or very proud of the work they had done during COVID-19. 88% felt that their work had directly contributed to patient care. There was a 17% improvement in staff recommending ESNEFT as a place to work between 2019 and 2020 staff surveys; this was recognised as one of the areas that improved the most. We will use this learning to build on our ongoing communications work, and we will run quarterly pulse surveys. We do however need to avoid our staff being 'surveyed-out', so we will be developing a short policy to help colleagues determine and a survey is absolutely required to complete a piece of work.

**9.6** Engaging and communicating with staff is one of our key ESNEFT priorities. We will aim to ensure that all staff receive timely and consistent messaging on all areas of our work and openness and feedback is encouraged. And we will listen and hear from our staff as we develop this work. Internal communication and staff involvement is crucial to the success of the organisation and has a vital role to play in achieving the Trust's objectives.

**9.7** Through well-managed internal communications, we will deliver a common understanding of our goals and values and bring the ESNEFT brand to life through our staff. Internal communication and engagement will help to keep staff motivated, inspired and committed. Good internal communication will help retain staff too.

## 9.8 Our internal communication and engagement objectives:

- To deliver **innovative and creative** internal communications methodologies
- To create opportunities for staff to be **involved in proposals** and to have their **views sought** around change and transformation
- To **build** on existing staff communications channels
- To **encourage and support staff** to be part of the conversation and to share stories, ideas, successes and suggestions
- To **support leaders** across the organisation to communicate with their teams with **intentional** conversations, which are **planned** and **proactive**
- To **provide** clear, timely and accessible information
- To **facilitate** the development of messages, campaign assets and resources to share information
- To support the growth and development our ESNEFT **staff networks**

**9.9** Our current internal communications activities, and our plans for the future are set out in a separate internal action plan which is managed by the communications and engagement team.

**9.10** We will serve our patients and their clinicians to:

- Listen and respond to their concerns
- Engage individually and proactively with clinicians and patients to allow a detailed discussion of any proposals for any service change or improvement
- Make sure that our objectives benefit sustainable and excellent patient care, addressing the specific needs of individual communities
- Centre on quality improvement while still delivering targets
- Share accurate facts and figures openly
- Meet at a convenient time to minimise loss of clinical activity

- Share examples of how the proposed change has worked elsewhere in the NHS
- Communicate regularly about progress and support each project through to success

## 9.11 Future activity

We will continue to network with colleagues nationwide to secure new ideas to develop our internal communications methods. This will include regular regional meetings and seats on national working groups. And one of our key learning points from COVID-19 has shown us that we need to increase our focus on internal communications, with a reduced focus on media.

**9.12** Specific areas of targeted internal communications support will include:

- Mapping key influencers across ESNEFT
- Providing intensive support to divisions and areas who have compelling needs (our current work in maternity for example)
- Bringing a different perspective, highlighting the bigger picture
- Celebrating success through all our communication channels including social media
- Valuing staff through recognition and award schemes and nominations
- Highlighting concerns and 'calling it out' when we see behaviours which are not value-led – close working with our Freedom to Speak Up and Staff Partnership Forum will be essential here
- Leading by example by living our values and being trusted leaders with specialist skills to bring – our new leadership training programme will include a module on communications and engagement
- Developing closer relationships with all our divisional management teams so that communications and engagement approaches are considered right at the onset of any major programme
- Bolstering our staff networks and re-starting our staff involvement forums with our staff governors
- Working closely with our staff partnership forum and all our union representatives

## 9.13 Success criteria for internal communications and engagement

We will measure our success in internal communications by delivering:

- A series of high quality internal communications methodologies in place that are valued by staff. This will include continuing our use of Teams Live to maximise online engagement for briefings and other events, whilst recognising that we must make sure we do not overlook staff who do not access computers as part of their working day
- Accessible internal communications – from home workers, to staff with quieter voices, to ensure full representation. We must provide opportunities for staff at all levels to be involved and heard, and this includes in particular staff who do not access computers as a regular part of their role. Psychological safety for staff is crucial.
- Divisional teams feeling supported, currently measured through scoring of corporate teams through the divisional accountable meetings
- Delivery communications which keep our staff safe – this will continue to be a priority
- Clarity for staff on ESNEFT's vision and strategic direction, and able to share and engage externally, including on specific large projects eg Big Builds
- Engaged, well informed and motivated staff who feel confident to be ambassadors and advocates for ESNEFT services. This will be measured through the annual national NHS staff survey and quarterly pulse surveys, working through the results of this with the staff involvement group. Staff Partnership Forum and our staff governors, developing an action plan for improvement. This will be led jointly between the human resources team and the communications and engagement team, and monitored through the People and Organisational Development Committee
- Expanded portfolio of staff networks

## 10 Clinical communications and engagement

### 10.1 Internal clinical engagement

Our clinical strategy is shaped by the current and future needs of the patients and communities we serve. We rely on our clinicians of all professions to lead in shaping that care, in response to patient need and patient engagement.

As a Trust we are committed to empowering our clinicians to bring excellence to every patient's care, to embrace latest healthcare advances and to steer us in keeping up with the challenge of continuing to meet, develop and extend these standards in the years ahead. At the same time we empower and challenge all our clinical teams to deliver sustainable and cost effective services so that we can bring the maximum benefit to our patients with the funding we receive.

Our clinicians also have responsibilities to their professional bodies, for example the General Medical Council, the Nursing and Midwifery Council, the General Dental Council and the Health Care Professions Council. We will always seek to deliver exemplary care and to innovate for the future ourselves and benefit from the guidance and peer support offered by national bodies. Our commitment to innovation, research and education, is led by our clinicians, and is valued as the key to the healthy future of our communities.

Communications and engagement projects will always involve clinicians and patients at every stage and we will both listen to their ambition and heed their advice as we develop a strategy that is practical and shaped to patient need.

### 10.2 Clinical leadership and engagement

Clinical leadership and engagement is essential to achieving ESNEFT's strategic goals and objectives. Staff, patient and public engagement cannot proceed without ensuring developments are led by patient need and delivered by those with frontline clinical experience. We know that it's tough

to communicate with our medical population in particular. We need to consider how we encourage these colleagues to be part of ESNEFT; this is a crucial part of both retaining them and encouraging medical colleagues to apply for permanent roles.

ESNEFT has a number of forums where clinical advice and guidance takes place, from audit meetings to medical staff committees and project specific work, for example, the project meetings around our new urgent and emergency plans and our new elective orthopaedic centre, and on health inequalities. Our Chief Executive, Managing Director, Chief Nurse and Chief Medical Officer lead this work. Providing our clinicians with the most effective platforms to deliver their ambitions in meeting patient need requires further development and will be considered alongside our new People Plan, led by the director of people and organisational development.

### 10.3 Working with our clinicians, we will be guided by these key principles:

- We will foster strong and mature relationships between clinicians across ESNEFT and the Integrated Care System
- We will develop a culture of responsibility both for and to each other for the quality of care we deliver in partnership
- We and our patient groups will hold one another to account, to deliver clear patient benefit through honest relationships
- We will listen, hear and respond better to our junior doctors

### 10.4 It is important to remember that all our non-clinical staff, from receptionists and medical secretaries to administrators and managers are equally key to the care we give. Every staff member's job is to provide or facilitate the best care for patients, whether their job is clinical or not. Engagement work, from formal consultations to service change must involve all our staff groups.



### 10.5 The communications and engagement, and the transformation team will support this work to make sure that patients and staff have the relevant facts, and ensure that these are presented clearly and openly.

### 10.6 In summary we will develop our services around our patients' needs, deliver the very best care by involving and supporting frontline clinical staff at every stage and deliver on our promise to make time matter with the best technology, efficient logistics and a passion for developing and supporting our teams.

### 10.7 Future activity

- Support and develop our divisional and clinical directors in their leadership roles
- Work with our divisional management teams to secure improved engagement, using the divisional accountability meetings to support progress
- Use learning from our staff and pulse surveys to develop and improve clinical engagement

- Increase communications and engagement support within divisions
- Use learning from 'after action reviews' (AARs) to embed improved communication in clinical teams
- Continue to develop our leadership seminars using Teams Live, with a focus on clinical learning opportunities
- Making effective use of forums for medical staff in particular eg the Medical Staff Committee, to involve our senior medical leadership in key topics, for example, focussing on effective communications and the importance of this in delivering a strong patient safety culture
- Support implementation of the Just and Learning Culture (early resolution) programme of work across the Trust
- Support our Trust commitment to becoming an anti-racist employer and our wider ambitions around our EDI Strategy
- Raise the profile of wellbeing support available for all our staff

## 11 Digital communications

**11.1** Digital and online communications continue to evolve and develop, particularly given the learning from the COVID-19 pandemic. This showed that digital communications are central to the delivery of communications activities at ESNEFT. Information shared online and through mobile devices supports the responsive and timely reputation of the Trust. It enables us to communicate with a wide range of audiences through a mix of digital platforms. Guidance on using social media and the corporate rules and approach to the media has been revised with a new media policy and a new social media policy. And COVID-19 has changed the face of our digital work. In 2021/22, we will invest £100,000 into the development of a new staff intranet which will embed our learning from the pandemic and dramatically improve the user experience.

### 11.2 Objectives

- To **grow** the Trust's social media audience, respond to their comments and engage positively in digital conversations with them.
- To **provide** clear information, which is convenient to access and easy to find, to our staff and those who use our public website.
- To **represent** the Trust as a modern and digitally engaged organisation.
- To **manage and enhance** the Trust's image and online reputation.
- To **provide** clear information, which is convenient to access and easy to find for our staff through the ESNEFT intranet and visitors to our public website.
- To **provide** our staff, patients and other audiences with immediate and dynamic information on a situation which may be urgent or constantly changing.
- To **encourage** and provide easy and accessible ways for patients, visitors and other stakeholders to access our services and to provide us with feedback.
- To **build and connect** online communities

### 11.3 Social media

We will actively grow the number of followers and subscribers and the range of stakeholders followed across the social media platforms. ESNEFT staff who use social media and engage with the corporate social media platforms will be encouraged to use the ESNEFT #teamESNEFT and #timematters hashtags to extend the recognition and acknowledgment of positive comments and conversations. The use of Twitter and Facebook polls will be trialled to test audience engagement and feedback and opportunities to include social media training guidance.

### 11.4 Video production

Building on our COVID-19 learning, the communications team will increase the range of in-house produced videos to enhance our messaging, using videos alongside external and digital communications channels. This will include developing training sessions for teams to help them to use videos proactively. This will support patients by providing simple visual information on our clinical areas. We will also actively use video content to support recruitment, particularly to harder-to-recruit areas, and to promote ESNEFT as a brilliant place to train and work. And we will use video content to support our quieter staff voices and our equality, diversity and inclusion agenda. We know that the Tendring peninsula has some of the highest illiteracy rates in the country, and we need to use alternative methods of communication to engage with these communities, including videos.

### 11.5 Information screens

We will explore the use of a digital screen system across ESNEFT to provide more functionality and improved visual displays. This will provide a flexible modern interface and deliver tailored content.

### 11.6 Our patient portal

Our patient portal provides patients will the ability to view their appointment letters digitally via a secure mobile application. So far, we have seen 49,330 Ipswich patients sign up to join our patient portal. Looking ahead, we are reviewing our approach, with a plan to implement a new look portal in spring 2022. This will include Colchester appointments, and we will aim to provide much more clinical content for our patients, for example, our new referral acknowledgement letters and clinic correspondence.

### 11.7 Success criteria for digital communications

We will measure our success in internal communications by delivering:

- Improved traffic on our intranet – measured through corporate key performance indicator (KPI). Over fourteen months from March 2020 to May 2021 we had 5.48 million unique visits to our staff intranet, about 40,000 per month
- Delivery of a new staff intranet by April 2022 using Sharepoint, creating a new digital workspace for staff to use. This will be available as an app so staff can access the intranet off site
- Improved staff hits/comments/activity/followers on our social media platforms. We currently have 2,710 followers on our staff Twitter account, 13,444 on our Facebook account and 9,000 on our maternity Facebook account.



## 12 External communications

**12.1** External communications is an essential part of making sure the Trust protects and enhances its reputation. Our external communications are often the first impression the majority of people have of our organisation.

**12.2** External communications activities make sure that the messages and information are delivered to the right people, at the right time. Our communications tools and activities will support and assure people about the safety and quality of our services. This includes patients, local people, governors, members and the wider external stakeholder audience including media and social media audiences.

### 12.3 Our external communication objectives:

- To **raise the profile** of ESNEFT and positively promote its work and reputation.
- To **proactively promote** ESNEFT as a place to work and receive care.
- To make sure patients and other stakeholders **receive timely, relevant and accurate information** about ESNEFT.
- To **listen** to stakeholders, respond to their views and adapt our communication methods to suit their needs.
- To **maintain public confidence** in the care and services provided by ESNEFT.
- To **maintain good relations** with the media and provide media handling advice, training and support to the Chief Executive, the executive committee, Board, senior managers and staff across ESNEFT.

**12.4** As a major provider of acute and community healthcare in the local area and the Eastern region, we work hard to raise our profile with external stakeholders to establish ourselves as effective leaders within the local NHS. We fulfil our responsibility by informing people about

how we care for them and by involving and engaging patients in their care.

**12.5** The demographic breakdown of the population will be considered carefully in our communications to make sure we are always inclusive. We will focus on making sure our communications reach all groups in the community, including those who are harder to reach. This is in line with the requirements of the Equality Act (2010), which we are committed to delivering (see section 9 below for more details on this).

**12.6** We work with our partner NHS organisations and local authorities as part of the Suffolk and North Essex ICS (see section 10 below). Much of our future communication work will be carried out under the banner of the ICS in partnership.

**12.7** In developing our plans across the ICS, we engage with patients, the public, stakeholders and the voluntary sector to secure the delivery of the transformation of health and social care services that meet the needs of our local population.

### 12.8 Stakeholders

We are committed to communicating effectively with all our stakeholders. Key stakeholders are listed below. Stakeholders are people, groups or organisations who have an interest in, or can be affected by our work. To deliver our vision and our strategic objectives, we will work closely with our stakeholders to ensure we engage them fully in our services at every level. Their varying degrees of interest and influence are taken into consideration when communication channels are being set up.

### Key external stakeholders

- Patients and the public
- People who use local health services and their carers
- Our governors
- Patient Participation Groups (PPGs)
- Unions and the ESNEFT Staff Partnership Forum
- Hard to reach groups who traditionally experience difficulties accessing NHS services
- Our residents in Ipswich, east Suffolk, Colchester and north east Essex
- Local authorities
- Local academic institutions
- Research partners
- Interest groups and campaigners
- Voluntary, community and third sector organisations
- Organisations representing the armed forces and veterans
- Charitable organisations
- Suffolk and Essex Healthwatch
- Media

### NHS/Partners

- Department of Health and Social Care
- NHS England/NHS Improvement
- NHS Providers
- Care Quality Commission
- Commissioning Support Units (CSU)
- Other NHS provider Trusts and CCGs, particularly in Suffolk and Essex
- GPs and primary care, dentists and pharmacists
- Out of hours providers and NHS 111
- Private and voluntary sector providers
- Local Professional Committees
- East of England Ambulance Service
- Unions

### Locally elected representatives

- Politicians: local MPs
- Suffolk and Essex County Councils
- District and borough councils
- County, borough, and district councillors
- Suffolk and Essex Health and Wellbeing Boards) Health Overview and Scrutiny Committees (Suffolk and Essex)
- Town and Parish Councils

### 12.9 How we engage with our stakeholders

There are numerous ways that we work with all our external stakeholders, including:

- Participating in strategic planning, key meetings, forums and events including Board to Boards
- Leading projects in east Suffolk, north east Essex and beyond
- Sharing publications
- Patient and public involvement activities including surveys and feedback
- Newsletters – targeted to specific groups

- Media campaigns and advertising
- Specific targeted engagement events and public consultations
- ESNEFT leaders attending partnership events and forums on a regular basis
- Market research and insight projects
- PPG forums and other patient forums
- Social media
- Websites and emails

**12.10** We need to understand our stakeholders' interests and needs. Appendix 1 shows our stakeholder analysis.



ESNEFT will work to ensure that equality is a key part of our core business and that we deliver on the duties of the Equality Act 2010 and Human Rights Act 1998 when planning services.

## 13 Equality and diversity

**13.1** ESNEFT will work to ensure that equality is a key part of our core business and that we deliver on the duties of the Equality Act 2010 and Human Rights Act 1998 when planning services. We will take into account the nine protected characteristics in all we do (age, disability, gender and gender reassignment, marriage and civil partnerships, pregnancy and maternity, race including nationality and ethnicity, religion or belief/lack of belief, sex and sexual orientation).

**13.2** We will also make sure that staff in ESNEFT have due regard to equality as part of their personal objectives, and the requirement to complete mandatory training in this area.

Our new Equality, Diversity and Inclusion Strategy was approved by the trust Board in November 2021, and should be read in conjunction with this strategy.

### **13.3 Seldom heard groups in Ipswich, east Suffolk and north east Essex**

There are a range of seldom heard groups in our communities. As local providers of care, we will make sure that the views of patients and the public are listened to, heard and acted upon. The COVID-19 crisis has exposed the challenges of communicating and engaging with these groups and we have a clear internal agenda at ESNEFT and across the wider ICS to address these inequalities.

We will actively work with our partners to better understand the experiences of care at ESNEFT from these different groups. We will seek to engage groups representing traditionally seldom heard communities and those in more vulnerable circumstances who may experience the poorest health. Some of these communities are over-represented in our emergency departments and struggle to maintain outpatient appointments to support their long term conditions.

ESNEFT will ensure all external communications are inclusive and take place through a range of channels that reach all groups, taking into consideration all barriers to communication, including language and access to computers.

Engaging people with poor mental health, autism and learning difficulties is essential. When we engage or consult, we will ensure that we complete focussed engagement work with people supported where appropriate by advocates to help inform the shape of future of how we provide services.

Key groups who are seldom heard in east Suffolk and north east Essex are:

- Migrant workers
- Gypsy, Traveller and Roma communities
- Looked after children
- Individuals within the criminal justice system
- Asylum seekers and refugees
- Black and minority ethnic groups
- People with autism and learning disabilities
- People with long-term mental health problems
- Lesbian, gay, bisexual and transgender people
- Homeless and insecurely housed people
- Young people and children
- Carers

Priorities will include engaging with groups who support people with poor mental health, drug and alcohol needs, young people with complex needs and people with English as a second language.

ESNEFT will commission a specific mapping and review of our internal and external engagement with seldom heard groups. This will be used to develop a clear action plan for the next two years of engagement activities. It is expected that this will be shared with our Board in summer 2022.

**13.4 Success criteria for external communications**

- Series of high quality external communications methodologies in place
- Engaged, well informed and well-motivated stakeholders
- Clarity externally on the CCG’s brand, vision, goals and strategic direction
- Improved performance in external assessments eg CQC reviews, the annual patient survey

**External communications methods**

Method	Channel	Frequency	Status
Noticeboards	On site in all hospital bases	Weekly review of main noticeboards	Business as usual
National awards (nominations)	Digital and face to face		Business as usual
ESNEFT Life magazine	On site in all hospital bases		Business as usual
ESNEFT Quality Accounts	Digital and print	Annual	Business as usual
ESNEFT Annual Reports	Digital and print	Annual	Business as usual
Campaign materials	Digital and print	As and when	Business as usual
Integrated care partnership (ICS)	Face to face, digital	Ongoing	Business as usual
Freedom of Information requests and complaints learning including CEO meetings with complainants	Email	Ongoing	Business as usual
NHS Choices	Digital	Ongoing	Business as usual
ESNEFT Website	Digital	Ongoing	Business as usual
Social media engagement	Digital	Ongoing	Business as usual

# 14 Identity and branding

**14.1** It is essential that patients and the public find it easy to navigate their way through the services available to them. ESNEFT, alongside our NHS partners, is one of the custodians of the NHS brand and all it stands for in east Suffolk and north east Essex, and our communications will support this. A branding review in 2022 will be necessary as we move closer to wider system working as part of the wider ICS.

**14.2** Brand identity is the visible elements of a brand including colours, design, logotype and name. Together, these identify and distinguish a brand in the mind of its service users and stakeholders.

**14.3** ESNEFT has an established brand identity that is based on a palette of NHS ‘safe colours’. In early 2017, ‘NHS Identity’ reissued logos to all trusts, organisations and practices delivering NHS services. The ESNEFT logo continues to be embedded following our merger in 2018. It is recognised that regrettably many posters and documents carry the incorrect logo (as a legacy of the former trusts) and this will require commitment from staff across ESNEFT to correct, with leadership from the communications team.

**14.4** Brand is generally recognised and defined as what people think of our Trust and our efforts

to meet their expectations. Although this is primarily based on people’s direct experience of care, it is influenced by the mainstream media and becoming increasingly influenced by social media commentary and opinion.

**14.5** When producing any material for publication, we will take account of the NHS branding and accessibility guidelines to make sure that all our information is accessible to a wide variety of audiences. This includes use of our website and any social media we may develop, and the need to produce our literature in a range of formats as required.

**14.6** As local providers of care, it is also important to develop a local brand for the NHS in east Suffolk and north east Essex. This is critical for the public and our patients, but importantly also for our staff, both those we employ now, and future employees. We face challenges in some areas on the recruitment of NHS professionals to posts locally. We will work with our partners in health and social care to promote the local NHS brand across the wider economy, and this will be a key aspect to our recruitment strategies.

**14.7** We have produced an ESNEFT Style Guide to ensure that work produced by staff meets the national and local branding expectations.



## 15 Reputation management

**15.1** Patients' confidence and satisfaction is often driven by their lived experience of healthcare either as a patient or carer, from friends and family, or from what they read and hear in the media. The issues that concern people about their local NHS, for example, quality and safety, customer care, good quality information and good communication between services will be at the heart of what we do. One of the key drivers of patient experience and public confidence is how much people know about their local health services. The more they know, the more likely they are to feel encouraged to access services and respond positively to the information and advice they receive.

**15.2** Our reputation will be built on the experience of our patients, public, members, partners

and stakeholders, through their accumulated experience of ESNEFT and our hospitals, through a wider range of mechanisms, from face to face conversations, to media coverage. We will use the Friends and Families Test to obtain information from our patients and carers about their perceptions of services to inform how we provide services.

**15.3** This strategy will help to develop a positive reputation for ESNEFT, built on trust and excellent relationships. This trust will be particularly important in the financially challenging times that lie ahead, when we can expect scrutiny from local authorities, the media and our communities when we face potentially difficult decisions about healthcare provision.

## 16 Crisis communications and emergency planning

**16.1** Pre-empting and handling crises successfully and minimising risk to the organisation through negative media coverage is a key part of effective communications management across east Suffolk and north Essex. The COVID-19 pandemic gave ESNEFT an excellent opportunity to practise the efficacy of these processes for a sustained period. We will use the learning from this to continue to develop our crisis communications.

**16.2** We have a duty to communicate well with the public during a crisis so that they are well informed and able to respond to an emergency situation, and therefore to minimise the impact of this on all NHS services. We have an experienced in-house team who can deliver communication support in an emergency

situation when required. We also have a gold command director on call arrangement for out of hours communications.

**16.3** We are a key partner in the East Suffolk and North Essex Communications Group which has a specific focus on how health would communicate in a crisis. We have written guidelines about how we will communicate in a crisis or major incident.

**16.4** Reputational risks will be pre-empted where possible and a clear line of communications established for handling crisis situations when they do occur.

## 17 Media relations

**17.1** The media is a critical influence on people's opinions of public services. They are seen as independent and credible, and are a key influencer nationally and locally. For this reason, good strong relationships with, in particular, the local and regional media, are essential.

**17.2** We already have excellent working relationships with our local and national media which have been developed by the communications team over many years. These relationships have been tested during COVID-19 due to the insistence of regional and national teams on controlling media relations. However, the ESNEFT team worked hard to maintain our local links and keep our trusted local NHS voices being heard in our communities. We delivered a focus on ESNEFT's pandemic response in the media, whilst keeping staff and patients safe and following the stringent infection prevention and control guidelines. We are confident that we have learned from these experiences, and we now move forward positively with these strong local relationships.

**17.3** By continuing to work closely with our local and national media colleagues, we will continue to promote ESNEFT. We will work with the media to explain how our hospitals and community services work, and the transformational service change we are seeking to deliver. We can also manage difficult stories more effectively. We will work with our staff to prepare proactively for any potential media stories.

**17.4** We will engage with the media, keeping them informed of good news stories and being responsive when they seek a statement or comment. We aim to give excellent access to the senior management team and senior clinical staff. We will continue to work to develop a strong media profile over the period of this strategy.

**17.5** We will always deal with enquiries in an open and honest manner in accordance with the Freedom of Information Act (2000), and with regard to Caldicott/Data Protection principles.

### 17.6 Success criteria for media relations

We will measure our success in media relations by:

- Delivering a 'staff first' approach – making sure we tell our staff key news before we tell the media
- The Chief Executive holds regular briefings with media on key issues
- Good, local, positive media coverage about ESNEFT
- Positive national exposure, and ESNEFT profiled on more challenging national stories eg system pressures and recruitment
- Deliver on-going full media training to key ESNEFT staff including clinicians – to ensure trained and confident staff, briefed and ready to do media work
- Difficult media stories managed effectively and honestly
- A clear guide for staff to help media engagement

## 18 Patient and public engagement

### 18.1 National drivers

There are a series of key national drivers for the need to conduct patient and public engagement in the provision of services including:

- The Health and Social Care Legislation Bill 6 July 2021
- The Health and Social Care Act 2012
- The Public Health White Paper and the development of Health and Wellbeing Boards
- Healthwatch
- The Local Government and Public Involvement in Health Act 2007
- The Cabinet Office Code of Practice on Consultation (2004)
- The NHS Constitution (2009) gives a legal right to staff and patients to know what they are entitled to and how to access this
- The Equality Act 2010
- Everyone Counts: Planning for Patients 2014/15 to 2018/19
- Transforming Participation in Health and Care September 2013
- Local Authority Health Scrutiny June 2014
- Planning, assuring and delivering service change for patients Nov 2015
- Engaging local people, a guide for local areas developing Sustainability and Transformation plans Sept 2016

### 18.2 Local drivers

- Delivery of our ESNEFT People Plan (August 2021) and the ESNEFT Equality, Diversity and Inclusion Strategy (November 2021)
- Delivery of the ESNEFT Strategy (July 2019)
- Delivery of the ICS
- Delivery of our annual ESNEFT CIP plan and capital spend plan

### 18.3 Legal requirements

There are a range of legal requirements which directly impact on the duty of the NHS to consult with the patients and the wider public.

### 18.4 Statutory duties to involve the public

Under Section 242 NHS Act 2006, ESNEFT has a duty to make arrangements to secure the involvement of existing or potential service users, directly or through representatives, in the development and consideration of proposals for how health services are provided, and decisions affecting the operation of health services.

ESNEFT's duty under s.242 is engaged when we are planning changes to how services are provided.

### 18.5 Duty to consult with the local authority

Under regulation 23(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the "2013 Regulations"), an NHS body (including an NHS Foundation Trust) is under a separate additional duty to consult with any relevant local authority when it has under consideration a proposal for substantial change to health services in that local authority's area.

Any pre-consultation engagement must be adequate to involve the public in the development of proposals for service change. It must also be fair and proportionate too. To make sure that it is fair it should comply with the Sedley criteria, which requires that:

- It be completed whilst proposals are at a formative stage
- Sufficient information be provided to enable reasoned responses
- Sufficient time for responses be provided
- The feedback be meaningfully taken into account when finalising proposals

ESNEFT must also pay attention to the Public Sector Equality Duty ("PSED") and the duty to reduce inequalities. This often requires a full Equality Impact Assessment or similar document.

Finally, robust public involvement is only one of the four tests that proposals must satisfy to pass through the NHS England assurance process.



### 18.6 The ESNEFT approach to patient and public engagement

Patient, public and member engagement is defined as the active participation of citizens, patients and carers and their representatives and foundation Trust members in the development of health services and as partners in their own health care. This includes the planning, designing, delivering and improvement of health services.

**The White Paper, 'Equity and excellence: Liberating the NHS', set out the Government's vision of patients and the public being at the heart of the NHS. Central to delivering this vision is ensuring that all patients are fully involved in decisions about their own care and treatment so that the principle of shared decision making – "no decision about me, without me" – becomes the norm across the NHS.**

Department of Health 2012

The Care Quality Commission assessment framework (2017) has a clear focus on understanding how Trusts ensure that patients have a good experience and are

actively involved in decisions about their care and that as a Trust we take account of the views of our local community and stakeholders:

- How does the service ensure that people are treated with kindness, respect and compassion, and that they are given the emotional support when needed?
- How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
- How are people's privacy and dignity respected and promoted?
- How are people's concerns and complaints listened and responded to and used to improve the quality of care?
- Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

**18.7** Good patient engagement helps to ensure that services are responsive to individual needs, that they are focussed on patients and our local community and support us in improving the quality of care that we provide.



**18.8** ESNEFT is committed to engaging patients and carers in the planning and decision making processes about their health care. We are also committed to working with our colleagues in commissioning, primary care and the local authorities to involving and engaging patients and carers in their services and any service changes.

**18.9** We will develop efficient and effective ways of harnessing public voices so that our day to day work and our strategy are shaped by people's expressed needs and wants.

**18.10** We will produce new consultation and engagement guidelines which will set out details on when and how we will engage or consult, written in accordance with statutory and legal requirements. This will ensure we have robust arrangements for working across our boundaries, and with other providers and commissioners if necessary, to play our part in major service reconfiguration where appropriate. As the pressure on NHS finances becomes tighter and decisions on services more difficult, ESNEFT will be dedicated to making sure we effectively engage, consult and feedback, communicating clearly about how we are investing tax payers' money.

**18.11** ESNEFT also recognises the need in particular to work with Healthwatch both in Suffolk and Essex as key stakeholders at all stages in the development and consideration of proposals.

**18.12** We also work closely with local Health Overview and Scrutiny Committees, and the Joint Health Overview and Scrutiny Committee, involving these committees early on in the planning stages to make sure that they are fully informed about emerging service models and able to contribute to their development.

**18.13** At ESNEFT our aim is to be in the top 10% of Trusts nationally for patient engagement over the lifetime of this strategy. We will work alongside Healthwatch in Suffolk and Essex to:

- Devise a method to measure our achievement against the 10% ambition
- Give us ongoing feedback on the quality and delivery of services
- Share the views of local people with us as providers of services
- Help regulators access local information and the public view
- Keep Health Overview and Scrutiny Committees (HOSCs) informed about issues

**18.14 How we will deliver engagement**

Our communications and engagement function has been restructured to include a Director of Communications and Engagement post, and an Associate Director of Engagement role, leading a small engagement team. These posts,

as part of the communications function and alongside our wider ESNEFT team, using a comprehensive set of tools for engagement.

Our Chief Nurse leads patient experience and the team who delivers this. Both communications and the nursing directors work closely together to ensure smooth delivery of both the engagement and experience agendas.

Alongside learning from patient experience every day through systems such as PALS, complaints, and our patient groups, our engagement repertoire will include small scale qualitative work with groups of patients and other interested parties eg carers, and quantitative, large scale representative involvement with the general public. We will also use Patient Participation Groups (PPGs) in GP practices.

We will do this through knowing and understanding our local population. Working closely with our partners in public health, we have a wide range of demographic information about our population which informs how we provide services. This is included in the annual Joint Strategic Needs Assessment. From an engagement perspective, it is essential that we identify our local population, patients and communities, and that we engage with our most seldom heard and vulnerable groups, their carers and advocates. We link closely with a range of groups which helps us stay closely in touch.

Our engagement work will be closely linked with colleagues across the integrated care system. We will have extensive clinical engagement and will actively influence how services are provided, with service user representation. This work will preferably be clinician led with support from our transformation team to develop clinical pathways and new models of care which are evidence based and cost effective, ensuring delivery of our CIP challenge. This engagement work will be the main way through which we involve and seek advice from healthcare professionals from secondary, community, mental health,

learning disabilities and social care and those with lived experience.

**18.15** Working in partnership with our population means doing more to give control to patients through the extension of choice and the provision of high quality information to support their care decisions. It also means doing more to make sure the views of patients and communities are built into everything we do. This will be delivered through our work with the new ICS governance structures, our three local Health and Wellbeing Boards, and through our two local Healthwatch organisations to champion patients' interests at all levels of the system. In ESNEFT, this means continuing to build on strong relationships that already exist with Health Overview and Scrutiny Committees, Healthwatch in Suffolk and Essex and three Health and Wellbeing Boards.

**18.16 Engagement and providing healthcare**

The NHS Health and Social Care Bill 2012 has the vision and ambition of future patient involvement, engagement and experience. In particular:

- 'No decision about me without me'
- Greater involvement of patients in decision making
- More choice over care and treatment

The emphasis is very much on patient centred care – patient experience is prioritised as a key health outcome in its own right. ESNEFT is committed to delivering this every day to our patients. Led by the Chief Nurse, ESNEFT will develop a separate patient experience strategy which will set out how we will do this and how we will develop and build patient leadership. This strategy will set out how ESNEFT, as a provider of health services, will review and improve the experience for people who use our services. This will be through using a variety of feedback options including patient ratings, comments on websites, the Friends and Family Test and patient opinion through quality observatories. Feedback given by our patients will be fully considered and used to improve service quality and patient experience. This will be fully set out and published in our annual Quality Accounts.



**18.17 Membership engagement**

As a foundation trust, we are a membership organisation with around 10,000 members of the Trust, made up of people from our local community since the merger on 1 July 2018, and around 11,500 staff members.

By 2023, our vision is that the ESNEFT public membership will be a more representative and active community of patients, citizens and local voluntary and community organisations who work with us to improve and support our services. A separate membership strategy and detailed action plan is required to set out how we will engage and involve our members who have indicated that as a group, they have a specific interest in our day to day work. It is clear since the merger that this is a key area of work for ESNEFT. There is also a requirement as a Trust to identify a small budget to deliver this work, and a business case will be prepared to do this.

We aim for excellence in our engagement with our members. We will encourage more members to vote in governor elections, contribute to transformation projects and take part in engagement events and advisory groups, including annual members’ events to report on progress and consult on our plans.

We will improve the ways we communicate with our members about the positive changes we are making and the challenges we face.

We will develop a programme of health talks – creating more opportunities for patients and communities to talk with us about their health needs and experiences, as well as learn about the developments in medical care at ESNEFT.

Our membership recruitment priorities for the next three years are to retain our current members and to build our membership in those areas and from those communities who are under-represented. This includes the Tendring District Council area, some seldom heard groups including minority ethnic communities and younger people under 21 years of age.

Finally, we will use ESNEFT’s membership to formally strengthen our engagement with voluntary and community groups and patient charities linked to our Trust. We aim to improve two-way communication, providing better information to voluntary organisations about our work, but also promoting the important support these organisations provide local people and our patients.

**18.18 Strategic work plan for engagement**

Activity	When?
Develop a patient experience strategy with the corporate nursing and medical teams which will set out a strategy to develop patient leadership across the Trust	Spring 2022
Develop a set of engagement and consultation guidelines for ESNEFT staff. This will include how to involve patients and carers in our every day work	Spring 2022
Deliver a report on seldom heard groups and associated action plan	Summer 2022
Deliver a membership strategy and identify a budget for this work	April 2022
Deliver an engagement plan to set out how we will work effectively with our colleagues in primary care including GP practices, dental surgeries and pharmacies	April 2022

**18.19 Success criteria for our engagement work**

We will measure our success in engagement by delivering:

- Strong evidence of public and patient engagement in ESNEFT’s work, with evaluation of the success of this
- Patient and public representatives closely engaged in ESNEFT’s work, eg through formal committees
- Empowered and functioning patient groups across ESNEFT
- Active patient involvement in our work streams in transformation of services and implementation of our Strategy

**18.20 Monitoring the impact of engagement**

Ultimately, engagement is not always going to generate the final decision; in most cases it will be used to inform decisions about how we provide care in a complex climate.

Engagement and consultation is not simply about counting votes. Whilst it is important

to obtain large-scale quantitative feedback, it is also important to hear the voices and opinion of minority groups. Working with our commissioning partners, ESNEFT will assess the level of impact that any proposed change in services might have on different groups. Even if there is a majority opinion for one option, we need to be aware of any disproportionate negative impact that the same option might have on some parts of the community. Engagement should seek to build the big picture. There are various ways of measuring the impact of engagement:

- Patient satisfaction surveys and the national annual inpatient survey
- Public perception surveys and events to explore to what extent the public feel they can influence the development of the local health service
- Complaints and PALS and associated meetings
- Healthwatch – will visit and review services to provide useful and fast feedback





## 19 Evaluation

- 19.1** Evaluation and review of this strategy will be on-going and in 'real time'. The effectiveness of channels and products will be continuously monitored and changes and adjustments made as and when necessary.
- 19.2** Robust systems for measuring outcomes will be put in place by the ESNEFT communications and engagement team.
- 19.3** We plan to develop a brand audit of public and stakeholder perceptions of ESNEFT. The results of this brand audit will measure the progress and reputation of our Trust and whether we are achieving our vision. The survey results will be used to set priorities for communications and engagement for the year ahead, and we will work with our system partners, patient groups and governors and membership to support these to give a consistent approach across the integrated health community.
- 19.4** We will continuously review and analyse our performance using various sources, outlined

below. We will update the strategy regularly to reflect feedback from our staff, patients, public, partners and stakeholders.

- All media coverage
- Analysis of the ESNEFT website – unique visitors; number of visits; page hits; interaction and responses
- Event bookings and attendances
- Feedback from patient groups
- Social media interaction, e.g. number of Twitter followers and mentions, and Facebook likes and comments, plus growing our Instagram presence
- Analysis of patient advice and liaison service enquiries (PALS)
- Analysis of complaints and compliments trends
- Feedback from other patient groups including Healthwatch
- Audits of our performance including public and stakeholder market research projects
- Local and national staff surveys
- Our own media evaluation and reporting
- Feedback from patient surveys

## 20 Resources and budget

- 20.1** The communications and engagement team has lead responsibility for delivering this communications and engagement strategy with the support and endorsement of the Chief Executive, Trust Board and executive management committee, and the involvement of individuals and teams across the organisation.
- 20.2** As a corporate resource, the communications team delivers communications activities, advice and guidance across all corporate departments and clinical divisions, and the whole organisation, and will continue to manage the conflicting demands and pressures and the impact this has on delivery of communications activities that this presents.
- 20.3** The effective implementation of this strategy will require financial resources. There is currently an identified budget to deliver
- ESNEFT communications and engagement activity on an annual basis. Alongside this, opportunities for additional sources of resource will always be explored on a project specific basis.
- 20.4** The team will also seek to secure sponsorship for specific projects where possible for example the annual staff awards ceremony.
- 20.5** Budgets for specific projects eg public consultation, will be negotiated as required.
- 20.6** A business case for a specific project to identify a budget for ESNEFT membership will be developed.
- 20.7** Communications and engagement is led by the Director of Communications and Engagement, who is a non-voting member of the Trust Board.

## 21 Review

- 21.1** This strategy will be reviewed every six months by the Director of Communications and Engagement. The next review is due in June 2022, to ensure it continues to meet the emerging needs of the Trust.

## 22 Conclusion

- 22.1** This communications and engagement strategy describes how the communications team will continue to build on established activities and sustain, extend and grow the communications channels used to continue to raise the profile of ESNEFT. This will be our people, the high quality care we provide and our positive profile as a place to work and receive care.
- 22.2** Successful communications is about considerably more than a simple exchange of information and we will always need audiences to seek to be engaged and to be willing to participate readily and enthusiastically and share their experience and learning with colleagues.

# Appendix 1

## Stakeholder Mapping

### **Trust Board, Board Sub Committees, Council of Governors and Executive Management Committee**

These groups have strategic oversight of service provision. They have significant influence over a range of groups, including most importantly our patients. They need timely and regular information to allow them to do their job effectively.

### **Staff**

Staff need to understand what the organisation expects of them. Above all, staff need to be valued. They have the potential to be very effective ambassadors for ESNEFT, and with the right engagement, can be powerful in communicating our vision and strategic direction. The risks with staff emerge when they become critical in public of the Trust, resistant to change or feel demotivated.

### **Patients, carers and the public**

*(including existing patients and their carers seldom heard groups, children and young people, patient and public representatives, neighbourhood groups and campaign groups)*

Patients, carers and the public are central to all ESNEFT does. Not only are they tax payers, but they receive the services we commission and they have a strong voice and influence. They need to receive high quality, safe services, with a good patient experience. This group needs information to help them make informed decisions at what can be a vulnerable time, and information about how we will care for them and keep them safe. They must have the opportunity to engage, to be listened to and above all heard, and to hear the results of this through high quality feedback and improved provision of services which take account of their views. Used effectively, this group will help ESNEFT achieve our vision, and become ambassadors for the local NHS as they share their good experiences. Patients, carers, the public and their representatives are a rich and valuable source of tremendous feedback about the services we provide every day.

The risk associated with these groups include the potential to disengage from health services, leading to accusations of wasting public money and failure to deliver, plus potential to accuse ESNEFT of not being a listening organisation.

### **Partners and providers**

*(including ICSs, acute trusts, community providers including social enterprises, mental health and learning disability providers, health and wellbeing boards (Suffolk and Essex), independent providers, primary care, prisons, local authorities, out of hours providers, professional committees, unions)*

Our partners and provider colleagues deliver services and commission new initiatives. They must be informed and engaged with the ESNEFT vision and values and with our strategy as we work together. Partners have a right to know our short, medium and long term intentions and to influence our views through their knowledge and expert opinion. Through collaborative working this group will be supportive and developmental, and we are already creating a much more joined up approach to develop a seamless experience for patients. Staff from partner organisations will be engaged to also influence us.

Without this, we risk confusion amongst our local population, and the possibility of mixed messages leading to conflicting projects and work programmes.

### **Media**

*(local print and broadcast, information websites, community television, regional and national print and broadcast, local hospital radio)*

The media have a high profile with the local population and are highly influential in opinion forming. They have the potential to add negativity to create a good story. However, used well, the media are a key route to getting our messages out and to informing the public. ESNEFT needs to use them effectively with a strong focus on

human interest stories, information for local people, strong health messages that are easy to understand and contact with the real people in the NHS ie staff and our patients. Used well, the media has the potential to provide accurate and timely information to our public and to really get our message across. The risk is to our reputation if not managed well, and the possibility of one part of the story being told.

### **Wider partners**

*(Government, NHS England and Improvement, Department of Health, Care Quality Commission)*

Government is the policy driver and also sets performance targets and standards for providers. They need to be assured of our ability to deliver high quality services safely. We also have a duty to keep them informed on hot topics or issues which may cause concern. If relationships work well, this group can be supportive, promote our successes nationally and share best practice with us.

Otherwise the risks to us are that concerns about our practice as a provider may be raised in public, and more assurance demanded.

Political Health Overview and Scrutiny Committee (HOSC) Members of Parliament (MPs) Councillors Suffolk and Essex County Councils, Borough and District Councils

Political representatives are one of the key opinion formers, and therefore highly influential.

They champion the views and interest of their local constituents, and present a risk to ESNEFT if they are not in agreement with us or fail to be kept in the loop. We need to engage with them to make sure they understand and support the strategic direction of the organisation, and assure them about our continuous improvements and the safety and quality of commissioned services. Working well, political representatives can provide excellent support, and an independent voice, and influence issues in parliament.

