

Review of Communication

Report by the Communication Review Group – September 2006

- ...**Putting** people first
- ...**Promoting** our county
- ...**Providing** for our communities
- ...**Protecting** our future

Quality life in a quality county

Note

The Health Scrutiny Committee approved the recommendations set out in the Communication Review Group's report, as presented to it at its meeting on 5th September, 2006,

Background

1. In considering its work programme in October 2003 the Health Scrutiny Committee agreed to establish a number of sub-groups, one of which would focus on communication and morale issues. A number of communication issues were raised during the consultation exercise on the provision of Ear, Nose and Throat Services in 2004 that re-emphasised the need to consider the area of communication. At its meeting of 16th June 2005, the Committee discussed the scope of all the reviews it was undertaking and agreed that they should be broken down into a series of smaller, sharper, shorter reviews. The agreed scoping document for this Review of Communication is at the end of this report.
2. The Review Group has based its recommendations on evidence provided in discussions with managers, staff, union representatives and members of the Herefordshire Primary Care Trust (HPCT), Herefordshire Hospitals NHS Trust (HHT), Patient Advisory Liaison Service (PALS) and the Patient and Public Involvement (PPI) Forum.
3. As the review progressed it became clear, through the discussions, that the primary source of information being generated was relevant to the issue of internal communication. It was the feeling of the Review Group that communication with patients and public could not improve without greater consideration of the internal communication issues within each organisation. The Review Group's findings are set out below.

a. Ensure the message gets to everyone

4. Communication needs to be two-way and involve everyone. HHT and HPCT both adopt a similar approach in using team briefs and regular staff meetings; the HPCT has TrustTalk and the HHT has weekly meetings with the Chief Executive open to all staff. Whilst an audit of 250 of the 1,400 HPCT staff indicated that key messages were being delivered through the Team Brief, feedback during a meeting with staff of the HHT suggested that meetings and Team Briefs were generally directed at managers. Unfortunately, many meetings take place at times that are inconvenient, or impossible, for the majority of staff to attend. To exacerbate this situation, there is a lack of dissemination of information to those unable to attend, and of feedback to those that do attend. Consequently key messages are failing to be delivered to **all** staff, which then results in a lack of clear, consistent and reliable information being passed to patients and public. Whilst accepting that communication should be an element of good leadership, the front-line staff that are most likely to be in contact with the public are often left out of the loop.
5. Greater consideration needs to be applied in arranging, and varying, the times of meetings so that more staff are given the opportunity to attend meetings. In addition, there needs to be improvements in the dissemination of information so that more staff are aware of what is being discussed so that they can communicate the correct message.
6. It was apparent that the HPCT and HHT recognise the importance of good communication, and efforts were being made, but it is suggested that more needs to be done to ensure that good ideas become good practice. An example would be the practice introduced by the HHT of 'zonal management walkabouts'. The hospital has been divided into

zones and each member of the hospital's management team allocated a zone, into which they should take the time to walkabout, talking to staff and patients and making himself or herself visible. Rotation of allocated zones takes place periodically to ensure that members of management team become recognisable to all staff. The Review Group considered the walkabouts to be a good opportunity for genuine two-way communication to take place, and possibly an approach that could be adopted by all organisations. However, through discussions with staff and union representatives, there was a lack of knowledge that the walkabouts were happening. Whilst not doubting the potential benefits of the walkabouts, this could be an example of the message only getting through to a few. Perhaps variation of the times of the walkabouts would have a more significant impact on the success of this approach.

b. Communication needs to be structured

7. Evident through the discussions was that there is a great deal of informal communication taking place between the HPCT, HHT and PALS, with regular meetings between the Chief Executives of the HPCT and HHT. However, this is very much voluntary and possibly personality dependent. It is felt that, in order to secure continued good communication in the future, the current arrangements should be formalised.

c. More emphasis on communication as part of staff training

8. Discussions with PALS established that communication was included in staff training and as part of everyone's induction so that staff were able to deal with patient and public comments on the spot, and complete a form so that monitoring and evaluation can take place as to the nature of the comment/request. There were also plans for the development of half-day training sessions. However, there was some doubt, expressed by PALS, as to whether staff were being proactive enough in dealing directly with patients and the public, as well as completing the necessary forms.

d. Make communication the responsibility of all

9. In operating a Public Relation Team, and relying on PALS, both the HPCT and HHT are in danger of becoming over-reliant on these small teams, and failing to recognise that all staff have a role to play in the successful communication of key messages about the services that they deliver. All staff need to be kept informed about general issues that they may need to communicate to patients and public.
10. Whilst PALS are involved in management meetings of the HPCT, there needs to be greater appreciation that public relations and communication are not wholly the same thing, and that there is a need for integration with those at the top to ensure that the organisations are proactive in what they communicate, and not reactive. Only if people have the necessary information are they able to adequately respond to questions that they are asked.

e. Consider the 'external customer'

11. In considering the views of patients and public, and acting as the link to the HPCT and HHT, the Review Group feel that PALS should be commended for the work that they have done thus far, the PCT having won the NHS Alliance Award for PPI work for the last 2 years. The Review Group also wishes to recognise the excellent start that the PPI Forum has made. However, in terms of recognising the views of patients and public and keeping them informed there is still much work to do. Whilst accepting that PALS has a duty, in representing the HPCT and HHT, in responding directly to requests made by patients and public, there is still a lack of acknowledgement that the PPI Forums of both the HHT and HPCT provides a valuable link to understanding the needs and views of patients and public alike.
12. The Review Group suggests that there needs to be an increase in effort to ensure that there are processes in place to include the PPI Forum in decisions that affect patients and public, that will allow the PPI Forum to fulfil its function in providing advice and information to patients and their carers about services. To enable this to happen there is a need for improved links between the PALS and PPI Fora. Similarly, enforcing the argument that communication needs to be two-way, the PPI Forum should continue to obtain the views from local communities about health services and make suitable recommendations and reports based on them.

Recommendation

- (a) that the recommendations set out above be approved; and**
- (b) the response of Primary Care Trust and the Hospitals Trust to the Review be reported to the first available meeting of the Committee after the Trust has approved its response, with consideration then being given to the need for any further reports to be made.**

REVIEW:	COMMUNICATION	
Scrutiny Committee:	Health	Chair: Councillor W J S Thomas
Lead support officer:	Director of Social Care and Strategic Housing	

SCOPING STATEMENT AND TIMETABLE

Terms of Reference

To review the Health Service wide communications strategy and procedures to assess their effectiveness.

Desired outcomes

- To make suitable recommendations, based on the existence of a Communications Strategy, to improve the lines of communication across NHS organisations in Herefordshire.
- To express a view on the leadership/management approach to communication that has been adopted.

Key questions

- Is there a Communications Strategy across NHS organisations in Herefordshire?
- What are the current procedures?
- How are staff and patients kept informed of developments?
- Are staff and patients consulted and involved in decision-making?
- What are the levels of cohesiveness across the organisations locally?
- What views do staff hold on Communications, as recorded in the staff opinion surveys? Is the trend improving?

Timetable

<i>Activity</i>	<i>Timescale (activity completed by)</i>
Agree approach	1 st December (to submit Scoping Statement to Health Scrutiny Committee)
Collect data	June 2005
Agree list of 'witnesses' to interview	June 2005
Interview witnesses	August – September 2005
Analysis of data and witness evidence	October 2005
Prepare recommendations	October 2005
Report to Health Scrutiny Committee	December 2005

Members	Support Officers
Councillor Mrs W U Attfield Councillor Brig. P Jones CBE (Chair of Review Group) Councillor J B Williams Mr C G Grover	Policy Assistant

Note

The Health Scrutiny Committee approved the recommendations set out in the Review Group's report, as presented to it at its meeting on 5th September, 2006.