

Communications Strategy



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Executive Summary

The Whittington Health Communications Strategy 2024-28 establishes a framework for enhancing communication and engagement across the organisation. It flows from our organisational vision – to help local people live longer, healthier lives – and the strategy objectives that support the vision.

This strategy underscores the critical role of effective communication in achieving our Trust's goals, maintaining the trust that our patients and community have in us, ensuring that our colleagues have the information they need to perform their roles effectively, and maintaining positive sentiment amongst our stakeholders for the work that we do.

We have delivered a great deal since our last communications strategy, and we continue to provide high quality business-as-usual communications support to the organisation. This strategy sets out how we will refine this, as well as setting out some large, long-term strategic projects that we hope to complete over the next four years. These projects aim to enhance Whittington Health's communications architecture and provide step-change improvements in the communications function's performance.

The following activities will support the organisation to achieve each of our corporate objectives:

Deliver outstanding safe and compassionate care in partnership with patients:

- Conduct stakeholder and community perception surveys to inform improvements
- Develop and implement a comprehensive engagement toolkit for staff
- Modernise hospital wayfinding and signage for better patient navigation

Empower, support and develop engaged staff:

- Overhaul the intranet to provide a more user-friendly and efficient platform
- Create a centralised brand toolkit to ensure consistency and professionalism in communications and allow our colleagues to quickly 'self-service' when they have simple communications product needs
- Roll-out the Whit-Team briefing system organisation-wide
- Refresh and unify the wellbeing brand to better support staff

Integrate care with partners and promote health and wellbeing:

- Redesign the website to improve user experience and accessibility
- Increase participation in external awards to showcase excellence and innovation
- Work alongside partners, including UCLH and NCL ICS, to promote the benefits of partnership and integrated working to our colleagues, stakeholders, patients, service users and community

Transform and develop sustainable and innovative services:

- Develop a cohesive brand for the improvement program to unify various initiatives
- Provide resources and tools to support new, efficient ways of working

The Whittington Health Communications Strategy 2024-28 is designed to foster a culture of effective communication, ensuring alignment with organisational goals and stakeholder needs, to support the Trust to deliver on its vision. Our communications vision is to "Ensure that the people who use our services, colleagues and community see us explain, promote and defend the work of Whittington Health and are involved in the decisions about what we do and how to we do it. So we maintain and enhance the trust required to enable us to deliver on our vision to help local people to live longer healthier lives."

Strong, well-planned, thoughtful and engaging communications underpin how our colleagues feel about working with us, how easily our patients and service users can navigate their care journey, and how our community and stakeholders perceive us.

Through these strategic initiatives, the communications function aims to enhance patient care, support staff, promote integrated care, and drive innovation, ultimately contributing to improved health outcomes for the community.

The Context

This strategy sets out why good communications matter, the environment we are working in, what our communications priorities and major projects will be, and how we will work for the next four years.

The purpose of this document is to set the strategic direction for communications and engagement, and to explain clearly what the people who use our services, our colleagues, our community and our partner organisations and stakeholders can expect from us.

Since our last strategy, the team have delivered much of what we set out to do. The biggest success has been in the completion of a project to implement a new email distribution system. This has enabled us to track how impactful our email communications are and to tailor our messages down to individual staff groups. We have been able to use the data we get to improve the communications we produce and make them more personalised, relevant and user friendly. For example, we have recently changed the format of our all staff NoticeBoard weekly email based on the insights we got from sending out different versions to different colleagues (known as 'A and B testing').

We have also opened up the system to other teams and colleagues to use under our oversight and with our support and training. This means that not only do their regular staff or patient and service user communications now look and feel more professional, they are quicker to produce and they also benefit from stronger data protection safeguards and insights about how well each message performs and what type of content is of most interest to their audiences. We can also now offer a quick and easy way for people visiting our website to sign up to hear from us, and in the past year nearly 1,000 people have done so.

We also undertook a project to refine the structure of our ageing intranet to make it simpler to navigate and find the information our colleagues need, as well as updating content on our most-visited pages.

We created a new role dedicated to engaging with people to ensure that their voice is at the centre of how we plan and deliver major projects such as the new Community Diagnostic Hub in Wood Green, our plans for an integrated health hub in Haringey, and our plans to transform our maternity estate. A number of these engagement exercises and consultations have been praised by those who scrutinise our work for their thoroughness and how we made space for everyone to have their voice heard.

Externally, the team have continued to create more opportunities to allow the media to tell interesting and engaging stories about what we do well, why and how we do it. Internally, we are in the middle of a pilot of a tool which we hope eventually will support all of our managers, at every level, to cascade the information their teams need to them in a consistent but quick and easy way that does not rely solely on staff reading emails.

One major change we have seen since the publication of our last communications strategy is the formation and formal establishment of Integrated Care Systems (ICS) and Integrated Care Boards (ICB). Whittington Health sits within the North Central London Integrated Care System.

The formal establishment of these organisations has allowed us to build on the already very strong working relationships that exist within North Central London (NCL). We are very lucky to enjoy excellent and supportive working relationships with our local partners and these relationships undoubtedly help to improve patient care for everyone who uses health and care services in NCL.

We are incredibly fortunate that as an integrated system we have built a thriving, supportive, and well-developed communications network, which adds real value to the work that we do here at Whittington Health. Going forward, these well-established relationships will allow us to become more efficient as a system, ensuring that where possible we do things once and do not duplicate effort, allowing us to leverage our scale. For example, through joint procurements (some of which have already delivered value) and by allowing the sharing of skills, experience, and ideas.

We are indebted to our colleagues and partners across NCL for their support and their mature attitudes to partnership working.

Like all relationships, this one and those we have with our other partners will continue to evolve and change over the course of this strategy as we find new ways to support and serve our communities.

What does not change is Whittington Health's vision – to help local people live longer, healthier lives – and neither does our team's commitment to playing our part in delivering on making that vision a reality.

However, we live in a dynamic world, and the old adage that “the only constant in life is change” has never been more true. Priorities shift, expectations rise, needs change and our communications must adapt to that change. That is what this document is about; it is here to set out what we will continue to do, what we want to start, and potentially consider not doing in the next four years.

But why bother?

At its most basic, the communications discipline performs three roles on behalf of the organisation, regardless of the audience (the examples are illustrative and not exhaustive):

Explain

- Tell people what you are doing, when, why and how it will affect them
- Let people know what actions they need to take
- Give people the information they need to successfully interact with the organisation as staff, patients and partners
- Allow people to understand why you have made decisions or implemented the policies, rules or procedures you intend to implement
- Show people how the organisation is structured and who is responsible for the decisions the organisation makes
- Provide people with the information they need to make informed decisions

Promote

- Celebrate achievement
- Encourage others to learn from success and repeat it elsewhere
- Show why people should want to interact with the organisation
- Show how the organisation is adding value
- Encourage people to behave in a certain way or take specific actions
- Normalise good behaviours and choices and target bad behaviours and choices

Defend

- Correct misinformation and inaccurate narratives
- Provide a counterview to an assertion or accusation
- Demonstrate why a decision was made and/or why any alternatives were rejected
- Protect the organisation from making choices that would damage its reputation where better options exist or where mitigations can be built in
- Advocate for those whose voices have not been included or properly considered to ensure that the organisation makes the best decision based on all the facts, views and evidence
- Explain why unpopular decisions were unavoidable and how the organisation sought to mitigate their impact
- Minimise the reputational damage from things that go wrong

Strong, well-planned, thoughtful and engaging communications underpin how our colleagues feel about working with us, how easily our patients and service users can navigate their care journey, and how our community and stakeholders perceive us. It supports and enables our organisational plans and our culture, though culture is impacted by everyone's actions.

At Whittington Health, we help our patients and service users to have an excellent experience of their care and cement our reputation amongst our community and stakeholders as a caring organisation that delivers high-quality, person-centred and safe care.

On the flip side, poor communications result in unmet needs and messaging that does not meet the needs of the audience, impacting staff morale, causing a loss of public confidence and trust, and damaging our organisational reputation.

As a health and care provider, confidence and trust are vital. Our patients and service users entrust their health and wellbeing, and in some cases their lives, to us, as well as a significant proportion of the taxes they pay to NHS organisations like Whittington Health.

It is essential that we can show and tell people how their trust and taxes are in safe hands.

Communications, as well as people's lived experiences of their interactions with us, are core to ensuring this.

Who are our Partners?

We work with a range of organisations, these include:

- Our Patients and Service Users, and the wider community we serve
- Our Integrated Care Board
- Our Commissioners
- Our Trades Union colleagues
- Local Authorities in the places where we provide services
- Other local NHS organisations, including UCLH with whom we have a formal partnership
- Our colleagues working in Primary Care
- The local voluntary and charity sector and advocacy groups
- Healthwatch organisations in the places where we provide services
- North Central London Recruitment Shared Services
- Our Bank Staff providers
- UCL Medical School and local Higher Education Providers
- The Whittington Health Charity

We also enjoy the support of numerous businesses and organisations who support us, including Arsenal and Tottenham Football clubs who have provided support to us in numerous ways for many years and who continue to do so.

Communications Vision

To ensure that the people who use our services, colleagues and community see us explain, promote and defend the work of Whittington Health and are involved in the decisions about what we do and how to we do it.

So we maintain and enhance the trust required to enable us to deliver on our vision to help local people to live longer healthier lives.

Where we start:

Our Corporate Objectives

How does what we do fit with the bigger
Whittington Health picture?

The frame in which we will be developing this strategy is that everything we do must help the organisation to deliver on our vision *to help local people live longer healthier lives*. Later in this document when we set out our main strategic work programme we will define how each project will contribute to our four objectives that sit under that vision.

How we will go about this will be driven by our values, which shape and guide how we behave as individuals, as a communications team, and as an organisation.



Whittington Health is on an improvement journey. Teams from across the organisation have come together to establish the key areas we need to see improvements in, in order to drive up the performance of the organisation as a whole.

Communications has a key role supporting these areas of work, and this is likely to take up a significant amount of our time and resource during the early period covered by this strategy.



We will also support our colleagues working in our community services – which have led the organisation’s improvement trajectory for a number of years – to continue to sustain, embed and expand on their success to date. In particular we will look to identify what has worked in our community service’s improvement journey’s and share and promote them where those leading these changes in our acute services can learn from or implement them.

We have also recently implemented the new Patient Safety Incident Response Framework. This is a long-term project requiring a shift in both how safety incidents are carried out but also the culture around our approach to safety and sharing learning. We will continue to support this ongoing change.

Similarly, a new set of priorities around patient experience are being developed. We will wholeheartedly support our colleagues in delivering their priorities for improving the experiences of our patients.



University College London Hospitals

NHS Foundation Trust

Working with UCLH

While remaining separate organisations, University College London Hospitals NHS Foundation Trust (UCLH) and Whittington Health have agreed there is a case for closer collaboration between our two organisations. This approach has been signed off by both organisation's boards.

The collaboration aims to improve the quality, safety and experience of people and patients across a common local population in Haringey, Islington, and Camden by improving services across the two Trusts, and supporting a population approach to health care. It also aims to reduce costs to the health system by collaborating on the delivery of clinical services, changing pathways, rationalising support services where mutually agreed, and providing mutual aid.

We enjoy excellent relations with our colleagues in the UCLH communications team and we are actively working together to strengthen those links further and add more value to both organisations.

We will also work to promote the benefits of the partnership throughout this period, helping to demonstrate how it is benefitting our communities.

What does the data tell us?

We carried out a self-selecting, organisation-wide survey inviting people to provide feedback on their experiences of our team's work, and what is important to them.

Overall, respondents rated us 6.5 out of 10 when asked how likely they were to agree that Whittington Health does a good job of ensuring they have the information they need to do their job at the moment.

It should be noted that this was deliberately phrased at an organisational level. We know that communications and how individuals experience them go well beyond the corporate communications we support.

When we asked those who had worked with the communications team previously about the support our team provides, respondents rated us at 9 out of 10, with 54% saying they received more support than anticipated from us.

When we asked people to tell us about the things they felt we currently did well, we received a range of replies. The openness, content, and style of the CEO briefing being was most frequently mentioned. The weekly NoticeBoard was also singled out for praise.



We also asked people if there is anything the communications team might do better or improve. Responses mainly centred around the intranet and website, with frequent complaints that content was out of date or difficult to find. One person noted that "Teams need to be chased up to review their webpages and amend them. It's sometimes impossible to find the correct information about a person or a department."

Someone who works at a community site said, "It is difficult to feel connected to it. I've noticed there isn't much mention of teams outside the hospital."

information networking with colleagues
 difficult services on intranet mention of teams
 content
 difficult re resource Teams staff intranet date
 date info Trust's website website and our staff
 organise the intranet

We also shared potential projects we are planning to deliver as part of this strategy (which would involve a cost to deliver), and asked respondents to rank them in the order of importance to them:

Rank Options

First choice Last choice



The theme of our intranet not supporting staff to be effective in their jobs was again the overwhelming response. However, another comment suggested that Operational information is not shared consistently across and down into teams.

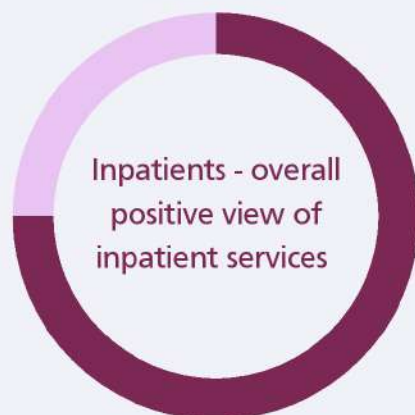
Further feedback confirmed the theme that we need to do better at communicating with all our community staff, who don't always read their emails and who we struggle to make feel part of the Trust.

What do our staff say about Whittington Health, overall?

58.9% of our staff would recommend Whittington Health as a place to work.



What do our Patients say about Whittington Health?



Celebrating Success and Achievement - Business as Usual

A key plank of promoting the work of the Trust is ensuring that our colleagues, who are our best ambassadors, are kept up to date with good news, positive stories and achievements from elsewhere in the trust. That is why we will continue to deliver opportunities for sharing positivity, through:

- Weekly compliment's column in all staff NoticeBoard emails
- Annual staff awards events
- Annual long service celebrations
- Supporting teams to be recognised via external awards nominations
- Monthly Extra Mile awards
- Promoting achievements across our social media feeds.

What do our community and stakeholders say about us?

In writing this strategy, we have identified that we do not have any insights or data about what our stakeholders and our wider community think and say about us. This is a significant gap in our understanding. It will be these views that form the basis of our organisation's external reputation and influence our future.

Whilst we know what the people who do use our services say about their experience, we do not know how we are perceived by those who have not, or perhaps more importantly, choose not to use our services.

This data will be helpful in allowing us to understand where we need to target our communications efforts in order to improve our reputation and/or rectify incorrect perceptions about us.

For example: our colleagues ranked the replacement of the intranet and website as the most important potential strategic communications projects, with a review of wayfinding and signage coming last. This may be because most staff already know their way around the site. If we put the same question to patients, visitors and service users, their priorities might be markedly different.



Our Strengths

- We have systems in place to ensure that our communications are timely, consistent, and of high quality
- We are a well-respected team throughout the organisation
- We're seen as accessible, capable, responsive, and 'can do'
- We have extremely high open rates for our email communications
- We have built strong relationships with our local MPs, councillors, and stakeholder groups
- We are open to innovation and trying new things – for example, changes to NoticeBoard based on data and insights about how people were using it
- We are well respected across the NCL ICS
- We have good relationships with our local media
- When we work proactively with regional or national media, these opportunities are consistently well managed and lead to positive reporting
- Despite the pandemic and industrial relations issues (over which the Trust does not have direct control), employee engagement has remained broadly stable
- Our following on social media continues to grow. We recently set up a LinkedIn and now have almost 8,000 followers

Our Weaknesses

- A lack of a fully implemented channel strategy can lead to a scattergun approach to messages
- We don't have a robust and effective route to cascade information down through our line management structures to ensure that messages consistently reach those colleagues who do not use email on a day-to-day basis (though a pilot of a 'Whit-Team brief' is in progress)
- We don't adequately support managers to communicate with their teams as effectively as possible
- We don't support colleagues across the organisation to understand the importance of incorporating patient voice into their day-to-day work and the value it can add
- Our intranet is sprawling, often out of date. Colleagues tell us they struggle to find information
- Our website is outdated, and there are risks regarding how compliant the site is with the latest accessibility standards and rules. We cannot assure that information is accurate and up-to-date
- The recruitment section of our website does not create the best first impression for potential staff and needs a thorough update to support us in attracting and retaining the best talent
- Staff increasingly want to use their own devices at work. Our intranet currently does not allow non-WH devices to log in
- Sometimes we do not receive notice of the need to support projects in advance, which creates resource challenges and can cause our communication channels to become crowded
- Our community staff often express feeling 'at arm's length' from the Trust and not fully part of the team because messages are too hospital-centric
- Awareness of our wellbeing and employee benefits is low, and our offerings are not sufficiently understood; therefore, there has been limited uptake and fewer colleagues benefit
- Patients often report finding it difficult to navigate our hospital estate. They tell us that wayfinding and signage are insufficient or do not meet their needs. There is little support for those with specific needs such as visual impairments. This issue is often compounded by departments or units moving, and the signage and site map on the website have not been completely updated to reflect this. Furthermore, the locations named on patient appointment letters do not always match how these locations are described on our physical signage

Our Opportunities

- We are already piloting the 'Whit-Team briefing' cascade system and manager's guide and support pack within our Children and Young People's ICSU. This is progressing well and can be extended to other parts of the organisation with the aim of rolling it out everywhere
- We have recently recruited a new Wellbeing Lead for the Trust. They are currently working to refine and enhance our wellbeing offerings
- Whittington Health achieves many great things and there are opportunities to share these stories in more places and more publicly. The evolution of media allows us to tailor stories to outlets and audiences better than before, such as through the growth in podcasts
- Our closer partnership with UCLH may enable us to benefit from information, knowledge, and resource sharing, given that their communications team is larger with more specialist roles
- The redevelopment of our maternity estate (subject to the outcome of the Start Well review) will require updates to wayfinding, presenting an opportunity to review this across the entire site
- Currently, we do not enter many awards, considering our trust's size. Increasing the number of entries should improve our chances of receiving external validation, which is helpful in securing media coverage for our achievements
- We have capacity within our engagement function to develop better support packages for managers to integrate listening to patient and public voices into their everyday work
- Several long-term improvement projects are underway across the Trust. These include issues such as ensuring our administration and business support are as effective as possible, improving patient flow, reducing waiting times, fulfilling previous CQC recommendations, and preparing our staff for CQC assessments. There is an opportunity to consolidate this work into a cohesive whole under one banner for staff to demonstrate the scale of our improvement efforts and their successes
- We could adopt a more video-first approach, especially externally
- Evolution of social media – we could integrate into new spaces such as Nextdoor and WhatsApp channels

Our Threats

- The media and social media landscape is changing and will continue to evolve rapidly. This may result in channels that are currently effective becoming less effective, necessitating innovation and the development of new communication routes. This may require us to change our focus and how we allocate resources
- Our audiences are busy, and we have to compete for their attention, a trend likely to persist
- Audiences are increasingly moving away from public and broadcast channels such as Twitter, Facebook, towards more closed spaces like Telegram, WhatsApp, Snapchat, and TikTok
- The fragmentation of the media landscape, with people spending more time on social media, YouTube, and podcasts at the expense of TV, radio, and press, complicates communications efforts to reach the public
- Many of the long-term improvements we want to make will require funding, some classified as capital spending. Budgets across the organisation will remain limited and must be prioritised, especially our capital budget, which may constrain our ability to deliver communications improvement projects
- The organisation is large and complex, with many diverse priorities and projects in progress at any one time. Our communications resources are fixed, which may strain them too thinly
- We're a small team. While this ensures resource efficiency, it also limits capacity and makes us vulnerable to being hindered from delivering long-term changes and improvements due to the need to focus on day-to-day essentials
- As we aim to share our stories more publicly in more places, it brings risks associated with increased scrutiny

What do our audiences want?

	Who they are	What they need	What they want
Staff	The people who work for us. The people who make Whittington Health happen They are already have a relationship with us	They need the information they need to do their jobs safely and effectively. They need to be able to find policies, procedures quickly and easily, if, as or when they need them. They need to be aware of the benefit and support available to them as a WH employee. They need to feel included and valued for their unique contribution. They need to know what is expected of them as a Whittington Health colleague, what our values and standards look like in practice. They need to be prepared to welcome the CQC and other external agencies and to be able to represent their service or team confidently.	They want to receive information and communications that are relevant to them, and the role they play. They want to be told about new developments, changes to processes and procedures that affect them, but not about those which do not. They want to know that the organisation respects them as an individual and the unique contribution they make. They want to feel that regardless of who they are, they are included. They want simple ways to self service digitally. They want the information they need at their fingertips when they need it. They don't want to be overloaded with information that isn't relevant. They want the organisation to understand how they work and to find ways to communicate with them that fit in with this. They want to feel they belong and are appreciated

Patients	Who they are	What they need	What they want
	People who we provide care to Some will choose to be cared for by us (for example maternity service users), whilst others will not (emergency admissions)	They need to be confident that Whittington Health will provide high quality, safe and effective care and that they (or their loved ones) are safe in our hands. They need to have the information they need to access care, find their way to appointments and be clear about what care will be provided, where, and when. They need information that is accessible to them regardless of any protected characteristics. They need information to help them to stay well and be active participants in their care.	They want information that is easily accessible and easy to read and understand. They want to see themselves represented in our imagery and to be confident that whoever they are, we have considered their specific needs. They want us to be curious about their experience of care from us and for us to want to hear their feedback. They want to know what we have or will do as a result to make services even better and more patient centred. They want communications from us to be professional and to look and feel consistent but also to be warm and caring and to enhance their confidence in our ability to provide safe, effective care. They want to hear about our successes to build confidence in the excellence of our services. They want to know that we will be there for them if they need us. They don't want to be forced to try and navigate around our organisational structures in order to find the information they need.



	Who they are	What they need	What they want
Elected officials	Members of Parliament, elected councillors representing the communities we serve Members of overview and scrutiny committees covering the boroughs we provide services within	They need clear and concise information about how well we are performing. They need to understand our strategy. They need to know about our challenges and what we are doing to address them. They need support to resolve constituent cases. They need to hear about positive developments and news from across their local NHS organisations.	They want headlines not huge volumes of detail. They want information that is tailored to their constituency or ward. They want the full truth, not a sanitised version of it. They want us to respond quickly. They want to be warned as soon as possible when things have gone wrong. They don't want surprises.
Wider stakeholders	Our ICS and ICB Other NHS organisations in NCL and beyond Local GPs Charity, Community and voluntary groups Local Healthwatch organisations And similar – this is not an exhaustive list	They need to know information at a summary level. They need to hear about developments and improvements we are making and how they have translated into better care. They need to know about changes to services we are making and how it will affect their organisations and the people they represent. They need to know that we have strategies and plans in place to be better at everything we do. They need to know how they can support and engage with our work.	They want high level information, delivered briefly. They want to know how to contact us if they want more information or to ask questions. They don't need to hear from us too frequently.



Our Community	Who they are	What they need	What they want
	The many and various people and diverse communities who live and work in the places we serve They may not have used or services recently but we would be their local provider, should they need care	They need to know that if they need us, that we can be trusted to provide safe, effective and compassionate care to them or their families. They need to be aware of major developments and successes and what we are doing to improve if things go wrong. They need to be informed about changes we are thinking about making to services and have the opportunity to tell us what their views are. They need information to help them to help themselves to stay well and avoid the need to use our services where possible.	They want to have the option to hear from us regularly, should they choose to. They want information easily available when they need us, but most of the time they don't want to hear from us proactively. They want us to keep them informed about any major changes and have the chance to have their say. They want advice to help themselves stay fit and healthy. They want to be confident that we are spending their taxes wisely and efficiently. They want to help us to shape services. They want us to respect that they have busy lives and if we want their attention we need to show them why the issue should matter to them. They don't want to be hectored or nannied.

Supporting our Charity

Whittington Health Charity and Whittington Health NHS Trust work side-by-side to bring huge benefits to both patients and staff, and to make a difference to hundreds of thousands of people each year.

Our charity is separate to the Trust and has its own brand, tone of voice and priorities which are owned by the Charity. However, we will continue to support them with communications resources and access to our channels to allow them to promote their achievements and seek support for their work.



**Whittington
Health Charity**

What we will do

How we will play our part in helping Whittington Health to deliver its four key corporate objectives.

Deliver outstanding, safe, compassionate care

- Stakeholder and community perceptions survey followed by action planning
- Listening and engagement toolkit (delivered by the patient experience team) and training for staff (delivered by the communications team in partnership with the patient experience team)
- Hospital site wayfinding review
- Wayfinding and signage replacement / updating

Empower, support and develop engaged staff

- Intranet content review and scoping with a view to replacing the current intranet
- Intranet content review for the most used pages, identification of subject matter experts/page owners for these
- Development of a brand toolkit / resource centre / photo library to help staff self service and improve consistency and quality of non comms produced content
- Organisation wide roll out of Whit-Team brief
- Refresh and relaunch a new unified wellbeing brand to replace caring for those who care
- Refresh our recruitment offer online

Integrate care with partners and promote health and wellbeing

- Website content review and scoping with a view to replacing the current website
- Increase the number and quality of external award entries
- Work alongside partners including UCLH and NCL ICS to promote the benefits of partnership and integrated working to our colleagues, stakeholders, patients, service users and community

Transform and deliver innovative, financially sustainable services

- Implement work in development to create a "Whittington Voices engagement group and Engagement network for staff who are trained to champion and carry out patient engagement
- Develop a new brand to unify the various strands of our improvement programme and our work to ensure that all of our colleagues are ready to welcome the CQC if they attend for an inspection
- Develop a suite of resources and tools to support teams to develop new ways of working that deliver improved patient and efficiency

Our Values



INNOVATION

We will welcome ideas, be willing to change and to make new partnerships.

How we will live them

We will continue to seek out new channels and tools to speak to people 'where they are' and not expect them to 'come to us'.

We will be brave and give ourselves permission to try new things, to embed the ones that work and to fail fast, learn and try again when things don't.



COMPASSION

We will value our relationships, treat people with kindness, look after each other and create an environment that fosters privacy and dignity.

We will be clear with people about what they can expect from us and what they cannot.

We will always deal with people with kindness, use positive and enabling language.



ACCOUNTABILITY

We will take ownership for what we do, use the public's money well, learn from our mistakes, hold others to account and be open and honest.

We will listen to feedback from our colleagues, patients and service users, our community and stakeholders then reflect and act on it. We will be honest about the things we cannot change.



RESPECT

We will treat people fairly, recognise individuality and deal with inappropriate behaviour.

We will always try to design and deliver communications that meet the needs of the audience.

We will acknowledge that our audiences time and attention is precious.



EXCELLENCE

We will keep people safe, deliver high-quality services, keep on improving and learn from mistakes.

We will continue to try to ensure that all of our colleagues have the information they need to provide safe, effective compassionate care.

When we make mistakes we will learn from them.



EQUITY

We will deliver services to patients and provide opportunities to staff that achieve outcomes which are fair and in line with our I.CARE values.

We will do better at ensuring that our communications are accessible to everyone with specific needs.

We will ensure that everyone who works for us or receives our care can see themselves in the imagery we use.

We will use inclusive and enabling language.

We will support our colleagues to ensure they understand why this matters and how to do it and we will veto communications created elsewhere that do not.

We will continue to support colleagues to undertake bespoke placements and secondments within our team so that they learn what we do and how to communicate better and so we get a better understanding of their roles and how they use the communications we produce.

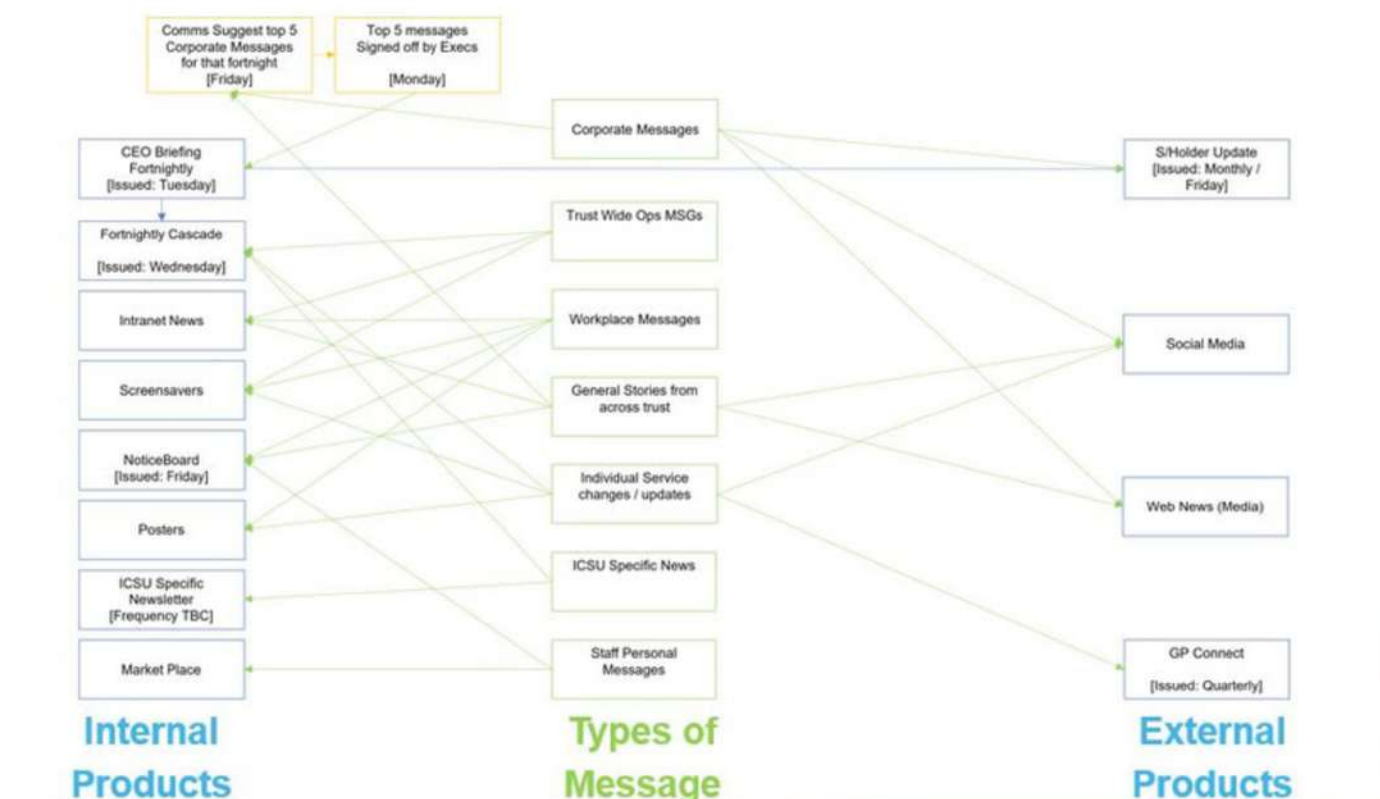
Our Channel Strategy

We are in the process of implementing a new channel strategy.

This is underpinned by the roll out of a new internal communications channel. We have, to date, relied on managers to cascade important information to their teams but we do not support or equip them to do so. We also leave it to individual managers to determine which of our many messages issued via a range of channels are the most important ones for their team to hear.

To overcome this challenge, we have been trialling a new channel to support managers to rapidly but consistently brief their teams, verbally, on the most important news from across the Trust. The aim is to make it easier for managers to support their teams and to help all colleagues feel better informed and included in what is happening across the trust and locally to them. The trial in our Children and Young People's ICSU has been successful and we are not ready to roll this out across the whole organisation, an ICSU or corporate area at a time.

Once this has been fully rolled out, it will allow us to refine where we place our news:



Patients and our community at the heart of our work



Working alongside Patient Experience

Engagement with patients and our communities can be said to be “the other side of the same coin” as our efforts to improve patient experience. They enjoy a symbiotic relationship.

We will continue to work alongside the Patient Experience team in their work to implement their dedicated strategy, which aims to:

- Work closely with patients and carers to improve patient experience.
- Support and empower our staff to improve patient experience.
- Work closely alongside our local partners to improve patient experience.

At Whittington Health we want to be sure that everyone in our local community has absolute confidence in our services and the care and treatment they receive.

Placing our patients at the heart of all our planning and service developments will allow us to better influence our services based on our patients’ needs.

We do currently listen to our patients and community both at a service and corporate level. But there is an opportunity to do this better, to do this more regularly, and to formalise how we do it.

Staff and patients who partake in engagement often do so on a project basis, participants, activity, and outcomes aren’t currently stored or shared which limits the opportunity for continued engagement or shared learning. The development of a patient engagement group and engagement champion staff network will provide an infrastructure to enable listening and engagement across the trust.

This plan focuses on the introduction of a listening and engagement infrastructure to uniform, streamline and centralise engagement activity within the trust. This project will be delivered within 3 phases, this plan has been created based around these phases:

1.To engage and recruit staff and patients in listening and engagement initiatives

- To ensure staff and patients are aware of the engagement group and engagement champion staff network, and the routes to getting involved.
- To streamline and centralise the engagement work happening across the trust.

2. To generate awareness and acquire members of the engagement group.

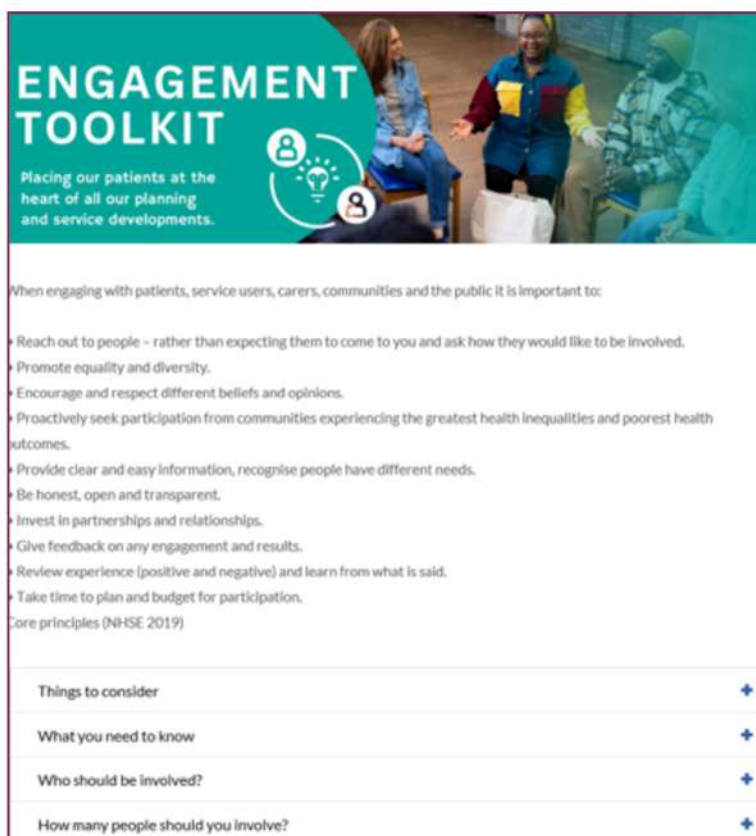
- To grow the number of staff and patients who are part of the engagement group and engagement champion staff network.
- To ensure representation of services from all divisions within the engagement champion network.
- To embed the engagement infrastructure within existing channels and systems across the trust.

3. Implement staff training on the engagement toolkit.

- To equip our colleagues who are responsible for the design, development and delivery of services with the tools to effectively listen to, engage and involve patients and service users in service design, development, and changes both large and more every day via the engagement champion staff network.
- To help us to become an even more patient centred organisation.

We have already run an exercise to name our new patient engagement group, the most popular name was Whittington Voices. This name dovetails in nicely with our existing, well established and productive Whittington Health Maternity and Neonatal Voices Partnership group, which will continue unchanged and is a beacon for the rest of the organisation demonstrating the power and value of embedded and long term patient and service user involvement.

The need for communications will not end in regard to listening and engagement across Whittington Health, a long term BAU communications plan will be developed once the engagement infrastructure has been successfully embedded across the trust.



When engaging with patients, service users, carers, communities and the public it is important to:

- Reach out to people – rather than expecting them to come to you and ask how they would like to be involved.
- Promote equality and diversity.
- Encourage and respect different beliefs and opinions.
- Proactively seek participation from communities experiencing the greatest health inequalities and poorest health outcomes.
- Provide clear and easy information, recognise people have different needs.
- Be honest, open and transparent.
- Invest in partnerships and relationships.
- Give feedback on any engagement and results.
- Review experience (positive and negative) and learn from what is said.
- Take time to plan and budget for participation.

Core principles (NHSE 2019)

Things to consider

What you need to know

Who should be involved?

How many people should you involve?

Helping us to Help you

Communications Champions

We will recruit and train a group of "communications champions" from across our organisation who can assist their respective areas in designing high-quality communications products in line with our corporate brand guidelines. We will also equip them with the necessary tools to do so.

This initiative will create additional capacity within the organisation and provide valuable experience and expertise, supporting individuals' development in a corporate department where gaining experience and insight can be challenging.



We strive to consistently deliver our best work. Therefore, we ask all our colleagues to support us in serving you, our patients, and community by considering the following factors:

First on the Grid:

The communications grid outlines weekly releases across all our channels, including intranet news stories, CEO briefings, external news stories/press releases, social media, etc.

Space on the grid is limited across all channels to avoid overwhelming our audiences.

This is particularly crucial for channels like our intranet homepage, where more than four stories per week can result in stories rotating off the homepage (where they are most visible) in less than one week. This is especially relevant in our organisation where colleagues do not adhere to traditional Monday-Friday shift patterns. It is also important for NoticeBoard, where including too many stories can lead to incomplete reads, potentially causing important messages to be missed.

Whilst items will not be added to the grid on a strict "first come, first served" basis, if a particular channel is full in a given week, we are unlikely to displace an item unless the requesting team could have notified us of the communication need earlier.

Great communications don't happen by accident

They require careful planning and craftsmanship.

Please give us as much notice as possible when you anticipate needing a communications package to support a project, initiative, or issue you are working on. We understand that circumstances can change rapidly, and we are flexible. However, our resources are finite, so we must always prioritise projects that will impact the most people or have the greatest effect on the Trust's reputation.

Involving us early in the life of a project or issue allows us to manage competing demands effectively and provide the best possible service to everyone.

Bring us your objectives, not solutions: We excel at creating impactful, successful, and bespoke communications that help achieve your desired outcomes. Share your goals with us, and we will advise you on the communication strategies and tools that will deliver them. Please trust our professional advice rather than simply requesting a press release, poster, or screensaver because you believe that's what you need.

Managing the Media: If your service is the subject of a media enquiry, we will contact you to gather information about the story the media intends to publish. Please assist us in explaining, promoting, and defending your service and the Trust by providing all relevant facts, even if they are challenging. We are here to support you and will collaborate to devise the best possible response.

Because the media operate on strict and often tight deadlines, we may need your prompt responses to our requests. We understand your busy schedule, but timely responses are crucial to ensure accurate representation in the media. Delayed responses could lead to misrepresentation of the situation to our patients, stakeholders, or community.

If contacted directly by the media, please inform us immediately to seek our assistance. Refrain from answering media inquiries without consulting us first. Additionally, never initiate contact with the media in a professional capacity without prior discussion with us.



Appendix A

Our strategic projects in more detail

Title	Stakeholder and community perception survey
Aligns to objective:	Deliver outstanding safe and compassionate care in partnership with patients
Teams involved:	Patient Experience
Aims	Understand our reputation amongst our key stakeholders and our community at large. To help us to identify what we do well and should continue To help us understand where there is a perception that we do not perform well in order to deliver improvements To help the organisation to understand where it should focus its improvement resources To aid prioritisation of actions Support us to ensure we are doing the things that matter most to the communities we care for
Rationale	Our corporate objective is to deliver improvements in partnership with patients but we currently lack any robust insights into what matters to them. We have some quantitative data from the friends and family test and individual services should be engaging with their patients and service users to get some level of quantitative data (but there is no record held centrally around whether this happens consistently across all services or the feedback). However, there is no robust data for the Trust as a whole to inform us around what really matters to our community. Any current data is also drawn from existing patients and service users and therefore does not include insights from those who choose not to use our services. This is important because we have a blind spot in our data which may lead to poor decision making and prioritisation as we are not hearing from those who are so dissatisfied with us or their perceptions of us are so poor that they actively disengage from our services. We also have no insights at all from our key stakeholders around how they perceive us and how well we perform as a partner. In a system working environment this is increasingly important. A survey of this type would give us rich, robust, independent quantitative and qualitative that will allow us to develop an action plan to deliver changes and improvements (and to ensure we protect what we do well). It will also aid our decision making when it comes to important prioritisation decisions allowing us to focus on what matters to our community.
Risks of proceeding	Risk of criticism for spending money on a "PR exercise" Risk of criticism that we prioritise reputation over quality (in reality for the reasons set out above, the latter informs the former). Would require effort to ensure that our stakeholders engage with "another survey".
Risks of postponing	We make decisions that are not based on data We make decisions and do things that are not important to the community we serve We make decisions based on our own "world view" or assumptions, which may not accurately reflect the diversity of the communities we serve We make decisions only based on the feedback we get from "those who shout loudest" We fail to address issues that matter to people and our reputation as an organisation providing high quality, effective, safe and person centred care declines without us knowing about it resulting in greater numbers of our community disengaging and choosing care elsewhere. We miss out on opportunities to celebrate what we do well.
Cost estimate	Based on similar surveys carried out by other NHS organisations, we estimate the costs of carrying out this activity would be in the region of £15,000-£20,000.

Title	Listening and engagement toolkit and training for staff
Aligns to objective:	Deliver outstanding safe and compassionate care in partnership with patients
Teams involved:	Patient Experience, Learning and Development
Aims	To ensure that all of our colleagues who are responsible for the design, development and delivery of services understand the importance of engagement To ensure that they understand the benefits of patient engagement To equip them with the tools to effectively listen to, engage and involve patients and service users in service design, development, changes both large and more everyday To help us to become an even more patient centred organisation.
Rationale	To equip colleagues from across the organisation to incorporate listening, engagement and feedback into their day to day work and to help support them to ensure that patient voice is always at the heart of everything we do. The toolkit (produced by the Patient Experience team) is designed to show the benefits of listening and engagement and the training (delivered by Communications and Engagement) will help to bring it to life. It is about helping busy colleagues to understand that engagement is not an add on to their role but something they can easily be done as part of their usual work. Together they will support the organisation to move more towards coproduction of change, developments and improvements alongside patients, service users and our community.
Risks of proceeding	There is lots of statutory and mandatory training, this is another “ask” of our staff Busy colleagues do not see the value of engaging with the toolkit and training and therefore are not equipped to benefit from the advantages of high quality patient engagement.
Risks of postponing	We fail to equip colleagues to engage effectively and that we make poorer decisions as a result. We don’t provide the support our people need in order to succeed in their roles. Reputational risks stemming from decisions which do not have patient voice at the heart of the decision making process.
Cost estimate	The toolkit and training will be created and delivered by exiting Patient Experience and Communications and Engagement team colleagues at no additional cost. There may be a need for minor external design or systems work (for example should we want to add the training to Elev8) but we anticipate this would only be in the region of £1,000, if required.

Title	Hospital site wayfinding review
Aligns to objective:	Deliver outstanding safe and compassionate care in partnership with patients
Teams involved:	Patient Experience, Estates and Facilities, Patient Reps, EDI Team, PALS team <i>Consultation with: individual services and teams</i> <i>Links to: Website / Intranet / Patient Comms and letters project given all naming conventions must be the same.</i>
Aims	To ensure that all of our patients, including those with specific needs, can find their way quickly and easily to where they need to go. Consistency between letters/patient communication and what is stated on signage To make using our services easy and stress-free To reduce missed / late appointments caused by patients and service users getting lost. To enhance patient safety by ensuring that in an emergency our staff and patients can get to where they need to be quickly.
Rationale	It has been over 10 years since any substantial changes were made to our signage and wayfinding across our whole hospital site. In that time there have been many changes including the development of new services, services moving locations, services changing names etc. Our signage has not kept pace with this. There has been some ad-hoc signage development but across the estate we lack a clear, thought out, user friendly signage and wayfinding system. In particular mismatches have developed between how services are named on patient letters and our website and the physical signs in our hospital. This leads to confusion and unnecessary stress for our patients and service users. We also lack any meaningful consideration in our signage and wayfinding for those who are blind or partially sighted or who have other additional or specific needs. Our current signage (in particular our main external signboards) are scruffy and do not present a professional image of our organisation consistently. Our external maps and those on our website are also very out of date (not showing the new location of the WEC or Highgate West, for example).
Risks of proceeding	It is a large scale, complicated project that will require the input of all of our hospital based services. There are physical building works planned across the site which this project would need to be mindful of. But we will never get to a point where our building is fixed and unchanging. Will require significant financial investment into something that many people will wrongly assume is quick, easy and intuitive to solve.
Risks of postponing	Our signage becomes increasingly out of date Our patients, service users, visitors increasingly perceive us as difficult and complicated to deal with Our buildings become an increasing patchwork of differing signage styles which looks messy, unprofessional and not user friendly. Increased patient complains More appointments missed or delayed because people cannot find their way Safety risks associated with staff required urgently cannot find their way to the emergency.
Cost estimate	To bring in the external expertise with an understanding of both the art and science of wayfinding and to develop a plan for what signage should go where across the entire site we estimate allowing in the region of £100,000. This is based on insights from other similar projects undertaken at other NHS Trusts. For example Buckinghamshire Healthcare NHS Trust are investing around £500,000 to undertake a project like this across their (much larger than ours) Stoke Manderville Hospital site.

Title	Wayfinding and signage replacement / updating
Aligns to objective:	Deliver outstanding safe and compassionate care in partnership with patients
Teams involved:	Patient Experience, Estates and Facilities
Aims	To implement the wayfinding and signage review and final plan through the replacement of existing signage across our hospital. To ensure that all of our patients, including those with specific needs, can find their way quickly and easily to where they need to go. To make using our services easy and stress-free To reduce missed / late appointments caused by patients and service users getting lost. To enhance patient safety by ensuring that in an emergency our staff and patients can get to where they need to be quickly.
Rationale	It has been over 10 years since any substantial changes were made to our signage and wayfinding across our whole hospital site. In that time there have been many changes including the development of new services, services moving locations, services changing names etc. Our signage has not kept pace with this. Our current signage (in particular our main external signboards) are scruffy and do not present a professional image of our organisation consistently. Our external maps and those on our website are also very out of date (not showing the new location of the WEC or Highgate West, for example).
Risks of proceeding	This will require significant investment
Risks of postponing	The work to produce the wayfinding and signage plan will become increasingly out of date, reducing the ROI from this work if not implemented quickly. Our signage becomes increasingly out of date Our patients, service users, visitors and staff increasingly perceive us as difficult and complicated to deal with Our buildings become an increasing patchwork of differing signage styles which looks messy, unprofessional and not user friendly. Increased patient complains More appointments missed or delayed because people cannot find their way Safety risks associated with staff required urgently cannot find their way to the ward / department / service.
Cost estimate	It is difficult to predict the costs having not completed the review above and have a plan in place for what signage needs to be replaced etc. However, based on similar projects at other NHS trusts I would suggest an investment of at least £20,000 would be required to procure new signage, remove existing and put up new signs across the whole hospital estate.

Title	Intranet content review and scoping with a view to replacing the current intranet
Aligns to objective:	Empower support and develop engaged staff
Teams involved:	IM&T <i>We would also want to establish 2 steering groups, one for staff/users (including those with disabilities and additional needs) and one representing "the organisation" made up of managers and leads from across the Trust.</i>
Aims	To create an online space where colleagues from across the organisation can get the information they need to do their jobs quickly and easily To ensure that all information on our intranet is up-to-date and accurate To improve our colleague's ability to work remotely and "on the move" by giving access to the intranet on personal devices or trust mobile devices not connected to the network To ensure that the platform complies with all current best practice around accessibility To create more opportunities for digital self-servicing to make processes quicker and more efficient. To create a process for and policy around individual services keeping their own information up-to-date and accurate and allow them to self-service updates.
Rationale	The Trust's intranet is currently very large. It has over 2,500 individual pages. At the moment we cannot be sure that all of the information is still relevant, up-to-date or accurate. The Communications and Engagement team do our best to update and correct information that is incorrect where we identify it but we do not have the capacity to audit every page. We are also required to be involved in updating individual pages where page owners request this but there is no process in place to identify a page owner for every page or for page owners to be proactively requested to check and update the content of their pages (with the exception of policies and SOPs). As a result the site has become sprawling and it is not structured in the most relevant way for users. We often receive feedback that colleagues struggle to find the information they need. We are also not applying best practices with regard to accessibility in all cases. For example we still make widespread use of PDF, word and other attachments which may not be accessible for screen readers and other assistive technologies when current best practice is an HTML first approach. Since the development of the site technology has also changed at remarkable pace and there may be opportunities for us to use new and emerging technologies such as AI, machine learning and generative chat tools. We propose to replace the current platform in 3 stages (which may overlap): 1. Carry out a full review of the current site in order to ensure that all current pages are relevant, accurate and up-to-date. Assigning a responsible person or team to every page. Remove pages which are irrelevant. 2. Design a specification for what a new intranet platform may look like and procure against that specification. 3. Design and deliver a new platform with thorough testing then swap over the old for the new intranet. – this process will be made easier having cleaned up the current site. We anticipate this whole process will take 2-3 years and is likely to require some element of business change as we identify policies online which are out of date and which require through rewriting by the relevant owners.

Risks of proceeding	This is a large project which will take considerable management time from across both the communications and IM&T teams as well as input from across the Trust to deliver Whilst far from ideal, the current platform has relatively low ongoing hosting and management costs, it is entirely possible that a new solution could have higher ongoing costs. We would hope that these would be offset through making it quicker and simpler for colleagues to find the information they need and by automating and digitising some colleague services which are currently manual The intranet is a vital piece of business critical infrastructure on which most of the organisation relies Any changes must be carefully managed and risks mitigated to avoid impacting our operations There is a risk that this could be perceived as a vanity project from outside the organisation as there isn't an immediate intuitive link between a high quality intranet and patient care In creating a route for users to access the intranet from a non-trust device you are creating a new route into our network for hackers etc. The security aspects of the creation of a new intranet need to be very carefully planned, managed and scrutinised in order to mitigate such risks
Risks of postponing	The site continues to grow and increasingly this will cause the user experience to slow down, causing it to take longer for our colleagues to use it for the many tasks for which it is vital The current platform ceases to be protected by the latest cybersecurity features creating a network vulnerability, or requires large additional financial investment just to maintain the sub-optimal status quo Staff see the difficulties they have and will increasingly have using the site as an example of the organisation not valuing them and this will affect employee engagement and staff retention Staff act on out of date or inaccurate information with negative consequences Because of the local nature of the current platform, we are at risk of failure of the system without a pool of knowledgeable resource who are familiar enough with it to fix it
Cost estimate	We do not have the resource within the communications or IM&T teams to dedicate to this large project. We therefore would require external resource dedicated to this project to complete steps 1 and to prepare the business case to deliver the procurement stage of step 2 for approval to proceed. We anticipate this would require in the region of £110,000 over 2 years (2 year, B6 equivalent, FTC employed on a contract basis). Further costs to proceed to step 3 would then be presented for further approval at the end of step 2.

Title	Development of a brand toolkit / resource centre online
Aligns to objective:	Empower support and develop engaged staff
Teams involved:	N/A
Aims	To create a "one stop shop" where colleagues can access communications materials, collateral, pictures, advice and guidance in one place To provide the organisation with the resources they need to communicate on behalf of the trust professionally, consistently and confidently To improve the quality and professionalism of locally created products and communications To allow more colleagues to self-service and reduce demand on the communications corporate team Make communications more equitable
Rationale	For an example of the type of resource we want to provide, visit: https://brand.humber.nhs.uk. We often get asked to produce communications materials and resources which could more quickly and easily be produced locally (by the people with the actual subject matter knowledge) if they had the skills, resources, collateral, guidance and confidence to do so We also often see sub-standard products being created by colleagues locally that do not meet the organisations brand standards because the person creating them did not have the parameters, guidance and tools they needed to meet them. By creating a resource like the example above for Whittington Health we can reduce demands on the central communications team to focus on the tasks which truly require our specialist skills, experience and knowledge.
Risks of proceeding	People take the resources but apply them incorrectly. This will require monitoring, but this already happens so it is not a significant new risk.
Risks of postponing	The communications team continue to have to service requests that could be handled more quickly and easily locally, diverting us away from other more relevant projects. Teams continue to produce products which do not align with our brand standards which can undermine our patient and service users trust in our communications. Staff are frustrated at turn around times for products we have to produce on their behalf when they could self-service.
Cost estimate	We anticipate that the vast majority of this work can be delivered in-house by the communications and engagement team. We may require some external design and production skill (for example to produce locally editable products) but the costs of this are likely to be less than £1,500.

Title	Organisation wide roll out of Whit-Team brief
Aligns to objective:	Empower support and develop engaged staff
Teams involved:	All ICSUs and Corporate Teams, sequentially, over the next 18 months.
Aims	To ensure that all our staff, especially those who do not routinely access emails and our digital channels have the information they need to do their jobs and the updates they need from the trust to be kept up-to-date with important news To support managers to cascade information to their teams To support the expectation that managers cascade information through the organisation To equip line managers with the skills to feel confident in briefing their teams effectively To provide a feedback loop on key corporate announcements
Rationale	We know that the more patient facing a colleague is and the more junior they are the less likely they are to interact with email and our digital channels such as intranet news stories etc. For this reason we have developed a team brief cascade tool which we have been trialling in the CYP ICSU since late 2023. We have learned a huge amount from the pilot and we would now like to roll the tool out to all ICSUs and corporate teams. One of the key learning points from the trial was that there is no set concept of "a team" within each area of our organisation. Therefore, rather than launching the tool onto the organisation as a whole, we would plan to do a phased roll out, working closely with an ICSU and corporate area at a time in order to support them and tailor the roll out so it is implemented successfully and mainstreamed in all areas.
Risks of proceeding	N/A
Risks of postponing	We continue to expect manager to cascade information without supporting and equipping them to do so. Therefore we risk continuing a patchy cascade and colleagues reporting that they don't feel they know what is happening across the organisation.
Cost estimate	This work can be delivered in-house by the communications and engagement team at no additional cost. The additional resource put into creating this will come from fewer stories going out as intranet news stories as Whit-Team briefing allows us to tailor messages to relevant audiences more easily.

Title	Refresh and relaunch a new unified wellbeing brand to replace caring for those who care
Aligns to objective:	Empower support and develop engaged staff
Teams involved:	Workforce / OD, Employee Wellbeing Lead
Aims	To highlight to colleagues across the organisation the breadth of support there is for their wellbeing To create a unified whole that holds together and amplifies the disparate sum of its parts To help colleagues to recognise the varied ways we promote and support wellbeing
Rationale	From employee discounts and clubs, to counselling, OD interventions, giveaways and mental health first aid, the trust funds a huge amount of projects, programmes and initiatives which are all designed to enhance and support colleagues wellbeing. However, there is nothing that holds this work together to help colleagues to recognise how the various strands all sit together to form an overall comprehensive package of support. We therefore want to relaunch the Caring for those who Care brand, originally developed during the COVID-19 pandemic to badge all of this activity together.
Risks of proceeding	No package could ever be 100% complete or totally comprehensive, bringing the activity together could highlight gaps in the provision
Risks of postponing	Staff do not recognise the breadth of our offer and therefore feel less valued and engaged Higher staff turnover More challenging recruitment
Cost estimate	This work can be delivered by existing Communications and Engagement and Employee Wellbeing colleagues at no additional cost.

Title	Refresh our recruitment offer online.
Aligns to objective:	Empower support and develop engaged staff
Teams involved:	Workforce, Recruitment Shared Service, Nurse Recruitment Team, AHP recruitment team
Aims	To improve potential candidates first impressions of Whittington Health as an employer To create a more powerful and compelling rational and emotional pull to apply to work at Whittington Health To give potential and current recruits the information they need to reduce the number of individual questions and enquiries we receive To increase applications and contribute to a higher vacancy fill rate
Rationale	We operate in a competitive market where candidates can often take their pick of potential NHS employers locally and nationally. Our recruitment pages should be refreshed and updated to ensure we can continue to attract the very best talent. This would build on the good practice and learning from dedicated recruitment campaigns we have run for the ACS and CYP ISCU's in recent years.
Risks of proceeding	N/A
Risks of postponing	Potential talent is put off by recruitment pages (our "shop window") which are not professional, appealing and up to the same standards as those with whom we compete for talent
Cost estimate	The majority of the content and site changes can be made by existing communications and recruitment colleagues, however we would, in addition, seek to procure new: • Photography: c£4,000 • Corporate recruitment films x2: c £15,000 (higher than usual to allow us to film across multiple sites in order to show the breadth of our work).

Title	Website content review and scoping with a view to replacing the current website
Aligns to objective:	Actively collaborate to deliver integrated, joined up care for our communities
Teams involved:	IM&T <i>We would also want to establish 2 steering groups, one for patients/service users/users (including those with disabilities and additional needs) and one representing "the organisation" made up of managers and leads from across the Trust.</i>
Aims	To create an online space where people can get the information they need about us and their care / job search etc quickly and easily To ensure that all information on our website is up-to-date and accurate To facilitate easy access to digital tools such as Zesty and LifeBox To ensure that the platform complies with all current best practice around accessibility To create more opportunities for digital self-servicing To create a process for and policy around individual services keeping their own information up-to-date and accurate and allow them to self-service updates To present the organisation as professional, competent and one in which quality matters
Rationale	The current website design and structure is very out of date in terms of design and structure. It has not received anything in the way of substantial change in the last 5 – 10 years despite massive changes to technology, how people use the internet and trends in website design during that time. It is now appropriate to look to replace the current site which is built on a bespoke CMS in order to ensure that the content is up-to-date, relevant and accurate and that it meets best practice standards for UX and accessibility. For example we still make widespread use of PDF, word and other attachments which may be old and not accessible for screen readers and other assistive technologies when current best practice is an HTML first approach. The process of moving content from a PDF download to HTML first approach is necessary but in itself a huge task. Since the development of the site, technology has also changed at remarkable pace and there may be opportunities for us to use new and emerging technologies such as AI, machine learning and generative chat tools. We propose to replace the current platform in 3 stages (which may overlap): 1. Carry out a full review of the current site in order to ensure that all current pages are relevant, accurate and up-to-date. Assigning a responsible person or team to every page. Remove pages which are irrelevant. 2. Design a specification for what a new website platform may look like and procure against that specification. 3. Design and deliver a new platform with thorough testing then swap over the old for the new intranet. – this process will be made easier having cleaned up the current site.
Risks of proceeding	This is a large project which will take considerable management time from across both the communications and IM&T teams as well as input from across the Trust to deliver Whilst far from ideal, the current platform has relatively low ongoing hosting and management costs, it is entirely possible that a new solution could have higher ongoing costs. There is a risk that this could be perceived as a vanity project
Risks of postponing	Potential talent is put off by recruitment pages (our "shop window") which are not professional, appealing and up to the same standards as those with whom we compete for talent

Risks of postponing	The longer we delay this project the increased risks that as an organisation we undermine our image as a provider of high-quality care as the website (which is effectively our 'shop window to the world') will increasingly look old fashioned and not high quality. Potential job applicants may also be put off if they believe that the old-fashioned website is synonymous with low quality IT provision in the Trust. The current platform ceases to be protected by the latest cybersecurity features creating a network vulnerability, or requires large additional financial investment just to maintain the sub-optimal status quo. Patients act on out of date or inaccurate information on the site because at present there is no page or content ownership within services. This could lead to increased complaints. Because of the local nature of the current platform, we are at risk of failure of the system without a pool of knowledgeable resource who are familiar enough with it to fix it.
Cost estimate	We do not have the resource within the communications or IM&T teams to dedicate to this large project. We would recommend undertaking this project following the proposed review of the intranet (a much larger task) above. We would look to procure a platform for the new intranet which could also host any new website. We therefore would require external resource dedicated to this project to complete steps 1 and to prepare the business case to deliver the procurement stage of step 2 for approval to proceed. We anticipate this would require in the region of £85,000 over 18 months years (2 year, B6 equivalent, FTC employed on a contract basis). Further costs to proceed to step 3 would then be presented for further approval at the end of step 2.

Title	Increase the number and quality of external award entries
Aligns to objective:	Actively collaborate to deliver integrated, joined up care for our communities
Teams involved:	All teams with potentially suitable work to showcase in an award nomination
Aims	To highlight best practice from across the Trust To showcase our innovation, quality and values To provide external validation for our colleague's hard work To increase pride in our achievements within our workforce
Rationale	We know that there is a huge amount of excellent, high quality innovation happening across the Trust, we want to support the organisation to enter, and hopefully win more external recognition for our good work. We would seek to work with teams to create compelling entries, coaching them on what good looks like, identifying gaps in submissions and suggesting ways to make them as compelling as possible.
Risks of proceeding	Time wasted on creating entries which are not shortlisted The more entries we submit, hopefully the greater number of teams who will be shortlisted with the team invited to finals events. These are often at a not unsubstantial cost.
Risks of postponing	Fewer examples of best practice acknowledged and shared Opportunities to boost morale missed Fewer external validations of teams' hard work which we can promote externally Other trusts see their reputations enhanced by winning awards when we have superior initiatives
Cost estimate	This can be delivered within the existing communications and engagement team's resources, in support of teams who are involved in work which is potentially award winning. Some awards' charge for entries whilst others also/instead charge for places at finals events. These costs would need to be met from within the relevant team's budget.

Title	Develop a new brand to unify the various strands of our improvement programme and our work to ensure that all of our colleagues are ready to welcome the CQC if they attend for an inspection.
Aligns to objective:	Transform and develop sustainable and innovative services
Teams involved:	Quality Governance, Improvement Unit with engagement with other interested parties
Aims	To bring together a range of disparate activity under a unified umbrella to demonstrate to our colleagues and our patients, service users and community the breadth of our work to develop even higher quality, safer and more efficient services. To equip our colleagues to feel confident to tell about how the work they are doing contributes to overall organisational improvement work. To create a “whole that is more than the sum of its parts” To demonstrate the interplay between quality and efficiency. To ensure that all of our colleagues feel confident to welcome the CQC into their service, to understand what a CQC inspection is about, how to act appropriately, to feel confident to talk about their service, its highlights, challenges and what the team is doing to address them.
Rationale	We have previously developed the “Better Never Stops” brand to sit as one of the few internal sub brands which the Trust uses. This brand has been in use for a little while and now is the right time to refresh and redefine it.
Risks of proceeding	Launching the newly refreshed branding will involve losing some of the brand capital built up in the “Better Never Stops” brand. However, the use of this brand has waned since COVID-19 and so it is still appropriate to refresh and replace it.
Risks of postponing	Lots of activity focussed on improvement is being undertaken across the Trust. Whether this is around developing CIP initiatives, performance initiatives, quality improvements and programmes to improve patient experience. Without a unifying brand they will all happen in isolation with no way of joining up all of this good work for staff, patients, service users and our community.
Cost estimate	We are anticipating that this can be developed in-house but there maybe some external support required to create high quality brand elements, but if this is required the costs should be around £500.

Title	Develop a suite of resources and tools to support teams to develop new ways of working that delivery improved patient care and greater efficiency.
Aligns to objective:	Transform and develop sustainable and innovative services
Teams involved:	Improvement Unit
Aims	To develop a suite of resources to help the improvement unit to showcase the projects they are working on, to provide tools and resources for teams to help them to spread best practice, to create positivity around improvements and to keep internal stakeholders around improvement updated on developments.
Rationale	Utilising the look and feel developed above, we want to provide the tools, resources and support needed across the organisation to unlock the potential for teams across the organisation to deliver quality, efficiency and patient experience improvements.
Risks of proceeding	N/A
Risks of postponing	We continue to ask teams to become more efficient, deliver CIPS, and deliver improvements in quality and patient experience whilst not equipping them with the tools to do so.
Cost estimate	This should all be able to be delivered in-house, with no additional spend required.

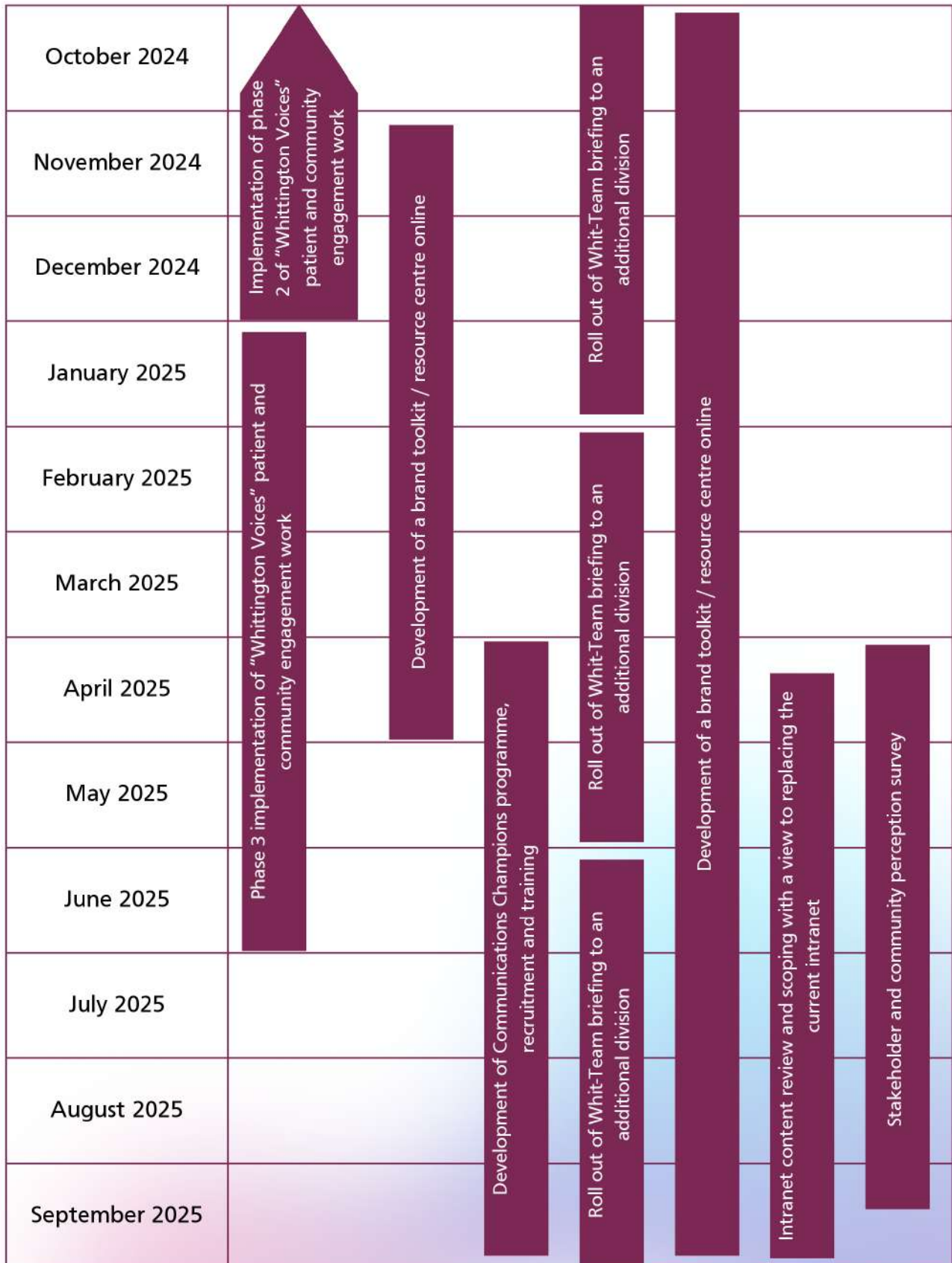


Appendix B

Year 1 action plan

Sadly neither financial or human resources will allow us to deliver all of our plans straight away! We will use the first year of the strategy period to deliver some of the projects which do not require or only require minimal investment, as we seek funding to deliver the other projects in future years.

This is all in addition to the business as usual communication activities that we undertake day-to-day:





Whittington Health
NHS Trust

Communications Strategy

2024/28

Thank you for taking the time to read this Strategy. If you have any questions or would like to discuss anything further, please don't hesitate to reach out to us.

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