

BOARD MEETING
27 July 2017

Paper Title:	Marketing communications strategy
Section:	Public
Lead Director:	Paul Hogg, Trust Secretary
Paper Author:	Fiona Bray, Head of Communications and Marketing
Agenda Item:	10
Presented For:	Discussion
Paper Category:	Strategy & Planning

Executive Summary:

Following the agreement of the communications strategy for 2016/17 by the Trust Board, this paper updates the Board on the marketing communications strategy for 2017/18 and performance against the agreed targets for 2016/17. A more detailed plan outlines tactical communications activity for the year.

We are recommending that the overarching strategic approach continues for 2018/19 (as per the operational plan) and we update the tactical plan to reflect operational priorities / deliverables for the next financial year.

Recommendations:

That the Board:

- Agrees the marketing communications (marcomms) strategy as set out in this paper and the recommended approach for 2018/19.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
Audit Committee		Quality & Safety Committee		Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team	x	Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors					

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Consolidation of Market Share : being great in our patch	x
Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services	x
Secure Funding for new or expanded services	x

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	x
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	x
Responsive: Services are organised to meet the needs of people who use our services	x
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	x
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	x
NHSI Single Oversight Framework	

Equality Impact Assessment :
Equality Impact Assessment not undertaken.

Freedom of Information:
Publication Under Freedom of Information Act This paper has been made available under the Freedom of Information Act.

Marketing communications strategy 2017/18

1. Background and Context

- The commissioner/ provider landscape and how we deliver and position services is changing, with an increased focus on accountable care across local, regional and sector footprints, in line with national health policy.
- There is a crucial role for marcomms to provide a consistent and clear narrative in context, to articulate shared ambitions/aims and service benefits, both internally and externally.
- This paper aims to reassure the Board that the marcomms strategy for 2017/18 will deliver this and supports the delivery of the Trust's business objectives.

2. Project/Proposal

- Position the Trust as a key provider, partner and sector lead with an ambition to be outstanding, in the context of the changing health/ care environment.
- Continue to reinforce the Trust's strong track record and current credentials in working with others to re-model/ improve services.
- Actively engage with staff, key partners and communities when developing activity to ensure it reflects and meets their needs.

3. Implications

Given the changing commissioning/ provider landscape, we need to ensure that the marcomms strategy continues to reflect potentially changing organisational/ service priorities - reinforcing our values and offer – whilst collaborating with others, and balancing our organisational and partner communication needs.

3.1 Legal and Constitutional

None.

3.2 Resource

Activity can be met within the current marcomms budget.

3.3 Quality and Compliance

The strategy reassures service users, communities, stakeholders and influencers that the Trust is delivering against the five quality areas, whilst reinforcing the key quality messages for staff through our internal channels.

4. Risk Issues Identified

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Changing provider/service landscape may impact on ability to deliver clear narrative for	Medium	Mixed or inconsistent messages for key audiences.	Close working with partners to ensure co-ordinated approach and messaging/ activity aligns.

internal and external audiences.			
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5. Communication and Involvement

As outlined in the strategy, we are actively engaging internal and external stakeholders in shaping/ testing marcomms activity on key projects/ campaigns.

6. Monitoring and review

The Board will receive updates on headline marcomms activity and impact, via the monthly media report in the Chief Executive's report.

7. Timescales/Milestones

Timings for key campaigns are outlined in appendix 2; more detailed timings for all activity are outlined in the team's activity planner.

Marketing communications strategy 2017/18

1. National /local context

NHS England's Next Steps on the NHS Five Year Forward View (FYFV, March 2017), identifies four priority clinical areas over the next two years - urgent and emergency care, mental health, GP access and cancer - whilst reaffirming the focus on service transformation and sustainability, and closer cross-organisational/ sector working. The plan aims to improve care, whilst meet growing demand within existing resources, to support people to live healthy lives at home.

Regional and local Sustainability and Transformation Partnerships (STPs), and provider alliances, underpin this. They support the shift to accountable care, with a collective responsibility across organisations for improving the health and wellbeing outcomes for local communities.

2. Strategic considerations for marketing communications

How and where we deliver services, and how we work across sector/organisational boundaries, will continue to change. This strategy is based on what we know now and focuses on the Trust as a provider and partner, both locally and regionally, and where we can evidence, as a sector leader that provides 'outstanding' care.

3. Team's performance 2016/17

The team had clear targets for 2016/17, whilst also establishing a baseline in some areas where we had no measures, to inform targets for 2017/18. We met if not exceeded our 2016/17 targets (see appendix 1) and delivered the agreed objectives and key activities.

4. Marketing communication objectives 2017/18 (measures section 8)

- Market new and remodelled services such as specialist perinatal and eating disorders, to support people to stay well, ideally at home.
- Collaborate with partners, including provider alliances and local/ regional STPs, on joint communications, to improve place-based services and where required, support service transition.
- Leverage Trust channels, including digital, to actively engage members, partners and wider communities in our work to support Strategic Business Units (SBUs).
- Linked to the above, strengthen our community engagement on key campaigns, developing tailored routes to ensure we engage our BAME communities.
- Support internal leads on positioning the Trust as an employer of choice that supports staff wellbeing, both internally and externally.
- Further embed agreed changes to what, where and how we communicate corporate news, to meet staff's stated information needs (staff IC audit, late 2016).

5. Target audiences - internal and external

Our primary target audiences are:

- Our staff - existing and potential.
- Governance stakeholders - Trust governors and members.
- Commissioners - CCGs, local authorities, NHS England.

- Local communities - service users, carers, residents across Bradford, Airedale, Wharfedale and Craven, and for children's services, Wakefield.
- Local partners/ stakeholders - third sector, patient groups eg. Healthwatch, key forums eg. Bradford Assembly, MPs and local Councillors.
- Regulators - NHS Improvement, Care Quality Commission.
- Other providers - both locally and regionally, including STPs and alliances.
- Policy makers/ influencers - local, regional and national (where appropriate) eg. NHS England/ Department of Health.

6. Proposed corporate key messages

To be reflected across the range of corporate communication channels, focusing on our organisation-wide strengths:

- We provide award winning, high quality mental health, community and learning disability services, to help people stay physically and mentally well.
- We work with our partners, individuals and their carers, to help people stay healthy, close to home.
- We have a proven track record of doing things differently, working with others, to achieve our vision of delivering outstanding care.

7. Our key focus

7.1 Internal

The internal communications audit (late 2016) gave clear staff feedback on what, how and where we communicate Trust-wide information, with additional feedback on broader areas, linked to staff engagement/involvement. We have implemented the agreed recommendations, linked to content and channels.

This year our core focus continues to be ensuring timely and relevant communication on Trust-wide news, whilst providing proactive communication support on corporate priorities, linked to the staff audit and staff survey: staff wellbeing, developing agency/bank (internal and external), recruitment, supporting visibility of the senior team, the Trust's ambition to be 'outstanding' (and CQC), and our annual staff awards. We will also continue to embed and reflect staff communication needs in our approach, for example:

- ensuring that we give the context for decisions;
- ensuring communication is transparent on key corporate issues;
- where we are supporting teams on new staff initiatives, and where time allows, engaging staff in developing/ testing the communications' approach.

Anecdotal feedback via the EMT briefings, shows that in some instances, ensuring that information is cascaded Trust-wide depends on local leadership, linked to team meetings. We cannot control this. We also understand that the 'day-job' may impact on staff time to access Trust-wide information. However, for the corporate priority areas - the 'must-know' updates such as the operational plan, key CQC updates and year-end position - we are proposing providing a clearer guide for team leads for onward cascades.

Recommendations

- Continue to embed the agreed actions following the staff internal communications audit including supporting the EMT-led briefings to facilitate two-way communication with a feedback loop (you said, we heard, we're doing...).
- Introduce clearer signposting for onward cascades for 'must-know' operational items: share in e-Update (staff's preferred channel) and ask teams to ensure that they discuss in all their team meetings, with support from SBU senior leads.
- Where time allows, engage staff in shaping/ testing communications activity for key projects and track impact e.g. staff bank.

7.2 External

In 2016/17, we provided marketing communications support for key service areas, new product launches/brands (eg. MyWellbeing College) and supported the on-boarding of new services e.g. Wakefield. For digital, we moved our website to a new, more cost effective platform, introduced new branding guidelines/ templates, whilst building our social media profile, and encouraging staff to be more 'socially' active. We also started to redress the balance between the external profile of our mental health and community services.

This year our focus is ensuring we continue to promote our broad service offer, our strengths, and our work on a local, regional and sector wide level. Specifically:

- Marketing communication campaigns for key service areas (x3) - covering 1) mental health, 2) community and 3) promoting the Trust as an 'employer of choice' (supporting recruitment).
- Service launches/ re-modelling - perinatal and eating disorders, complex care and community discharge (latter, both Bradford).
- Strengthening community engagement using a range of tactics, with a tailored approach for our BAME communities - both specifically for campaigns.
- Extending our media activity to engage a broader range of media and securing both news/feature opportunities.

Recommendations

- Extend our corporate messaging (see above).
- Strengthen community engagement - tailored approaches: social for our broader community; community outreach events for campaigns; developing a tailored approach to engage our BAME communities.

Appendix 2 gives an overview of key activity.

8. Targets 2017/18

Area	Target 2017/18	Compared to target 2016/17
Local media - news	42 piece of coverage a month	50 in 2016/17 - lower target in 2017/18 enables additional focus on feature/ national work (below)
Local media - features	5 features across the year	No target
National coverage (trade & influencer consumer)	8	No target

Twitter engagement (retweets)	600 a month - on-going activity	No target
	700 - for campaigns	No target
Facebook engagement (likes)	680 - on-going (inc campaigns)	No target
Bounce rate - website	62%	No target
Campaigns only	Evidence influencing behaviour	

Recommendations

That the Board:

- Agrees the marketing communications (marcomms) strategy as set out in this paper and the recommended approach for 2017/18.

Appendix 1 – performance against 2016/17 targets

Target	Achieved?	Year-end figures	Commentary
Media coverage <ul style="list-style-type: none"> averaging 50 pieces a month evidence coverage in trade / national media. 	<ul style="list-style-type: none"> Achieved – av. 67 a month (m) Evidenced - baseline for 2017/18 	<ul style="list-style-type: none"> 803 over 12m 9 pieces over 8m; HSJ, MH Today, Ind Nurse, Nursing Times (+12 BBC) 	BBC pieces generated by national reports.
Web traffic <ul style="list-style-type: none"> unique visitors - annual uplift of 10% bounce rate 	<ul style="list-style-type: none"> Achieved - 62% uplift (lower base) No target 	<ul style="list-style-type: none"> 93,873 (v 57,898 2015/16) 56% (v 64% 2015/16) 	<ul style="list-style-type: none"> Good is 50%
Social media <ul style="list-style-type: none"> Followers - annual uplift of 15% evidence engagement of key influencers 	<ul style="list-style-type: none"> Achieved - 27% uplift Achieved (Positive Practice; Claire Murdoch NHS National Mental Health Director; Academy of Fab Stuff; Chris Hopson CE NHS Providers; Isabelle Trowler, Chief Social Worker Children & Families; Jon Rouse, then DH DG Social Care, Loc Gov & P'ships) 	<ul style="list-style-type: none"> 2,173 Apr 2017 (v 1,707 1 Apr 2016) 	<ul style="list-style-type: none"> Proactively targeted influencers
Engagement - track engagement levels (twitter & facebook) for key corporate projects where we invite views.	Evidenced - baseline for 2017/18	Eg. 1in4 - 625 engagements (retweets, likes)	
Campaigns - track uplift in the above and where possible, increase in service enquiries as a direct result of marketing communications activity.	Evidenced - baseline for 2017/18	Eg. Winter campaign - 327 engagements (retweets, likes)	Securing self-referrals/registrations via MWBC site (av 223 click on reg. form a month over 6 months)

Appendix 2 - organisation-wide marketing communications, at-a-glance

