

# Marketing and Communications Plan

2009/2010  
2010/2011

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The method by which East Cheshire NHS Trust will deliver its brand and the objectives of that brand to its patients and staff in order that East Cheshire NHS Trust is the Hospital of choice.

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## Summary

East Cheshire NHS Trust provides acute health services for the people of Eastern Cheshire and neighbouring communities in North Staffordshire, North Derbyshire and Greater Manchester.

Its customers are its staff and its patients and the GPs which it serves. Our best marketing tool is word of mouth and when used positively will be the best advocate for the Brand. We will use other tools at our disposal to ensure that we will deliver all the key messages to the right audience.

These messages will be derived from staff throughout the Trust in their requirement for campaigns to raise awareness, increase customer confidence, increase patient referrals and promote services. The marketing intelligence used to define the parameters of the messages, driven through Business Planning and Improvement and the newly formed Marketing Group will ensure that the targeting of campaigns is correct and the tools then used are fit for purpose.

The Marketing Group exists to ensure that there is an efficient Trust wide approach to implementing the marketing strategy.

Due to the different customer groups ie: pregnant women through to internal staff within a hospital setting we will need to ensure that we use a mix of marketing and communications tools to stay 'on Brand'. We will also require assurances that all staff within the hospital is dedicated to the good work of the brand and that we strive to develop, promote and uphold this over the next 2 financial years.

In the absence of SMART ( Specific, Measurable, Accurate, Relevant and Timely) marketing and communications and a strong brand and direction, our competition in the form of nearby NHS services will win over our customer. We, as a competing brand, must strive for our customers 'choice' with exceptional services, consistent quality and an unparalleled reputation. The services which are offered to our customer must display pride in all we deliver.

The seller of the brand must display pride.

Our sales team consist of all staff. We all work for a brand we should be proud of and that is the key to the communication. That is our underlying message.

If a brand is to survive it must compete to be the best in its market, the brand of choice.

This Marketing and Communications plan outlines how the brand of East Cheshire NHS Trust will be delivered through communications to the market to rival its competitors and ensure it takes pride of place in the community which it serves. To add value to the local community and be the hospital where you would choose to be treated.

The delivery of these plans will be carried out with continual consideration to patient privacy and dignity and with equality and human rights agendas as contributing factors to our message at all times.

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As an aid to delivering the Trusts Business Plan for 2009/10, the Marketing and Communications Plan supports the Trusts aims and objectives in communicating key messages in the areas of:

- The Trust Brand and Reputation
- Patient Safety and Quality
- The 4 Clinical Business Units and the services they deliver
- The Blue Zone land sale
- The Trust Estate Development including Intermediate Care Services and new service delivery such as the Renal centre
- Integrated Care Organisation
- The Workforce through Organisational Development Plan Year 2
- The NHS Constitution

The delivery of these objectives will be carried out by the Marketing and Communications Department and the Business Planning and Improvement Department.

The Marketing and Communications team is currently supported by M and M Communications Agency. In addition, the team are recruiting one band 4 position to assist in the delivery of these initiatives and manage specific web based communications.

The marketing and communications process will be supported by a close working relationship with the Service Planning and Improvement department. The two departments will strive to work as one with market intelligence and service provision being managed by Business Planning and the marketing and communications campaigns to deliver the required messages to the necessary audiences being managed through the Marketing and Communications team.

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## 1. Introduction

The Marketing and Communications Plan for 2009/10 is written to support the Business Plan 2009/10-10/11 and the Marketing Plan 2007 and considers all the priorities to be delivered throughout those plans.

It considers all the aims and objectives outlined by each CBU to achieve these priorities in addition to considering wider Trust marketing objectives associated with raising the profile of the Trust, creating a strong brand as the foundation for such and managing a programme of proactive communications with an ever changing media environment.

Marketing and communications are vital in order to deliver the key messages from the Trust to its patients, commissioners, stakeholders and staff.

The tools which will be used are wide and varied and all have a place within the marketing mix. They must not be considered alone but as an integrated approach to delivering results. These results may be feeling based or of financial gain which all have benefit to the Trust brand, service levels and future reputation for years to come.

### 1.1 SMART

The Marketing and Communications Plan will work SMARTly ensuring all activity is undertaken in a Specific, Measurable, Accurate, Relevant and Timely manner with the vision and objectives of the Board underpinning the messages communicated.

### 1.2 Mission Statement

To be the hospital where you would choose to be treated

### 1.3 The Vision

- To continue to provide and develop an Emergency Department, a wide range of planned and emergency acute services for adults and children and maternity services.
- To provide clinically effective services in a fit for purpose environment.
- To maintain a friendly and helpful approach where patients and staff feel respected and work together.
- To expand service provision to meet additional acute and rehabilitation demand.
- To further develop an integrated service delivery model with primary care and others.

### 1.4 Trust Board Objectives 2009/10-2010/11

The following Board Objectives are a priority of East Cheshire NHS Trust, an Aspirant Foundation Trust.

#### Patient

To continuously improve the quality of services and therefore the experience of patients in order to remain the hospital of choice

## **Cleanliness**

To achieve the best possible standard of cleanliness in all premises owned by the Trust

## **Staff**

To continuously improve the development and support of staff

## **Money**

To achieve the financial plan

## **The Future**

To continuously improve Hospital and Community services which are valued by the public and our commissioners, taking the opportunity to work with partner providers to offer integrated seamless care.

## **Social Responsibility**

To strengthen and promote Corporate Social Responsibility



## **2. Aims and objectives of the marketing and communications plan**

The plan that follows creates broad aims and objectives underpinned by detailed action plans for each campaign. The aims and objectives of this plan will be to:

- Create a brand that means added value to the community to which it serves
- Champion that brand through the pride of the hospital vision and the staff within it
- Maintain the integrity of the brand at all times
- Plan a considered, detailed and targeted approach to marketing and communications using all the tools at our disposal to increase awareness of the Trust and specifically assist in the delivery of the reputation of 4 Clinical Business Units in conjunction with the marketing intelligence delivered by the Business Planning and Service Improvement Department. (see Appendix 2)

### **2.1 Measurables and Outcomes**

Measurables and outcomes are both qualitative and quantitative and may be displayed through culture change and perception or through increased patient referrals. The marketing group will be looking at specific performance related measures.

#### **2.1.1 Visual / Feeling Based**

- Increased internal brand exposure
- Internal pride and support
- Increased information dissemination internally
- Increased awareness of brand externally
- Increased use of branded items on site
- Better media relationships
- Increased published good news stories
- Increased integrity
- Positive public support
- Enhanced reputation with patients, public and GPs

#### **2.1.2 Financial Gains**

- Increased Choose and Book selections
- Increased GP referrals in CBU specialities
- Sponsorship funding through private sector investment

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- Increased positive press col / cm
- Greater trade / National coverage
- Increased Charitable Funds

### 3. What is Marketing and Communications?

Marketing describes the method of communicating the availability of a product/ service to the consumer of that product / service via a set of tools

Communications is the message given to that consumer in order to allow them to make an informed decision to buy/ buy in to the brand and stay loyal to that brand.

**3.1** Marketing and Communications is usually split into the following main areas that you will hear talked about

#### 3.1.1 Above the Line Advertising (ATL)

Above the line advertising is the largest area of potential spend with budgets running into millions. Usually reserved for blue chip companies, specific campaigns and FMCG ( Fast moving consumer goods: Food .) Reaches mass audiences but wastage is high

Typically: TV adverts, radio adverts, press adverts, high end sponsorship ie: sports, TV ad breaks and films

#### 3.1.2 Below the Line Advertising (BTL)

Below the line advertising is another potential large area of spend but due to its highly targeted nature in terms of time and address it can be one of the most beneficial in terms of low waste and Return On Investment (ROI). All companies use this at some point. The most successful campaigns are usually an integrated approach of below and above the line spend

Typically: direct mail, telemarketing, email marketing, internet

#### 3.1.3 Public Relations (PR)

Press activity through proactive and reactive press releases gaining editorial space in press and on air with news not paid for. Public relations are all about reputation. It's the result of what you do, what you say, and what others say about you. It is used to gain trust and understanding between an organisation and its various publics - whether that's employees, customers, investors, the local community - or all of those stakeholder groups.

PR. All companies use PR. Some better than others. This is a key area for the NHS

**Public Money = reduced marketing £ = need for clever PR**

## 4. The Marketing Variables

In marketing there are very few constants. Marketing deals with: 1) Products of which there are many 2) people who, no matter how hard we try to pigeon hole into 'marketing groups', never quite fit and 3) the brand.

The one constant that there is, is usually the brand. All of these variables are factored in to any marketing campaign. ☺

☺ Campaign is the series of marketing tools used, over a given time period to deliver the message required.

### 4.1 The Brand

#### 4.1.2 Brand Image

Brand image is essential. A brand tells the story of a product, its heritage, its values and its position in the market. Branding sells thousands of products a day, it influences the decision to buy, it communicates with the subconscious and a good brand remains with families through generations.

Branding provides consistency, continuity and recognition. It displays pride, loyalty and trust. Great brand names have been known to take on a product description of their own as they were so good – take Hoover. We all call the vacuum cleaner a Hoover but that was a brand name not a product description!

#### 4.1.2 A strong brand

A strong brand is crucial to the NHS. An average of 15% of the population is pre-disposed to share their opinions, good or bad. With a strong brand our Trust will:

- Become an obvious, well-known choice: more enquiries, more prospects, more customers
- Make choice easier - give confidence and re-assurance
- Get introductions and referrals
- Attract and retain good staff
- Benefit from the brand's free advertising and promotion
- Be able to exploit word of mouth marketing

Building a strong brand is about the people who deliver, with customers who are often closely and emotionally involved. Brand management requires belief in the values and brand promise and requires relationship management – all the time.

#### 4.1.3 The hospital brand

East Cheshire NHS Trust currently has a brand. But we do not use it well, we do not reinforce it, we are not outwardly proud of it. We do not know what it stands for. What are its values? What would people say if you asked them to describe it in three words? What is there to be proud of?

The answer - Lots we just need to communicate it!

## 4.1.4 Our brand values

- East Cheshire Trust is an acute NHS service provider
- It is vital to the community
- Its care is award winning
- It is local
- It is accessible
- It is FREE
- It is lifesaving
- It has been in our customers family for years
- It delivers
- It is proud

This plan will build this brand to ensure these messages are communicated with its appearance, its repetition, its strapline, its colour and its subconscious messages that will become instantly recognisable, strong, powerful and trustworthy.

This will be done through every marketing tool we use to communicate with our potential and existing customers.

## 4.2 The Product / Service

In the NHS our product is our service and care. It is a product of choice and also a product of necessity which gives us a powerful message to communicate.

Our product is more than the brand, it's the services we provide throughout the 4 business units and through the Trust wide delivery of care through Macclesfield, Knutsford, Congleton, our shared services and the plans we have in place for improvements in all of those areas.

The products are wide and varied and appeal to differing markets. The marketing and communications plans we deliver to those markets must work SMARTly in order to achieve optimum outcomes for each area we wish to promote.

The circle of supply and demand must be referred to at all times to ensure that we deliver on the services we promote.

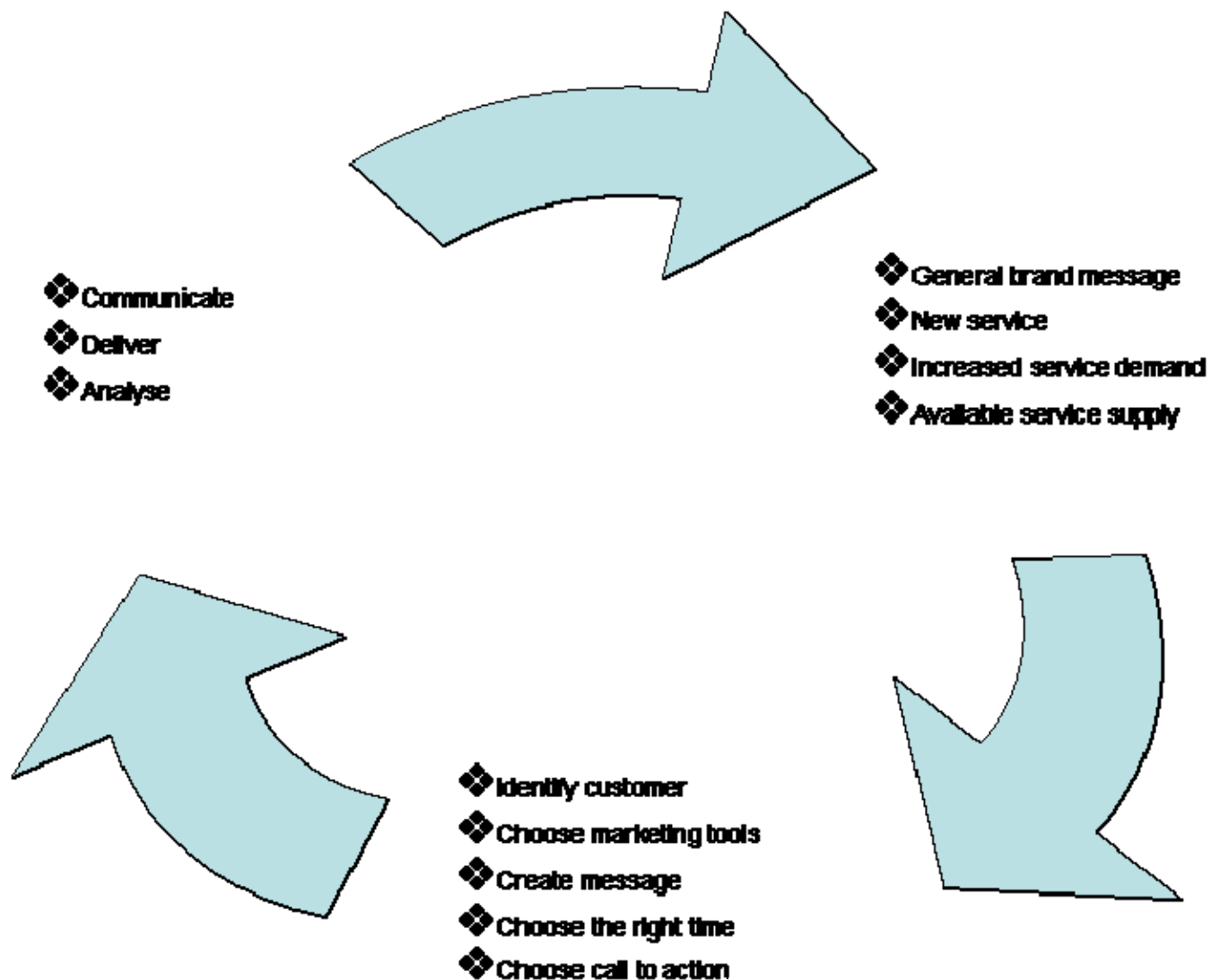
### 4.2.1 The Circle of Supply and Demand

Identify the requirement for marketing

Plan the Campaign

Deliver, Analyse

Identify the requirement for marketing



## **4.3 The Customer**

Our customers are all of our stakeholders, anyone who in any way, has an interest in the services we deliver from our patients to our staff and everyone in between.

### **4.3.1 Internal Customers**

- Our internal customers are our staff, all of our staff of just over 2000
- Our volunteers of over 300

Our staff is our local population too; their friends and relatives make choices in their care – that choice may be our brand.

Our staff is both a vital customer and a vital salesperson to market our product. It is essential therefore that internal marketing is as effective as external marketing.

### **4.3.2 External Customers**

Our external customers are

- GP's
- Our primary catchment area of patients (see appendix 4) : Macclesfield, Bollington, Congleton, Nantwich, Knutsford, Sandbach, Middlewich, Wilmslow, Holmes Chapel, Poynton (POPULATION circa: 200,000)
- Our PCT commissioners
- Relatives of those patients
- Local residents
- Local employers
- Local employees regardless of residential status Secondary Catchment area of commuters, patients and relatives: from North Staffordshire, High Peak and Buxton, Stockport and Stoke on Trent

## **4.4 Our target audience**

- 2300 members of staff
- 300+ volunteers
- 200,000 residents in the immediate catchment areas
- In excess of 200,000 residents in secondary catchment areas

## **5. Business Planning and Improvement**

### **5.1 Marketing Group**

- Establishment and chairing of a marketing group

### **5.2 Corporate Business Planning**

- Lead the development of the annual service, financial and workforce business plan
- Acute contract activity planning including capacity and demand analysis
- Development of demand monitoring indicators to alert the Clinical Business Units (CBUs) to changes in service demand

### **5.3 Development of Business Intelligence Map**

- PCT and practice based commissioning (PBC) intentions
- horizon scanning
- GP practice information
- NHS and private provider service development
- Data analysis/benchmarking/performance measures

### **5.4 Service Redesign and Developments**

- Supporting CBUs in the development of service strategies and where applicable, the development of business cases to support service expansion
- Working with CBUs, alternative providers and commissioners to establish new service models, service tenders or alternative patient pathways

### **5.5 Communication/liaison**

- Production of the GP newsletter
- Trust business planning link for the acute NHS contracts with Central and Eastern Cheshire, North Staffs and Derbyshire County PCTs
- Co-ordination and facilitation of GP education events in conjunction with the CBUs
- Co-ordination of the Dr Foster Consultant and Hospital Guide updates
- Organisational communication link for the provision of services in alternative settings (eg. Assura, Staffordshire Moorlands)
- *Development of PBC patch managers (in conjunction with Dr Tammy Griffiths)*

### **5.6 Supporting specialty specific marketing campaigns**



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- Development of specialty specific data set to include market intelligence
- Organising GP visits
- Reviewing effectiveness of campaigns

## 6. The Marketing and Communications Toolbox

We currently have a number of marketing tools at our disposal. The elements of this toolbox have all made up campaigns in the past but have we used them most effectively? It is essential that the benefits of each are considered before launching a campaign so as to use the most appropriate for the market.

The following table show the tools that we have available and the additional ones for use within the 2009/10 marketing plan.

### 6.1 Marketing Toolbox – Internal and External 2008/9 v 2009/10. 2010/11

Tool	2008/9	2009/10	Additions/ Changes
<i>Internal</i>			
Good Health	*	*	Improved Format
Team Brief	*	*	More targeted
Posters	*	*	
Emails	*	*	
Leaflets	*	*	
Intranet	*	*	Improved
Awards	*	*	Increased
Screen Savers		*	Programme
Provision		*	Inc.Sponsorship
Wage Slips		*	
Canteen Trays		*	
Executive Presentations		*	
Staff Fundraising Days		*	MAST and CFC
Word of Mouth	*	*	
<i>External</i>			
GP newsletter	*	*	Strategic

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Formal Trust Board	*	*	
Health Matters	*	*	
Posters	*	*	
Leaflets	*	*	
Radio	*	*	
Local Press	*	*	Changes
Regional Press	*	*	
Trade Press		*	Increase
GP Visits / Presentations	*	*	
Notice Boards	*	*	
Patient Letters	*	*	Consistent
Signage / SignPosting / Maps	*	*	Improved
Internet Site	*	*	Improved
Provision		*	
PPI Leaflets	*	*	Inc.Sponsorship
RoadShows		*	
Fundraising Events		*	Mast and CFC
Leaflet Drops		*	Targeted
Hospital Newspaper / Letter		*	NEW
Sponsorship		*	Revenue
Social Marketing		*	
Word of Mouth	*	*	

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## **6.2 Internal marketing and communications**

Of considerable note on the internal marketing toolbox is the improved communications through tools such as:

### **6.2.1 Screen Savers, Wage Slips and Canteen Trays.**

These tools can offer an ever changing message to internal staff to ensure momentum and a change of scenery to otherwise 'wallpaper' messaging. The messages do not have to be campaign specific and depending on budget and frequency of use can be very effective in terms of their immediacy and content. Eg. Clean your hands; Catch it, Bin It, Kill It; Stop Smoking; Data Protection.

### **6.2.2 Fundraising**

The area of fundraising must be considered carefully in today's economic climate. The basis for the fundraising efforts may begin with planning in place for annual events. To capitalise on events that are already in place such as MAST Events and Cardiac Rehab Fundraising would be the most effective starting point in order to raise profile and expand on these areas of growth and income generation for the hospital and create a social network of fundraisers in Macclesfield. This can then be expanded through Charitable Funds and for specific wards. The profile of fundraising at the Trust needs to be raised considerable to make the charity a known brand and raise funds accordingly on a regular basis.

### **6.2.3 Awards**

Awards are a powerful tool to deliver pride internally and we will be seeking to ensure that we participate in more of these to profile the excellent work of our staff within the Trust. This includes external and internal awards and a list which is neither exhaustive nor finite has been established in order to recognise where the Trust may initially start to focus on raising its profile through this route (Appendix 7). The Marketing Group and each CBU are currently identifying those awards, from an extensive list, which are most applicable to their areas of work, which the Trust will prioritise and submit applications accordingly.

### **6.2.4 Intranet**

The Intranet is a powerful tool which is currently under-utilised. Plans are in place to extend the possibilities of the Intranet and deliver a content managed, effective and streamlined intranet site with ease of use, SMART applications which deliver effective communications internally. This will be funded through an existing £22,000 agreement with ICT services and will use the platform – Sharepoint to ensure an effective communication tool. The content will then be managed through the Marketing and Communications department in conjunction with each Business Unit. The intranet will be a key communications tool moving into Quarter 3 of 2009/10.

## **6.3 External marketing**

Budgetary restraints means that Above the Line external marketing is not possible for the Trust except in essential circumstances where advertising for public events is a considered norm.

Below the Line marketing may be used throughout many campaigns due to the targeted direct nature of some areas of communication such as GP Newsletters and the Community Newspaper / Letter currently in planning stage.

In the main, PR will be the main external tool for FREE advertising coverage but due to recent newspaper events with the local and regional press we may have to take a more considered approach to how we capitalise on the press available at our disposal. A quarterly report brought to CMB will identify the success of the Trust's PR.

Areas of note in the external marketing are;

## **6.3.1 Sponsorship**

A new sponsorship policy will shortly be available which outlines a method of revenue generation for the Trust. The Trust has available floor and wall space for external exhibiting companies which is currently under-utilised and could be a small but essential revenue generator for the Trust.

In addition to space there is the opportunity for sponsorship on PPI leaflets, Provision screen, events and awards and external newsletters. Sponsorship however in the current economic climate is increasingly difficult and this area will need considered and targeted approach before it is used as a regular income generator.

## **6.3.2 Hospital Newspaper / letter**

6.3.2.1 The closure of the Macclesfield Express offices in Macclesfield and reduction in local voice of the Macclesfield Express due to recent media event at the parent company Manchester Evening News and Guardian Media Group means that we have to find a new route to market for hospital news. This may take the form of a newsletter / newspaper with frequency to be advised and will communicate all that is good about the Trust. The news will span all areas of the Hospital and ensure that we become our own community voice.

6.3.2.2 In addition to this there has recently been a new newspaper launched – Cheshire Independent and we have managed to secure a regular Health Matters column within this press to highlight areas of the Trust. We will have a logo in the Health pages and regular features written by our consultants following health matters events monthly. They will also cover all good news stories for the Trust as we send press releases through to them.

## **6.3.3 Social Marketing**

Social Marketing is defined as below

Social marketing is done with communities, not to them. It may be nationally driven or locally driven though insight into the market. It involves local people on a local level, forms relationships and good-will in the communities it wishes to serve and reaches out to the health needs of a community based on their needs. Social marketing is measured in the lives it saves.

The Trusts Social Marketing Campaigns will form relationships with the public that it serves driven by National surveys and campaign directives from DoH. These campaigns will ensure the message is delivered at a local level to the community. We will work alongside other Trusts from the Cheshire and Merseyside Communications Forum to share campaign data,

intelligence and campaign messages where applicable in order to achieve economies of scale in an increasingly demanding financial environment for the NHS. Eg. Winter Flu Pressures, No Smoking in Pregnancy.

### **6.3.4 Web Site**

A business case for one off funding for a new Web site will be presented to CMB in the second quarter 2009/10. This will outline the findings of an independent consultant who has carried out work Free of Charge on the Trusts behalf to identify areas of improvement for the site. It comes as no surprise to learn that the site is not up to standard and needs not only a review but a complete renew in order to comply with areas such as Disability compliance, published paperwork and the Trust's Publication Scheme.

A detailed report and content managed plan will examine the requirements to move forward with a new Trust site which will adopt new branding and a confident image for the Trust and most important will be user friendly. As our window for the world on so many areas of communication this will be a significant development. The aim is for this to be completed in quarter 3 of 2009.

### **6.3.5 Social Networking**

6.3.5.1 Social Networking is increasingly used as a route to market for companies wishing to use Word of mouth communications through their staff. There are both pros and cons to this method of communicating, a con - not least abuse of the social networking media whilst at work. The papers in Appendix 8 of this report detail the pros and cons presented to Associate Directors in July 2009 for the integration options available to the Trust at this time.

6.3.5.2 The outcome at present is to blanket ban the use of social networking sites until further evidence suggests otherwise and to ensure that our Intranet and the improvements to be made encompass possible internal social networking as a communication tool before embarking on very visual external sites. This does not discount that staff, in free time, may use social networking as a word of mouth tool despite in work blanket bans and this must be considered accordingly.

## **7. 2009/10 Campaigns**

A number of campaigns have been identified for 2009/10 throughout the business plan and additional sources. These are outlined below. And is indicative of requirements at time of press. This list could change given the health economy, market conditions or National Campaign launches at any given time.

### **7.1 Develop the Brand**

To develop the East Cheshire NHS Trust brand and its values and roll the 'look' out across the Trust

### **7.2 Travel to Work**

With the imminent sale of the Blue Zone and loss of over 250 car parking spaces plus the reintroduction of parking permit prices in August 2009, there is a requirement to ensure that all staff consider their travel to work and options that may be open to them in order to reduce the parking pressures on site, eliminate excessive traffic to a congested area, create a healthier environment and save money.

### **7.3 Patient Quality and Safety**

A huge area within the hospital that covers a number of targeted campaigns such as Fob Watches, Infection Control, Slips Trips and Falls and Privacy and Dignity

### **7.4 The NHS Constitution**

The introduction of The NHS Constitution to both staff and patients and ensure that the positive message about the national and local pledges carries a message of a hospital of choice. The marketing and communications plan approved by the Trust Board in July 2009 is attached in Appendix 6

### **7.5 Social Marketing**

#### **7.5.1 Breastfeeding**

Following National targets a social awareness and benefits campaign will be established

#### **7.5.2 Smoking**

A general localised campaign using the benefits of our in house stop smoking service

#### **7.5.3 Smoking during pregnancy and new mums**

A national campaign at local level to encourage the reduction of smoking mothers

#### **7.5.4 Alcohol Consumption**

Awareness of the benefits of reduced alcohol consumption

#### **7.5.5 Coronary Heart Disease**

Awareness of the triggers for the undiagnosed population

## **7.6 Integrated Care Organisation**

Recent developments in the Trust status specifically that of Foundation Trust has seen the birth of the proposed Integrated Care Organisation. The plans for this are, at time of writing, yet to be confirmed and therefore the marketing and communications around this are not detailed however once agreed this will be a very important and large communications project for the team to ensure all audiences are involved in the future of East Cheshire NHS Trust.

## **7.7 Blue Zone sale**

To communicate the agreed Blue Zone sale and develop a communications plan around the development of the site and what that means for staff and patients once dates for the sale are confirmed and work starts. This will involve travel to work plans and car parking communications which will be of paramount importance.

## **7.8 Service delivery**

To ensure effective communication, internally and externally about the immediate Care Bids and estate developments

## **7.9 Stroke awareness**

To follow the lead of the FAST National Campaign in delivering local Stroke Awareness

## **7.10 Mental Health awareness**

To raise the local awareness of Dementia diagnosis and care

## **7.11 Christie at Macclesfield**

To raise awareness of the relationship and benefits

## **7.12 GP relationships**

To increase relationships, raise awareness of services, quality standards old and new and progress of the Trust at all levels. To ensure we deliver to GP's the news they are looking for within our local newsletter and use presentations, word of mouth and essential networking skills to achieve positive referrals to East Cheshire NHS Trust. This will be carried out as a priority work stream for the Marketing Group. (Appendix 4)

## **7.13 Services**

Based on the Trusts aims to increase the range and volume of services in the provision of the following and to market them accordingly. This list is neither finite nor exhaustive and will be determined through the relationship with Service Planning department and the Marketing Group.

- Dermatology
- Rheumatology
- Orthopaedics



- Ophthalmology
- Breast Surgery
- General Surgery

### **7.14 Reactive Campaigns**

In addition to proactive marketing and communication there is the addition of reactive press. This type of marketing is usually reserved for the 'bad' news stories where column cm's are given over to poor performance figures, local unrest and incidences of poor patient care.

Reactive press statements do all we can to 'soften the blow' that journalists may take in order to create local news.

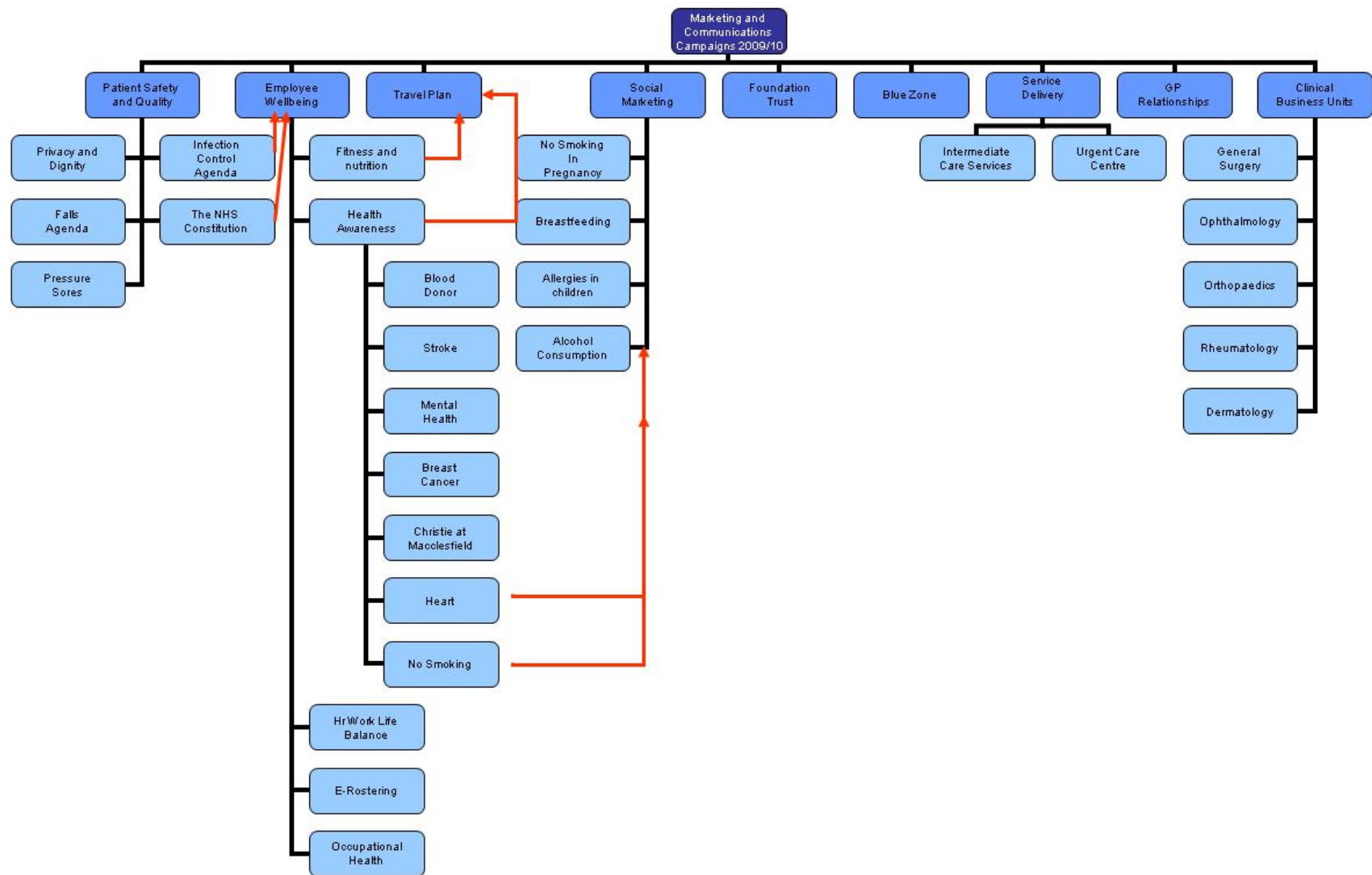
The reduction of local media will go some way to alleviate some of the pressures of reactive statements but the marketing and communications plan must nevertheless factor this possibility into all campaigns and evaluate the risk of a positive campaign being misinterpreted into a poor news article.

Reactive statements take up a considerable amount of time in the marketing and communications department. A full debrief will be provided on both reactive and proactive news in a quarterly report.

### **8. 2009/10 Marketing and Communications Campaigns Plan**

The flow chart attached shows the areas where marketing requirements have been identified by areas of the Trust. These requirements do not stand alone but require an integrated approach in order to effectively deliver results on all areas.

The requirements for each are very different and as can be seen, interlink across a number of campaign headings. The marketing tools used for each therefore differ considerably. The detailed tools for each can be viewed on the following pages.



# Marketing and Communications Plan 2009/2010 and 2010/11

Campaign plan by communication method and date

Method	Newsletter	Poster	Leaflet	Intranet / Emails	Web Site	Provision	Canteen Trays	Presentation	Radio	Patient Letters	Hospital Newspaper	Press	Screen Saver	Quarter
	☺ Good Health							” GP						
	◆ Team Brief							☺ Health Matters						
	” GP													
<b>PATIENT SAFETY</b>	✓ ◆ ”										✓			<b>2</b>
<b>AND QUALITY</b>														
Privacy and Dignity	✓ ☺ ”	✓		✓	✓	✓	✓			✓			✓	
Falls Agenda	✓ ☺ ”	✓		✓	✓		✓			✓			✓	
Pressure Sores	✓ ☺ ”	✓		✓	✓					✓			✓	
Infection Control	✓ ☺ ”	✓		✓	✓	✓	✓			✓		✓	✓	
<b>EMPLOYEE WELLBEING</b>	✓ ◆													<b>2</b>
Fitness and Nutrition	✓ ☺	✓		✓			✓						✓	
Health Awareness	✓ ☺	✓		✓			✓			✓			✓	
Blood Donor	✓ ☺ ”	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	
Stroke	✓ ☺ ”	✓		✓	✓	✓	✓	” ☺ ✓	✓	✓	✓	✓	✓	
Mental Health	✓ ☺ ”	✓		✓	✓	✓	✓	” ☺ ✓	✓	✓	✓	✓	✓	
Breast Cancer	✓ ☺ ”	✓		✓	✓	✓	✓	” ☺ ✓	✓	✓	✓	✓	✓	
Christie at Macclesfield	✓ ☺ ”	✓		✓	✓	✓	✓	” ☺ ✓	✓	✓	✓	✓	✓	
Heart	✓ ☺ ”	✓		✓	✓	✓	✓	” ☺ ✓	✓	✓	✓	✓	✓	
No Smoking	✓ ☺ ”	✓		✓	✓	✓	✓	” ☺ ✓	✓	✓	✓	✓	✓	

## Marketing and Communications Plan 2009/2010 and 2010/11

<b>TRAVEL PLAN</b>	✓😊◆	✓	✓	✓	✓	✓	✓		✓	✓	✓		<b>2</b>
<b>SOCIAL MARKETING</b>													<b>3</b>
No Smoking in Pregnancy	✓😊	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Breastfeeding	✓😊	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Allergies in Children	✓😊	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Alcohol Consumption	✓😊	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	
<b>FOUNDATION TRUST</b>	✓😊◆		✓	✓	✓	✓	✓	” ✓	✓	✓	✓	✓	✓
<b>BLUE ZONE</b>	✓😊◆		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
<b>SERVICE DELIVERY</b>										✓			<b>2</b>
Intermediate Care Services	✓😊◆			✓	✓			” ✓	✓		✓	✓	
Urgent Care Centre	✓😊◆			✓	✓	✓		” ✓	✓	✓	✓	✓	
<b>GP RELATIONSHIPS</b>	✓😊				✓			” ✓		✓			<b>2</b>
<b>CLINICAL BUSINESS UNITS</b>	✓◆							” ✓			✓	✓	
General Surgery	✓😊				✓								
Ophthalmology	✓😊				✓								
Orthopaedics	✓😊				✓								
Rheumatology	✓😊				✓								
Dermatology	✓😊				✓								

## **9. Financial Plan – NOT FOR RELEASE**

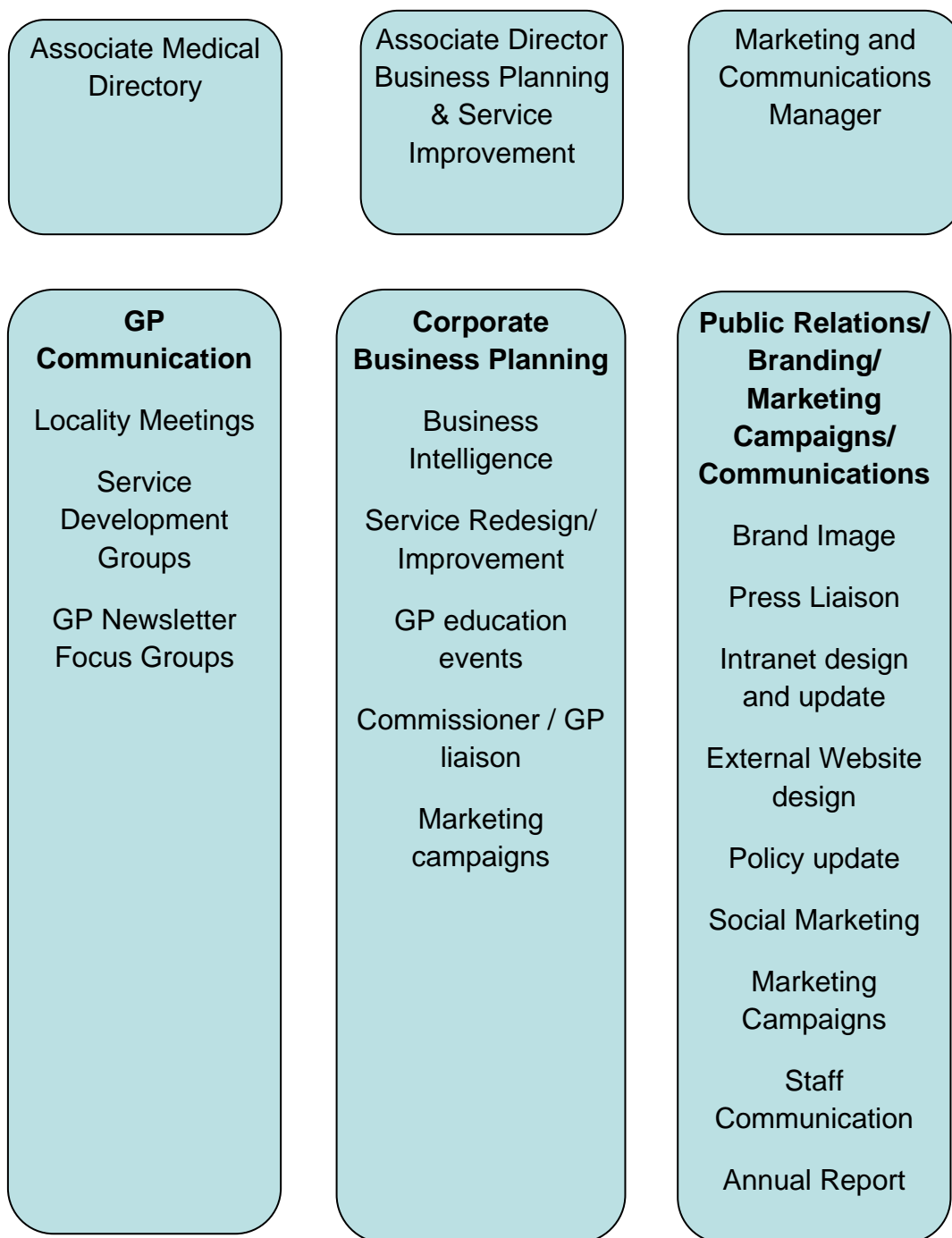
A financial plan for the delivery of the proposed Marketing and Communications plan is detailed in Appendix 9

## **10. Conclusion**

To conclude, this plan outlines the implications of marketing and communications on the NHS and specifically East Cheshire NHS Trust. It details the importance of brand name in today's competitive environment and specifies how that may be delivered considering all areas of the Trust and its vision for the future.

Using a variety of marketing and communications tools, following thorough analysis of the market and intelligence surrounding user groups, the Marketing and Communications Department, Marketing Group and Business Planning and Service Improvement Departments will deliver these campaigns to add value to the Trust's reputation and culture and the service delivery of each Clinical Business Unit.

## Appendix 1 – Marketing and Communications team structure





# Marketing and Communications Plan 2009/2010 and 2010/11

## Appendix 2 – Terms of Reference- Marketing Group

<b>Title: Marketing Group</b>		<b>East Cheshire NHS Trust</b>
<b>Authors Name: Val Aherne Chief Operating Officer</b>		
<b>Scope: Trust Wide</b>		<b>Classification: Trust Organisation Structure and Minutes</b>
<b>Replaces: Not applicable</b>		
<b>To be read in conjunction with the following documents:</b> <b>Marketing Strategy and update</b>		
<b>Unique Identifier:</b> <b>ECT000724.BPSI.20090521.TORMGrp</b>		<b>Review Date: February 2010</b>  This document is no longer authorised for use after this date
<b>Issue Status: V 0.6</b>	<b>Issue No:</b>	<b>Issue Date: 26.05.09</b>
<b>Authorised by:</b>		<b>Authorisation Date:</b>
<b>Document for Public Display: Yes</b>		
<b>After this document is withdrawn from use it must be kept in an archive for 6 years.</b>		
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## **1.0 Definition**

- 1.1 This Committee is established to enable an efficient Trust wide approach to implementing the marketing strategy

## **2.0 Purpose**

- 2.1 To agree 6 month detailed plans and 12 month outline plans
- 2.2 To monitor delivery of plans and to agree changes to plans if necessary
- 2.3 To share good practice and experience across the Trust
- 2.4 To identify and monitor a set of business intelligence performance measureables.
- 2.5 To analyse data, determine risk and commission action

## **3.0 Powers**

- 3.1 To agree the deployment of resources to achieve the 6 month plans
- 3.2 To agree operational priorities

## **4.0 Frequency of Meetings**

- 4.1 The group will meet monthly

## **5.0 Membership**

- 5.1 Membership of the group will include:

- Acting Associate Director Business Planning & Service Improvement [Chair]
- Marketing and Communications Manager
- Associate Medical Director
- Associate Director of Performance
- Associate Directors Business Units or representatives
- Project Director of Organisational Development
- Deputy Head of Information Management
- Deputy Director of Finance
- Customer Care Manager
- Service Planning & Improvement Officer
- Information Analyst (Dr Foster) member and minutes

- 5.2 The Committee will report to:

- The Performance Committee

### **6.0 Quorum**

A quorum exists when there are five members of the Group present

### **7.0 Chairmanship**

7.1 The Chair of the committee will be the Acting Associate Director Business Planning & Service Improvement and in their absence the Marketing and Communications Manager

### **8.0 Conduct of Meetings**

8.1 The agenda will be determined by the Chair and participants in advance.

8.2 Action notes will be taken

8.3 Papers will be sent out 5 working days in advance of the meeting

### **9.0 Review**

The meeting will be reviewed after 6 months.

# Marketing and Communications Plan 2009/2010 and 2010/11

## Appendix 3 – GP List

This list is an example of a moment in time. Will constantly change through the Business Planning and Service Improvement team and will be updated via the business intelligence map, available to Trust clinicians and managers.

First name	Surname	Practice	Practice Manager
Registrar		Annandale Medical Centre	Janet Loynton
Timothy J	MALLON	Annandale Medical Centre	Janet Loynton
Joy L	DAVIES	Annandale Medical Centre	Janet Loynton
Geraint	ALLEN	Annandale Medical Centre	Janet Loynton
Gerald A	COOPE	Bollington Medical Centre	Janet Appleyard
Deborah A	MAXWELL	Bollington Medical Centre	Janet Appleyard
Rachel	CALVER	Bollington Medical Centre	Janet Appleyard
Valerie M	RAMSDEN	Bollington Medical Centre	Janet Appleyard
Thomas M	LOSEL	Bollington Medical Centre	Janet Appleyard
Peter C	WILSON	Bollington Medical Centre	Janet Appleyard
Sharon J	WASSON	Bollington Medical Centre	Janet Appleyard
William P D	FORD-YOUNG	Broken Cross Surgery	Lesley Barrett
Ian T	COLLYER	Broken Cross Surgery	Lesley Barrett
Helen M	HOLDEN	Broken Cross Surgery	Lesley Barrett
Christian	WESSER	Broken Cross Surgery	Lesley Barrett
Sarah K	DUCE	Chelford Surgery	Janice Tilsley
Peter L	MADDEN	Chelford Surgery	Janice Tilsley
Helen J	THOMAS	Chelford Surgery	Janice Tilsley
Catriona	FORRESTER	Chelford Surgery	Janice Tilsley
Mark	Bell	Cumberland House	Carole Gilmore
Jith	Joseph	Cumberland House	Carole Gilmore
Jocelyne	Rostron	Cumberland House	Carole Gilmore
Stewart A	HIGGINS	Cumberland House	Carole Gilmore
James R	USHER	Cumberland House	Carole Gilmore
Jeffrey M	HODGSON	Cumberland House	Carole Gilmore
Elizabeth L	FINCH	Cumberland House	Carole Gilmore
Shelley L	MAUND	Cumberland House	Carole Gilmore
Sharon E	MULLAN	Cumberland House	Carole Gilmore
Sarah J	OLIVER	Cumberland House	Carole Gilmore
Gillian P	MINES	Cumberland House	Carole Gilmore
Elizabeth A	PATERSON	Cumberland House	Carole Gilmore
Stuart D	MERCHANT	George Street Medical Practice	Carol Janion
Douglas J H	MACDONALD	George Street Medical Practice	Carol Janion
Harry E	THOMPSON	George Street Medical Practice	Carol Janion
Helen E	HALL	George Street Medical Practice	Carol Janion
Victoria J	GILMORE	George Street Medical Practice	Carol Janion
Judith P	MCDONALD	Handforth Health Centre	Maureen Bond
Ruth	NEWHOUSE	Handforth Health Centre	Maureen Bond
Eleanor J	PATTERSON	Handforth Health Centre	Maureen Bond
James E	SHIPSTON	Handforth Health Centre	Maureen Bond
James C	MILLIGAN	Handforth Health Centre	Maureen Bond
Anne	LONG	Handforth Health Centre	Maureen Bond
Sarah J	HOLMES	Handforth Health Centre	Maureen Bond
Rosie A	OLDHAM	Handforth Health Centre	Maureen Bond
Wai K	CHUNG	Hawthorn Lane Surgery	Ann Chung
Andrew M	NUTTALL	High Street Surgery	Susan Lea
Patricia M	COCKER	High Street Surgery	Susan Lea
Ingrid M E	KRAMER	High Street Surgery	Susan Lea
Michael D A	CLARK	High Street Surgery	Susan Lea
Stephen R	TATE	Holmes Chapel Health Centre	Jo Roberts
Robert A F	THORBURN	Holmes Chapel Health Centre	Jo Roberts
Paul J	BAILEY	Holmes Chapel Health Centre	Jo Roberts
Clare J	TAYLOR	Holmes Chapel Health Centre	Jo Roberts
Nicola	HULME	Holmes Chapel Health Centre	Jo Roberts
Dinesh	BAILOR	Holmes Chapel Health Centre	Jo Roberts
Julia J	LA COSTE	Holmes Chapel Health Centre	Jo Roberts
V	PASUPULETI	Holmes Chapel Health Centre	Jo Roberts
Julia E	HUDDART	Kenmore Medical Centre	Mike Evans
Leslie R	HENDRY	Kenmore Medical Centre	Mike Evans
Stephen R	MAXWELL	Kenmore Medical Centre	Mike Evans
Gillian	SCOTT	Kenmore Medical Centre	Mike Evans
Jamie D	BUTLER	Kenmore Medical Centre	Mike Evans
Javed Y	SHEIKH	Kenmore Medical Centre	Mike Evans

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Antonia	STIRLING	Kenmore Medical Centre	Mike Evans
Shallini	SUBBU	Kenmore Medical Centre	Mike Evans
Adam C	DUTTON	Lawton House Surgery	Melanie Lyman
Richard G	POTTER	Lawton House Surgery	Melanie Lyman
Caroline M	TAYLOR	Lawton House Surgery	Melanie Lyman
Mary	HESKETH	Lawton House Surgery	Melanie Lyman
David	FRAY	Lawton House Surgery	Melanie Lyman
Katherine E	SAVILE	Lawton House Surgery	Melanie Lyman
Alastair K I	HOLT	Manchester Road Medical Centre	Joan Carpenter
Susan M	REEVES	Manchester Road Medical Centre	Joan Carpenter
Patrick J	KEARNS	Manchester Road Medical Centre	Joan Carpenter
Helen	Westwood	Manchester Road Medical Centre	Joan Carpenter
Louise E	JACKSON	Manchester Road Medical Centre	Joan Carpenter
Miranda A	FARMER	Manchester Road Medical Centre	Joan Carpenter
Hilary	SHALLOW	Manchester Road Medical Centre	Joan Carpenter
John C	COLEY	McIlvrde Medical Practice	Helen Coley
Philip C	WALLACE	McIlvrde Medical Practice	Helen Coley
Andrew M	COLEY	McIlvrde Medical Practice	Helen Coley
Paul	BOWEN	McIlvrde Medical Practice	Helen Coley
Clare M	THOMSON	Meadowside Medical Centre	Beverley Griffiths
Christopher J	STUDDS	Meadowside Medical Centre	Beverley Griffiths
Ian S	HULME	Meadowside Medical Centre	Beverley Griffiths
John BS	BROOKS	Meadowside Medical Centre	Beverley Griffiths
Pamela S	JAMES	Meadowside Medical Centre	Beverley Griffiths
Mary T	LOUGHRAN	Meadowside Medical Centre	Beverley Griffiths
Christopher A	RATCLIFFE	Park Green Surgery	Isobel Chetwood
Kim N	MONAGHAN	Park Green Surgery	Isobel Chetwood
Rosemary T G	VAN ROSS	Park Green Surgery	Isobel Chetwood
David R	MORRIS	Park Green Surgery	Isobel Chetwood
Ruth H	KENNY	Park Green Surgery	Isobel Chetwood
Graham M	DUCE	Park Green Surgery	Isobel Chetwood
Alexander C	WHALEY	Park Green Surgery	Isobel Chetwood
Catherine A	HOLDEN	Park Green Surgery	Isobel Chetwood
Joanne E	LEIGH	Park Green Surgery	Isobel Chetwood
Robert C F	HEYWORTH	Park Lane House Medical Centre	Chris Campbell-Kelly
Valerie A	PICKLES	Park Lane House Medical Centre	Chris Campbell-Kelly
John B	CARTER	Park Lane House Medical Centre	Chris Campbell-Kelly
Louise J	HASTINGS	Park Lane House Medical Centre	Chris Campbell-Kelly
Helen	MACLEOD	Park Lane House Medical Centre	Chris Campbell-Kelly
Alison E	MCKINLAY	Park Lane House Medical Centre	Chris Campbell-Kelly
William E	HELLIWELL	Priorslegh Medical Practice	Julia Oldham
Clare H	STANLEY	Priorslegh Medical Practice	Julia Oldham
Sylvia E	GLASS	Priorslegh Medical Practice	Julia Oldham
Janet	AYRES	Priorslegh Medical Practice	Julia Oldham
David	WARD	Priorslegh Medical Practice	Julia Oldham
John P	BURNETT	Priorslegh Medical Practice	Julia Oldham
Abigail R	GOODGER	Priorslegh Medical Practice	Julia Oldham
Timothy H	BAKER	Readesmoor Group Practice	Nia George
Peter J	RIGBY	Readesmoor Group Practice	Nia George
Elizabeth A	CARTER	Readesmoor Group Practice	Nia George
Stuart A	THOMAS	Readesmoor Group Practice	Nia George
Sarah	RABIE	Readesmoor Group Practice	Nia George
Corinna M	BROOKES	Readesmoor Group Practice	Nia George
Lorna K R	SMITH	South Park Surgery	Mavis Halligan
Gillian D	PLANT	South Park Surgery	Mavis Halligan
David K	CRAGG	South Park Surgery	Mavis Halligan
Annopam	MOAR	South Park Surgery	Mavis Halligan
Heidi	WORTHINGTON	South Park Surgery	Mavis Halligan
Joanne M	GREGORY	South Park Surgery	Mavis Halligan
Karen E	HUNTER	South Park Surgery	Mavis Halligan
Gillian E	BERGER	South Park Surgery	Mavis Halligan
Charlotte	HENDERSON	South Park Surgery	Mavis Halligan
Mary A	BAINBRIDGE	The Schoolhouse Surgery	Juill Hampson
Wayne O	MAXWELL	The Schoolhouse Surgery	Juill Hampson
Andrew R	MAURICE	The Schoolhouse Surgery	Juill Hampson
David K	ARTHUR	Toft Road Surgery	Margaret Thornborrow
Lesley A	BAYLISS	Toft Road Surgery	Margaret Thornborrow
Robert J	STEPHENSON	Toft Road Surgery	Margaret Thornborrow
Jennifer A	LAWN	Toft Road Surgery	Margaret Thornborrow
Elsbeth A	GILES	Toft Road Surgery	Margaret Thornborrow
Kathleen M T	CASE	Wilmslow Health Centre	Liz Robinson
Mark	BRENNAN	Wilmslow Health Centre	Liz Robinson
Amar R	AHMED	Wilmslow Health Centre	Liz Robinson
Margaret A	HACK	Wilmslow Health Centre	Liz Robinson
Robert T	BAXTER	Ashfields Primary Care Centre	Practice Manager

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Peter J	BROADBENT	Ashfields Primary Care Centre	Practice Manager
Charles A	ROBERTS	Ashfields Primary Care Centre	Practice Manager
Michael J	TATE	Ashfields Primary Care Centre	Practice Manager
David L	BAKER	Ashfields Primary Care Centre	Practice Manager
Neil R	PAUL	Ashfields Primary Care Centre	Practice Manager
Rachel S	BROOME	Ashfields Primary Care Centre	Practice Manager
Elizabeth J	CUTTELL	Ashfields Primary Care Centre	Practice Manager
Amanda K	ROSSON	Ashfields Primary Care Centre	Practice Manager
Andrew K	WILSON	Ashfields Primary Care Centre	Practice Manager
Sally E	WHITTAKER	Ashfields Primary Care Centre	Practice Manager
Katherine C V	HADRILL	Brookland House Surgery	Kathryn Jones
David G	SMITH	Brookland House Surgery	Kathryn Jones
John M	DIXON	Brookland House Surgery	Kathryn Jones
Patricia A	HUNTER	Brookland House Surgery	Kathryn Jones
Sanjiv	SHRIDHAR	Brookland House Surgery	Kathryn Jones
Carole A	WATSON	Brookland House Surgery	Kathryn Jones
Harold S	DOBSON	Brookland House Surgery	Kathryn Jones
Fiona	MCGLYNN	Brookland House Surgery	Kathryn Jones
Leigh A	NORRIS	Brookland House Surgery	Kathryn Jones
Sayed H	SEYEDIN	Brookland House Surgery	Kathryn Jones
Loreto A	DRAKE	Cedar's Medical Centre	Pat Barber
Stephen E	KING	Cedar's Medical Centre	Pat Barber
Abd E R A R	EL-TAJI	Cedar's Medical Centre	Pat Barber
Philip M	GOODWIN	Cedar's Medical Centre	Pat Barber
Gillian M	SCRAGG	Cedar's Medical Centre	Pat Barber
Christopher J	BARRATT	Danebridge Medical Centre	Kathryn Cook
William J	FORSYTH	Danebridge Medical Centre	Kathryn Cook
Adrian M	ROSSALL	Danebridge Medical Centre	Kathryn Cook
Fiona A	MCGREGOR-SMITH	Danebridge Medical Centre	Kathryn Cook
Alan S	ADAMS	Danebridge Medical Centre	Kathryn Cook
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David A	PERRY	Danebridge Medical Centre	Kathryn Cook
Michael S	MULLIN	Danebridge Medical Centre	Kathryn Cook
Nigel J	MATTHEWS	Danebridge Medical Centre	Kathryn Cook
Rajeev M	ACQUILLA	Danebridge Medical Centre	Kathryn Cook
Pamela A	CAWTHRAY	Danebridge Medical Centre	Kathryn Cook
Beth A	HANSON	Danebridge Medical Centre	Kathryn Cook
Jennie S	HERD	Danebridge Medical Centre	Kathryn Cook
Fiona	DURNIAN	Danebridge Medical Centre	Kathryn Cook
Sita E	JEEVA	Danebridge Medical Centre	Kathryn Cook
Andrew L	RAEBURN	Earnswood Medical Centre	Andy Potter
Peter A	BOOTH	Earnswood Medical Centre	Andy Potter
Richard J	CALDERHEAD	Earnswood Medical Centre	Andy Potter
Austin G	DOHERTY	Earnswood Medical Centre	Andy Potter
Christiane D	BUNTE	Earnswood Medical Centre	Andy Potter
Graeme T R	SPENCER	Earnswood Medical Centre	Andy Potter
Karen	Glenton	Earnswood Medical Centre	Andy Potter
Meenee	KHANNA	Earnswood Medical Centre	Andy Potter
John M	TORRANCE	Firdale Medical Centre	Debbie Taylor
Susan J	BROWN	Firdale Medical Centre	Debbie Taylor
Alan S	NORMAN	Firdale Medical Centre	Debbie Taylor
Debra	CORBETT	Firdale Medical Centre	Debbie Taylor
David P H	WILLIAMSON	Grosvenor Medical Centre	Lesley Meade
Andrew L	SPOONER	Grosvenor Medical Centre	Lesley Meade
Jonathan M	WATSON	Grosvenor Medical Centre	Lesley Meade
Andrea	PIGGOTT	Grosvenor Medical Centre	Lesley Meade
James G	COOPER	Grosvenor Medical Centre	Lesley Meade
Nicola D	SIMPKIN	Grosvenor Medical Centre	Lesley Meade
Christopher J H	FISHER	Grosvenor Medical Centre	Lesley Meade
Paul A	UGLOW	Grosvenor Medical Centre	Lesley Meade
Andrew J	DOYLE	Grosvenor Medical Centre	Lesley Meade
Kasaravalli	NATARAJ	Grosvenor Medical Centre	Lesley Meade
Jane	FAIREY	Grosvenor Medical Centre	Lesley Meade
David H	HANDS	Haslington Surgery	Lorraine Brookshaw
Thomas W	SMIRK	Haslington Surgery	Lorraine Brookshaw
Nicholas A	KING	Haslington Surgery	Lorraine Brookshaw
Elizabeth	FINDLAY-DOMES	Haslington Surgery	Lorraine Brookshaw
Ranadhir	TALUKDER	High Street Medical Practice	Tina Birkby
Peter	LARMOUR	High Street Medical Practice	Tina Birkby
Jean E	JENKINS	High Street Medical Practice	Tina Birkby
John H	KNAPMAN	Kiltearn Medical Centre	Diane Price
Marie	MCKAVANAGH	Kiltearn Medical Centre	Diane Price
Peter J	FLATTERY	Kiltearn Medical Centre	Diane Price
Jane L	HOWELL	Kiltearn Medical Centre	Diane Price
Annabel A M	LONDON	Kiltearn Medical Centre	Diane Price

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Carolyn A	PAUL	Kiltearn Medical Centre	Diane Price
Katherine F C	HUTCHINSON	Kiltearn Medical Centre	Diane Price
Julie	ANGUS	Kiltearn Medical Centre	Diane Price
Nigel P	RICKARDS	Merepark Medical Centre	Renu Chaudhury
Andrew D	WILLIAMSON	Merepark Medical Centre	Renu Chaudhury
Catherine A	DANIELS	Merepark Medical Centre	Renu Chaudhury
Helen M	CORCORAN	Merepark Medical Centre	Renu Chaudhury
Fiona K	KILBY	Middlewich Road Surgery	Julia Slater
Maher	ALASADI	Middlewich Road Surgery	Julia Slater
Aiden P	O'CONNOR	Middlewich Road Surgery	Julia Slater
Charlotte E	JONES	Middlewich Road Surgery	Julia Slater
Vijay	ANTHWAL	Middlewich Road Surgery	Julia Slater
Michael R	FREEMAN	Milcroft Medical Centre	Gill Buschenfeld
Mark	LAWRENCE	Milcroft Medical Centre	Gill Buschenfeld
Rayan	HAMDY	Milcroft Medical Centre	Gill Buschenfeld
Jennifer A	FLOWER	Milcroft Medical Centre	Gill Buschenfeld
David A	SHACKLETON	Milcroft Medical Centre	Gill Buschenfeld
Karen M	WAIN	Milcroft Medical Centre	Gill Buschenfeld
Josephine	BUTCHER	Nantwich Health Centre	Elizabeth Tipping
Lalit	GURNANI	Nantwich Health Centre	Elizabeth Tipping
Martin R	CLIFTON	Oaklands	Lorraine Carter
Deborah L	FORD	Oaklands	Lorraine Carter
John A	CROFTS	Oaklands	Lorraine Carter
Piers D	LONGHORN	Oaklands	Lorraine Carter
Teresa J	JOHNSON	Oaklands	Lorraine Carter
Robert O	CHAPMAN	Oakwood Medical Centre	Ann Stringer
Jane	PARKER	Oakwood Medical Centre	Ann Stringer
Rachel A	HARDING	Oakwood Medical Centre	Ann Stringer
Teresa I	STREFFORD	Oakwood Medical Centre	Ann Stringer
Nigel K	LUTY	Oakwood Medical Centre	Ann Stringer
Garry V	BARTLETT	Riverside Medical Practice	Gill Forster
Robert J	HUGHES	Riverside Medical Practice	Gill Forster
James A	PATTERSON	Scholar Green Surgery	Heather Grocott
Elizabeth R	REYNOLDS	Scholar Green Surgery	Heather Grocott
John	CHESWORTH	Scholar Green Surgery	Heather Grocott
Sarah L	BENNETT	Scholar Green Surgery	Heather Grocott
Ihsan-Ul	WADOOD	Swanlow Medical Centre	Angela Roberts
Abhay	KRISHNA	Swanlow Medical Centre	Angela Roberts
Vidyanand	PRASAD	Swanlow Medical Centre	Angela Roberts
Achla	DAMANIA	Swanlow Medical Centre	Angela Roberts
Mohammed	SHUAIB	Swanlow Medical Centre	Angela Roberts
Susan	KEMSLEY	Swanlow Medical Centre	Angela Roberts
Jonathan J	GRIFFITHS	Swanlow Medical Centre	Angela Roberts
Peter G	CURBISHLEY	The Acorns Surgery	Paula Costello
Jerome J A	CONRAD	The Acorns Surgery	Paula Costello
Joan T	HAMMERSLEY	The Acorns Surgery	Paula Costello
Nikola S	BYWATER	The Acorns Surgery	Paula Costello
Graham C	ARMSTRONG	The Health Centre	Christina Buckley
Gerard	O'SULLIVAN	The Health Centre	Christina Buckley
Momtaz B	MATIN	The Health Centre	Christina Buckley
Mark	MITCHYN	The Health Centre	Christina Buckley
Henry	PAUL	The Health Centre	Christina Buckley
John C	HOWARD	The Hungerford Medical Practice	Philip Greasby
Gregory P S	HARDY	The Hungerford Medical Practice	Philip Greasby
Gemma L	BEEGAN	The Hungerford Medical Practice	Philip Greasby
Andrew B	HUDSON	The Hungerford Medical Practice	Philip Greasby
Sara R	HUGHES	The Hungerford Medical Practice	Philip Greasby
Neil R	THOMAS	The Surgery	Beryl Lyons
Selva	RASIAH	The Surgery	Beryl Lyons
Andrew B	INNES	Tudor Surgery	Debbie Howarth
Keith D S	MALONE	Tudor Surgery	Debbie Howarth
Andrew	BRETTELL	Watling Medical Practice	Mandy Wright
Elizabeth J	BILL	Watling Medical Practice	Mandy Wright
Catriona M	ROBERTSON	Watling Medical Practice	Mandy Wright
Declan P	KELLY	Weaver Vale Surgery	Val Andrews
Michael P M	FALLON	Weaver Vale Surgery	Val Andrews
Jeremy R D	BEVAN	Weaver Vale Surgery	Val Andrews
Sally J	BEVAN	Weaver Vale Surgery	Val Andrews
Robert A	ROYLE	Weaverham Surgery	Frieda O'Connor
Martin B	LLEWELLYN	Weaverham Surgery	Frieda O'Connor
Nadine L	DIXON	Weaverham Surgery	Frieda O'Connor
Simon P	HALPIN	Weaverham Surgery	Frieda O'Connor
Peter	SEFTON-FIDDIAN	Willow Wood Surgery	Geraldine Croft
Judith A	PRICE	Willow Wood Surgery	Geraldine Croft
John C	KERSLAKE	Willow Wood Surgery	Geraldine Croft



# Marketing and Communications Plan 2009/2010 and 2010/11

Pauline	ROYLANCE	Willow Wood Surgery	Geraldine Croft
Richard J	MURPHY	Witton Street Surgery	Ann Jacks
Graham J	SAUNDERS	Witton Street Surgery	Ann Jacks
Jenneth M	PATRICK	Witton Street Surgery	Ann Jacks
Katharine M	FALLON	Witton Street Surgery	Ann Jacks
Nichola	BISHOP	Witton Street Surgery	Ann Jacks
NURSES			
Sharon	MCKENZIE	Bollington Medical Centre	Janet Appleyard
Sue	WELSH	Bollington Medical Centre	Janet Appleyard
Helen	STEAD	Broken Cross Surgery	Lesley Barrett
Anne	LONG	Handforth Health Centre	Maureen Bond
Sue	RYDER	High Street Surgery	Susan Lea
Maureen	BRIEN	Holmes Chapel Health Centre	Jo Roberts
Janet	Matthews	Lawton House Surgery	Melanie Lyman
Jane	Stanyer	Lawton House Surgery	Melanie Lyman
Beverley	Johnson	Lawton House Surgery	Melanie Lyman
Caroline	COBBETT	McIlvrde Medical Practice	Helen Coley
Dorothy	FISHER	Meadowside Medical Centre	Beverley Griffiths
Sue	DUNCAN	Wilmslow Health Centre	Liz Robinson
Anita	ROWLAND	Firdale Medical Centre	Debbie Taylor
Denise	Leigh	Haslington Surgery	Lorraine Brookshaw
Colette	McDermott	Haslington Surgery	Lorraine Brookshaw
Michelle	Johnson	Haslington Surgery	Lorraine Brookshaw
Maggie	Russell	Middlewich Road Surgery	Julia Slater
Nicola	Keenan	Middlewich Road Surgery	Julia Slater
Anne	DAVENPORT	Weaverham Surgery	Frieda O'Connor
Helen	BOWEN	Weaverham Surgery	Frieda O'Connor
Nina	O'Connor	The Hungerford Medical Practice	Emma Ashley
Debbie	Pardoe	Middlewich Road Surgery	Julia Slater
Fiona	COOKE	South Park Surgery	Mavis Halligan
Penny	SMITH	South Park Surgery	Mavis Halligan
Afi	TORK	South Park Surgery	Mavis Halligan
Suzanne	TALBOT	Scholar Green Surgery	Heather Grocott
Teresa	RUSHTON	Kiltearn Medical Centre	Diane Price
Maureen	MURPHY	The Schoolhouse Surgery	Juill Hampson
Kathy	SLATER	Readesmoor Group Practice	Nia George
Mary	TAYLOR	Manchester Road Medical Centre	Joan Carpenter
		South Park Surgery	Mavis Halligan
		South Park Surgery	Mavis Halligan
		South Park Surgery	Mavis Halligan
		South Park Surgery	Mavis Halligan
		South Park Surgery	Mavis Halligan
	HCA	South Park Surgery	Mavis Halligan
COMMUNITY MATRONS			
Stephanie	HAMBLETON	Cumberland House	Carole Gilmore
Caroline	WALKER	Waters Green	
Karen	SCOTT	Toft Road Surgery	Margaret Thornborrow
Cath	LILLEY		
Lesley	BOWDEN	South Park Surgery	Mavis Halligan



## **Appendix 4 – Marketing Group Work streams**

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## Marketing and Communications Plan 2009/2010 and 2010/11

Work Stream	Action	Assumed Impact	Progress	Progress Status	Lead	Achieve qtr end
<b>Brand / Image &amp; Web based communications</b>	- Development and implementation of <b>brand colours and corporate style</b>	- Clear message to commissioners / public and staff	- Brand style agreed. - M&M working on new corporate look / signage	In Progress	FD	Quarter 2 August / Sept 09
	- Update <b>hospital notice boards</b> to reflect brand image and corporate objectives. - Allocate notice board to each business unit	- Clear message to commissioners / public and staff	- All Trust notice board locations logged – SF to work with FD	In Progress	FD	Quarter 2
	- Raise and maintain <b>staff awareness of brand / image</b> .	- Clear message to GPs, commissioners / public and staff		Pending		Quarter 3
	- <b>Redesign Trust Website</b> . Complete overhaul	- Clear brand / Communication message to GPs, commissioners / public and staff to inform and become The Hospital of Choice	- Identified band 4 resource to update website. Job Spec and Rec 1 written and awaiting job matching. - FOC Consultation has taken place to identify risks and project plan required to brief agency on web design and content and the platform / hosting area of such. Due to present at EMT by end July in order to agree the budget proposal to take to production stage. - Members to inform FD of examples of good existing websites. - Require Marketing group to act as Internet / Web project group on rolling agenda item to inform of progress and ensure full integration of any areas of concern within all Trust areas are fed back centrally. - Require web site lead from each CBU to feed into Communications team. - Web-based communication plan to go to CMB 21st Sept. - Members to bring 'wish list' of what they would like to see on the website.	In Progress	FD	Quarter 2 / 3 EMT July 09  Production Stage August 09  Launch September 09
	- <b>New platform and Intranet design</b>	- Clear, informed and regularly updated staff communication channel	- Identified new and preferred platform with ICT services. Need to now review and organise implementation dates. - Agreed allocation from IM&T capital budget to update software. Exact source to be identified and use of capital funding for this project.	Pending	FD	Quarter 2
	- <b>Social networking sites</b>		- Discussed at Associate Directors' meeting 3rd August - agreed social networking sites should be blocked at work.	Closed	FD	

## Marketing and Communications Plan 2009/2010 and 2010/11

Work Stream	Action	Assumed Impact	Progress	Progress Status	Lead	Achieve qtr end
<b>Business Intelligence</b>	- Develop <b>business intelligence map</b> to include - GP practice details, horizon scanning (eg. commissioner and provider business intentions). - Patient feedback. - Word of mouth intelligence	- Visual representation of information about the marketplace to inform specialty business planning and marketing campaigns.	- GP database established. - 0.50 WTE band 5 resource in business planning wef 1 June 09 - Prototype map designed and received positive feedback when demonstrated to Marketing Group meeting 30 July 09 - Work ongoing to populate map before launching. - Shared information management system across the Cheshire health economy is currently being developed. MW will present to the group once demonstration is available.	In Progress	EA	Quarter 3
	- To identify and monitor a set of <b>business intelligence performance measurables</b> and early warning system. - (e.g. Dr Foster).	- To identify marketing opportunities or where intervention is needed to ensure service sustainability. - Monitor effectiveness of marketing activity. - Identify where the Trust is performing better or worse than competitors.	- Information and business planning staff trained in using Dr Foster tool. Meeting scheduled 14 Sep 09.	In Progress	EA	Quarter 3
	- To implement <b>service line reporting</b> to understand services with a positive contribution to overheads	- To inform service expansion strategies	- pilot specialities identified. Pilot reporting 17 July. Full roll out October 09	In Progress	JT	Quarter 3
<b>Internal Communications (staff, volunteers, sub-contractors)</b>	- Need to identify key staff and stakeholder messages to inform plan. - Communicate to staff applying a range of marketing tools. - Need to ensure organisational development (OD) year 2 plan runs in parallel with the M&C plan.	- Enhanced staff engagement and ownership of organisational goals and vision. - Joined up and coherent communication approach	- Identified a range of existing and new marketing tools to include screen savers, wage slips and canteen trays. - Business planning team working with HR on the OD Plan - Bronwyn Barrow co-opted as HR representative on Marketing Group.	In Progress	FD	Quarter 3
	- Develop <b>corporate campaign to create a culture of improvement</b> eg. "Making a Difference @... "	- Improved staff engagement - Enhanced reputation	- Developing concept, positive feedback received when presented at Marketing Group meeting.	In Progress		Quarter 2
<b>Organisational profile</b>	- Ensure senior clinician/management representation on SHA/regional committees	- Increased visibility and enhanced organisational profile				
	- To put forward services for awards/promote achievements	- More effective promotion of achievements / good practice. - Enhanced reputation	- Library have undertaken research on potential awards - need CBU/corporate dept input	In Progress		

# Marketing and Communications Plan 2009/2010 and 2010/11

Work Stream	Action	Assumed Impact	Progress	Progress Status	Lead	Achieve qtr end
Patient & Public Involvement	<b>Health Matters</b> – continue rolling programme of lectures. - Key messages (e.g. Integrated Care organisation, Blue Zone, NHS Constitution) announced at the introduction. - Lectures to be held at venues outside Macclesfield.	- Engagement of the public. - Promotion of services, achievements and good practice. - A forum for getting other messages across (e.g. Blue Zone)	- Rolling programme currently established and well attended by members of the public.	In Progress	FD/ LB	Ongoing
	<b>Public facing websites</b> – use as marketing tool. - Maintain quick response rate to comments. - Make use of opportunities to promote recent achievements or changes we have made to benefit patients. - Enhance promotion / awareness of “Patient Opinion” amongst patients and visitors. - Ensure comments posted on the website are acted upon where possible.	- Clear message to patients and public. - Demonstrates that we are responding to and acting upon patients' views. - Promotion of services, achievements and good practice.	- Currently maintaining timely and appropriate responses to comments. - LB attending networking event to help with awareness. - Information on Patient Opinion now made available in Breast Screening van.	In Progress RESOURCE ISSUE IN PPI TEAM	FD/ LB	Ongoing
	<b>Continue patient feedback programme.</b> - Ensure all diverse groups are included, with particular attention to hard to reach groups. - Ensure positive results of surveys and focus groups are well publicised (website, posters, press releases). - Ensure that where the Trust has taken positive action to address issues raised by patient feedback, this is publicised. - Publicise outcome of landsale consultation.	- Clear message to patients and public. - Demonstrates that we are responding to and acting upon patients' views. - Promotion of services, achievements and good practice.	- Rolling patient feedback programme established. - A group has been set up to look at the local survey programme and identify how surveys can be better targeted. - Monthly email is sent to equality organisations giving update on patient feedback. - Visits to Mental Health Forum and Parkinson's Group.	In Progress	LB	National Outpatient Survey May 2009
	- In the case of a significant proposal or change (such as Integrated Care Organisation, Blue Zone sale, NHS Constitution, ) a <b>full public consultation</b> is undertaken. - Ensure hard to reach groups are targeted. - Ensure consultation is well publicised with opportunity for all stakeholders to attend (regardless of working hours, disability etc). - Ensure senior staff are visible and approachable.	- Clear message to patients and public. - Improved communication and engagement with patients and public - Demonstrates that we are responding to and acting upon patients' views. - Promotion of services, achievements and good practice.	- Public consultation for the changes to the land sale proposal now closed - respondents generally supportive, any issues raised have been addressed and plans revised accordingly. - Next consultation due on Integrated Care Organisation (date TBC)	In Progress	FD/ LB	Ongoing
	- Raising profile of <b>Equality &amp; Human Rights (E&amp;HR)</b> activity at the Trust. - Tie in events / actions with key national dates (e.g. Mental Health week).	- Clear message to patients and public that the Trust places a high priority on E&HR. - Improved communication and engagement with patients, public and staff	- Inclusion within Trust branding (e.g. disability awareness logo on all Trust documents). - Comprehensive information on Trust website. - Monthly email is sent to equality organisations giving update on PPI progress / issues. - Dignity & Rights action plan drafted with actions for each equality group.	In Progress	LB	Ongoing
Fiona Doorey, Marketing and Communications Manager		14/09/09	- Promotion of Interpreting and Translation Service internally. - Bid submitted to 5 Boroughs for support / training (30,000 per year for 2 years)			

## Marketing and Communications Plan 2009/2010 and 2010/11

Work Stream	Action	Assumed Impact	Progress	Progress Status	Lead	Achieve qtr end
<b>Marketing campaigns</b>	- <b>Agree and prioritise campaigns</b>	- To ensure focus is on the most appropriate campaigns in terms of urgency and potential impact.	- Marketing agenda item 30 July	In Progress	FD	Quarter 2
	- <b>General Surgery</b> - ongoing delivery of marketing campaign including GP visits, shared educational events and patient diaries	- Increased level of GP referrals consistent with current capacity	- Qtr 4 08/09 and Qtr 1 09/10 = 848 GP referrals the highest for 2 years. June 09 highest volume of GP referrals for 30 months	In Progress	EA/ SBU	Ongoing
	- To <b>undertake specific campaigns</b> (eg. general surgery, blue zone, Integrated Care Organisation, NHS Constitution) that reflect Board or CBU priorities *this list is not exhaustive.	- To ensure marketing campaigns are targeted appropriately	- CBU identifying priorities including future items for GP newsletter. - 38 campaigns identified for 2009/10 – to be reviewed and prioritised	In Progress	EA/ FD	Quarter 2
	- Undertake <b>Social marketing campaign</b> in conjunction with DoH key messages/world class commissioning	- Contribution to achieving targets (e.g. reduction in smoking during pregnancy). - Contribution to overall health of the population.	-No Smoking campaign identified as priority. Campaign to start internally then to go external.	Pending	FD	
	- <b>NHS Constitution</b>	- This will be subject to CQC auditing and performance monitoring by Jan 2010 and therefore needs a specific marketing Campaign	- Marketing Plans and progress papers to go to July Board in order to roll out Trust wide	In Progress	FD	Quarter 2 August

### Key to Leads:

FD Fiona Doorey  
EA Elaine Adam  
TG Tammy Griffiths  
CS Carol Seddon

CBU Clinical Business unit  
JT James Thomson  
LB Lyn Bailey  
SBU Surgical Business Unit

# Marketing and Communications Plan 2009/2010 and 2010/11

## Appendix 5 - Marketing Intelligence

Public facing	Dr Foster Intelligence System	In-house
This information is available on websites for members of the public to view. Can be used to compare our trusts with neighbouring peers.	This information can be used to compare our Trust with other acute trusts in England. This information cannot be accessed by members of the public.	This information is produced in house and only contains data about East Cheshire NHS Trust.
<b>Data age – 6 months to 1 year</b>	<b>Data age – 3 – 4 months</b>	<b>Date age – 1 month</b>
<p>NHS Choices</p> <ul style="list-style-type: none"> <li>▪ Patient comments</li> <li>▪ % patients recommend the trust</li> <li>▪ Patient ratings - cleanliness</li> <li>▪ Patient ratings - doctors &amp; nurses working together</li> <li>▪ Patient ratings - respect &amp; dignity</li> <li>▪ Patient ratings - involved in decisions about their care</li> </ul> <p>Dr Foster (<a href="http://www.drfoosterhealth.co.uk">www.drfoosterhealth.co.uk</a>)</p> <ul style="list-style-type: none"> <li>▪ Waiting times per procedure</li> <li>▪ Probability of needing overnight stay per procedure</li> <li>▪ MRSA (whole Trust)</li> <li>▪ C-Diff (whole trust)</li> <li>▪ Mortality rates per procedure</li> </ul>	<p>Dr Foster</p> <p>(data can be broken down by specialty, procedure, HRG)</p> <p>Outpatients</p> <ul style="list-style-type: none"> <li>▪ First / follow-up ratio</li> <li>▪ DNA rates</li> <li>▪ Waiting times (days)</li> </ul> <p>Inpatient</p> <ul style="list-style-type: none"> <li>▪ Day case rates</li> <li>▪ Re-admission rates</li> <li>▪ Length of stay</li> <li>▪ Excess Bed Days</li> </ul>	<p>Referral Oracle</p> <ul style="list-style-type: none"> <li>▪ Referrals over time</li> </ul> <p>Outpatient Oracle</p> <ul style="list-style-type: none"> <li>▪ Appointments</li> <li>▪ First / follow-up ration</li> <li>▪ DNAs</li> </ul> <p>Waiting times</p> <ul style="list-style-type: none"> <li>▪ % 18 weeks</li> <li>▪ Waiting lists</li> <li>▪ A&amp;E 4 hour target</li> </ul>

## Marketing and Communications Plan 2009/2010 and 2010/11

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<p>Healthcare Commission / Care Quality Commission</p> <ul style="list-style-type: none"> <li>▪ Annual Health check results</li> <li>▪ National Patient Surveys</li> </ul> <p>Better Care Better Value</p> <ul style="list-style-type: none"> <li>▪ Length of Stay</li> <li>▪ Readmission rates</li> <li>▪ Day case rates</li> <li>▪ Outpatient DNA rates</li> <li>▪ Outpatient first / follow-up ratio</li> <li>▪ Pre-operative bed days</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre / post operative bed days</li> <li>▪ Waiting times (days)</li> </ul> <p>Referrals</p> <ul style="list-style-type: none"> <li>▪ % market share</li> <li>▪ Competitors</li> <li>▪ Where are PCTs / practices referring to?</li> <li>▪ Impact of increased market share on demand and income.</li> </ul>	<p>Infection control</p> <ul style="list-style-type: none"> <li>▪ MRSA</li> <li>▪ C-Diff</li> </ul>
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### **Appendix 6 – The NHS Constitution**

**Meeting Name: Trust Board Part 1**

**Date: 30<sup>th</sup> July 2009**

<b>Report of</b>	Director of HR and Workforce
<b>Paper prepared by</b>	Fiona Doorey, Marketing and Communications Manager
<b>Subject/Title</b>	The NHS Constitution
<b>Background papers (if relevant)</b>	Appendix 1: The NHS Constitution marketing document as delivered to Trust Board Development in April 2009  Appendix 2: The NHS Constitution for England 21 <sup>st</sup> January 2009  Appendix 3: The NHS Constitution –CMB – 15 <sup>th</sup> June 2009
<b>Purpose of Paper</b>	<ul style="list-style-type: none"><li>• To advise members of the Board of the progress to date on the development of a marketing and communications plan to deliver the messages of the NHS Constitution</li><li>• To raise the understanding internally of the NHS Constitution, its values and importance in the delivery of NHS Services to patients.</li><li>• To raise awareness externally of the importance the Trust puts on the NHS Constitution and the commitment of such to patients</li></ul>

## Marketing and Communications Plan 2009/2010 and 2010/11

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<b>Action/Decision required</b>	For comments and to agree that the proposed communications plan is now to be actioned
<b>Links to:</b> <ul style="list-style-type: none"><li>➤ NHS strategies and policy</li><li>➤</li></ul>	
<b>Link to:</b> <ul style="list-style-type: none"><li>➤ Trust's Strategic Direction</li><li>➤ Corporate Objectives</li><li>➤ Healthcare Standards</li></ul>	The Trust Strategic Direction with Year 2 Organisational Development
<b>Resource impact</b>	
<b>You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.</b>	

### The NHS Constitution

#### 1.Purpose of the report

1.1 To advise the Trust Board of the progress to date on the development of a marketing and communications plan to deliver the messages of The NHS Constitution.

1.2 To raise the understanding internally of the NHS Constitution, its values and its expected status in the role of patient care.

1.3 To raise awareness externally of the importance the Trust levies on the NHS Constitution and the commitment of such to patients

## **2.Objective of the report**

- 2.1 To advise the Trust Board of further developments following consultation with the Clinical Management Board, Patient and Public Involvement department and Organisational Development team and to then agree the next stages of the implementation of the Marketing and Communications Plan outlined in the recommendations below.

## **3.Background**

### **3.1 Summary of the NHS Constitution**

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services will be required by law to take account of this Constitution in their decisions and actions.

3.1.1The Constitution will be renewed every 10 years, with the involvement of the public, patients and staff. It will be accompanied by the Handbook to the NHS Constitution, to be renewed at least every three years, setting out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements for renewal will be made legally binding. They will guarantee that the principles and values which underpin the NHS are subject to regular review and recommitment; and that any government which seeks to alter the principles or values of the NHS, or the rights, pledges, duties and responsibilities set out in this Constitution, will have to engage in a full and transparent debate with the public, patients and staff.

### **3.2 Summary of The NHS Constitution Board Development Presentation**

The NHS Constitution was delivered initially to staff through the Start The Year Conference making a selection of staff aware of the existence of the NHS Constitution; the ideas behind it and making them consider what it could mean at a local level. The NHS Constitution now needs to filter through the organisation in terms of what it means, to whom and how it can be used in working life.

This also then needs to filter out externally. This presentation outlined initial thoughts around the tools available to deliver this to the staff and customers of East Cheshire NHS Trust.

## Marketing and Communications Plan 2009/2010 and 2010/11

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3.3 It is expected that parliament will pass the NHS Constitution sometime between September 2009 and January 2010. It is only from this date that NHS organisations will be under legal obligation to give the principles of the NHS Constitution due regard.

3.3.1 The Strategic Health Authority (SHA) have recently stated that they will commence a 'state of readiness' programme of communications in the immediate future and it is expected a co-ordinated approach to the implementation of the NHS Constitution communications plan will be directed by the SHA once its legal status is confirmed.

3.3.2 The Department of Health have issued a short film to introduce staff to The NHS Constitution and a tool kit of marketing material to support the engagement of staff in the first instance. This toolkit will be used as standard across all communications.

3.3.3 It is expected that the Care Quality Commission will assess how they are to build the NHS Constitution into the NHS performance framework and how Trusts will be assessed from 2010/11

3.3.4 As part of the ongoing agenda for the North West Communications Forum, attended by the Marketing and Communications Manager, there will be a direct and regular link into the Primary Care Trust (PCT) as an ongoing agenda item to understand approaches group wide.

3.3.5 As a result of the above, the attached recommendations are compiled through internal ideas and recommendations from the recent Board Development presentation and the presentation of the paper made to Clinical Management Board in June 2009.

3.3.6 There are gaps in the report specifically around the areas of measurements of success which need to be identified as part of the ongoing project. The result of the recommended activity below, specifically that of the Interim PPI Group will ensure that the Trust have a benchmark from which to assess Key Performance Indicators (KPI's) for Trust personnel. Along side the work of the Organisational Development Plan, The NHS Constitution pledges can then be turned into a set of attitudes and behaviours on which staff can be appraised. This report effectively 'starts the ball rolling' as to how we, as a Trust adopt the ideas and principles and embed them into all we do.

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## **4.Developments and Recommendations**

- 4.1 The NHS Constitution forms a set of principles, through which East Cheshire NHS Trust should aim to deliver its core Objectives for 2009 /10. These principles can be attributed to all communications both internally and externally through the Trust and in time may become the 'norm' in all marketing and communications and through staff engagement in all activities.
- 4.2 In the first instance however the Trust need to establish the 'norm' and provide education and guidance on how this should be embedded into the delivery of care.
- 4.3 In order to do this a marketing and communications campaign needs to be agreed to complete above parts 1. 2 and 1.3 and raise awareness both internally and externally of the benefits that the NHS Constitution can deliver.
- 4.4 The NHS Constitution in its current form is a large document. This needs reducing to a summary document of what the NHS Constitution core values, principles and lessons are. Specific consideration needs to be given to the values within this report that deliver something new to care providers.
- 4.5 This in turn should then be communicated to existing staff through available existing marketing channels such as: Team Brief, Good Health, Intranet and Email letter from the Chief Executive asking staff to make themselves aware of the content.
- 4.6 The NHS Constitution is now delivered ( effective as at June 2009) through the Trust Induction programme preceding Statutory and Mandatory Training
- 4.7 The NHS Constitution has a specific chapter in the Trust Staff Handbook which is currently being updated and will be written and rolled out in August 2009 to all new starters and existing staff.
- 4.8 The rights and responsibilities of Trust staff via the NHS Constitution will now be embedded into the Year 2 Organisational Development plan concerning culture change.
- 4.9 The Interim PPI group are undertaking a study, based on the pledges outlined in the NHS Constitution to provide a starting point for the communication plan in terms of what we currently do within each ward that would match the NHS Constitution deliverables and will then report back a 'Gap Analysis' and risk assessment ensuring we have clear, identifiable areas of where potential extra work may be required in readiness for the legally binding instructions when the time comes.
- 4.10 Following the information gained from 4.5 -4.9 above a marketing and communications plan ( attached, Appendix 1), considers the use of Staff Pledges to be 'posted' both online and physically through a Pledges 'box' that enables staff to mirror the NHS Constitution, make it more localised in its approach and relevant to them and their role. The recommendation is that this will be an interactive campaign which encourages learning through 'fun', 'engagement ' and 'support' from all managerial and peer groups.
- 4.11 These pledges may then be submitted by each CBU judged by the Chief Executive to form the top ten for the Trust on how staff wish to commit to customers. These pledges should then be disseminated through the Trust through various marketing channels.
- 4.12 Once the above has been carried out, the pledges may be issued to patients through a number of marketing avenues such as stands, displays, letters, leaflets and the Trust web site.
- 4.13 Further information on The NHS Constitution will be presented to the general public through the Health Matters series of lectures between August and December 2009.
- 4.14 The public will as a consequence, be made aware of The NHS Constitution, our localised interpretation of this and the part that they may play in its subsequent delivery. The public are then empowered to take a level of ownership for individual actions (for example slips, trips and falls).

## Marketing and Communications Plan 2009/2010 and 2010/11

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- 4.15 The Trust, at this stage could expect to see a level of trust and belief in The NHS Constitution by the staff within which should, in turn be embedded into all areas of the Trust without specific reference the NHS Constitution at all times.
- 4.16 Without the initial awareness creation to the NHS Constitution could easily get lost in the myriad of other communication messages and actions received daily.
- 4.17 The Trust should strive to make and keep the communications simple to become part of the sub-conscious.

### **5. Decision requested of the Trust Board**

- 5.1 To agree for the marketing and communications department to take the plans forward to the next stages engaging all required areas of the Trust as outlined in parts 1-4 to provide a coherent approach to delivery of the messages.

## Appendix 7 - Award





Award company	Award title	Brief summary	Deadline	Award date	CBU	Lead
HSJ Awards	Acute Organisation of the Year	<ul style="list-style-type: none"> <li>There should be clear evidence of real change and transformation on the organisations principle aims in the last 2-3 years</li> <li>The organisation needs to show a joined up organisational journey – not just a few pockets of excellence</li> <li>The change(s) should be replicable – so others can learn from it</li> <li>The change has no set pre-cursors required – such that “any good leadership could do this”</li> <li>There has to be a “Wow” factor – such that it would make others feel they wanted to send staff there to pick up the things they can learn from</li> <li>There should be an evidence base together with an energetic culture</li> <li>The organisation can demonstrate that it is pushing the envelope of what good management should be focussed on</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Primary Care Organisation of the Year	<p>Looking for evidence of action to improve health of the local population.</p> <ul style="list-style-type: none"> <li>Progress on the objectives set out in the public health white paper</li> <li>A demonstrable understanding of the health needs of the local population, including the health inequalities</li> <li>A strategy for improvement which includes reaching those with the greatest health needs</li> <li>Progress in delivering this improvement strategy.</li> </ul> <p>More info:  <a href="https://www.eventsforce.net/emap/system/proweb/start.csp?pageID=4371&amp;eventID=7&amp;CSPCHD=00100143000k3675fgX3002854505534">https://www.eventsforce.net/emap/system/proweb/start.csp?pageID=4371&amp;eventID=7&amp;CSPCHD=00100143000k3675fgX3002854505534</a> </p>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		

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HSJ Awards	Acute and Primary Care Innovation	<p>Submissions can demonstrate innovation in primary care or acute care, or both.</p> <p>Submissions could include the following elements:</p> <ul style="list-style-type: none"> <li>• Excellence in implementation of policy and guidance</li> <li>• Improved patient outcomes and services</li> <li>• Improved access: not only reduced waiting times, but also access to appropriate therapies and practitioners</li> <li>• Improvements in the health of part of the local population, such as by targeting those with the greatest health needs</li> <li>• Working in meeting public service agreement targets</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Best social marketing project	Submissions are invited that demonstrate effective social marketing to improve health and reduce health inequalities, achieving specific behaviour goals through the systematic application of marketing alongside other techniques.	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Critical Service Redesign	<ul style="list-style-type: none"> <li>• Service redesigned around patients and carers – with evidence that service users views have been sought, analysed and implemented in designing service</li> <li>• Evidence-based development – has appropriate clinical and management evidence been taken into account in redesigning the service</li> <li>• Equity – ensuring the service is available to all qualifying patients within the catchment area</li> <li>• Teamwork – evidence that all staff involved in the service have had a voice in the redesign</li> <li>• Value for money – has the investment in resources or money shown a demonstrable benefit in terms of outcome quality, efficiency of throughput and capacity management?</li> <li>• Consideration of how payment by results has been taken into account in the redesigned service</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Delivering Quality and Value with	This category welcomes entries based on project's implementing specific pieces of NICE guidance as well as initiatives displaying a whole systems	3 <sup>rd</sup> July, 2009	30 <sup>th</sup> November,		

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	NICE Guidance	approach to implementation. However, the former need to show evidence of whole systems working while the latter need to include examples of how specific pieces of guidance were implemented.	(closed)	2009		
HSJ Awards	Good Corporate Citizenship	NHS organisations can make a significant contribution to the health and sustainability of the communities they serve, by contributing to healthy local economies, local social cohesion and an improved environment.	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Improving Care with Technology	<p>Submissions could include the following elements:</p> <ul style="list-style-type: none"> <li>• Work which reflects the national IT priorities</li> <li>• Demonstrable benefits to the patient</li> <li>• Mainstreaming IT within the organisation</li> <li>• Partnership working between trusts and the private sector</li> <li>• Engaging with clinicians</li> <li>• Supporting new ways of working</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Improving Patient Access	<p>Submissions could include the following elements:</p> <ul style="list-style-type: none"> <li>• Improving patient access to diagnosis, treatment and care services</li> <li>• Implementing choice at the point of referral</li> <li>• Enhancing the patient experience</li> <li>• improvement in clinical outcomes</li> <li>• Increasing public confidence</li> <li>• Tackling health inequalities by improving access for hard to reach groups</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Managing Long Term Care	<p>Submissions could include the following elements:</p> <ul style="list-style-type: none"> <li>• Action in specific NHS and public service agreement targets</li> <li>• Partnership working (such as multi-disciplinary, patient involvement,</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		

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		<p>public-private sector or working with local government)</p> <ul style="list-style-type: none"> <li>• Good use of information</li> <li>• Effective working across the primary and secondary care interface to reduce emergency admissions</li> <li>• An imaginative approach to new staff roles and workforce planning</li> <li>• Evidence of action which reflects the Choosing Health white paper</li> </ul>				
HSJ Awards	Mental Health Innovation	<p>Submissions could include the following elements:</p> <ul style="list-style-type: none"> <li>• Improving patient access to diagnosis, treatment, and care services including hard to reach groups or patients</li> <li>• Implementing choice at the point of referral</li> <li>• Enhancing the patient experience</li> <li>• Improving clinical outcomes</li> <li>• Increasing public confidence in mental health services</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Patient Centred Care	<p>Projects could range from self-care and shared decision-making to the use of new technologies to support patient involvement in care management. Projects primarily focussed on the non-clinical aspects of the patients' experience will not be considered. For instance, this award is not about swifter access to care, measuring patient satisfaction or improving patient choice per se. Projects that deal with the public's involvement in quality assurance or service redesign initiatives will also not be considered. All these issues are covered by other categories.</p>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Patient Safety	<p>This category will reward services that can demonstrate patient safety is at the heart of the organisation's culture.</p>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Reducing Health Inequalities	<p>Entries should demonstrate a deep understanding of the health needs of their community, the inequalities and the causes. This should include, as appropriate, an understanding of the health profiles of different ethnic groups, and evidence that the strategy for reducing inequalities reflects their specific needs.</p>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		

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HSJ Awards	Workforce Development	<p>Submission could include the following elements:</p> <ul style="list-style-type: none"> <li>• Developing new strategic approaches to workforce planning</li> <li>• Demonstrating adaptability and innovation within workforce planning</li> <li>• Implementing a sustainable recruitment strategy</li> <li>• Establishing effective succession planning techniques to ensure workforce continuity</li> </ul> <p>More info: <a href="https://www.eventsforce.net/emap/system/proweb/start.csp?pageID=4428&amp;eventID=7&amp;CSPCHD=0000014300063fz7bJh6002093180933">https://www.eventsforce.net/emap/system/proweb/start.csp?pageID=4428&amp;eventID=7&amp;CSPCHD=0000014300063fz7bJh6002093180933</a></p>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	World Class Commissioning	<p>Looking for evidence that demonstrates that the organisation as a whole is progressing towards world class commissioning. The successful organisation will have demonstrated strong foundations among key commissioning competencies and the potential to progress quickly along the path to world class commissioning status.</p> <p>More info: <a href="https://www.eventsforce.net/emap/system/proweb/start.csp?pageID=4432&amp;eventID=7&amp;CSPCHD=0010014300063fz7bJh6000353342472">https://www.eventsforce.net/emap/system/proweb/start.csp?pageID=4432&amp;eventID=7&amp;CSPCHD=0010014300063fz7bJh6000353342472</a></p>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
HSJ Awards	Using Data to Improve Care	<p>The judges will be looking for the development use of high quality, relevant information and data to:</p> <ul style="list-style-type: none"> <li>• Measure and monitor service delivery</li> <li>• Drive service improvement and redesign</li> <li>• Enhance quality of care and patient safety</li> <li>• Measure and improve productivity</li> </ul>	3 <sup>rd</sup> July, 2009 (closed)	30 <sup>th</sup> November, 2009		
The Guardian Public Services Award	Service Delivery	<p>The judges have selected six challenging areas of public services to be considered in this section of the awards: Children and young people, Complex needs, Carers, families and communities, Care of older people, Housing and regeneration, and Transport and mobility. If you have worked in these fields and delivered lasting improvements to the lives of the people using these services, then you should enter.</p>	17 <sup>th</sup> July, 2009 (closed)	24 <sup>th</sup> November, 2009		

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The Guardian Public Services Award	Innovation and Progress	We have sought to identify core roles that unite all organisations delivering public services: Sustainability; Transformation; Customer service; Partnership working; Diversity and equality and Frontline engagement. We will be judging the project less by the scale of what has been achieved than by evidence of progress within the culture of the organisation.	17 <sup>th</sup> July, 2009 (closed)	24 <sup>th</sup> November, 2009		
The Guardian Public Services Award	Citizenship and Volunteering	<p>This award seeks to recognize schemes that promote good citizenship by employees, whether by volunteering, serving as councilors, school governors or magistrates, or perhaps by helping and representing disadvantaged groups.</p> <p>The award is open to employers operating in the private sector as well as those engaged in the public services. Entrants must be able to give evidence of a clear policy that has been taken up by a number of staff.</p>	17 <sup>th</sup> July, 2009 (closed)	24 <sup>th</sup> November, 2009		
The Guardian Public Services Award	Overall Winner	There will be an overall Guardian Public Services Awards team of the year. This team will have demonstrated an exceptional level of application, innovation and achievement and will have delivered substantial improvement in a public service that has made a real difference to people's lives.	17 <sup>th</sup> July, 2009 (closed)	24 <sup>th</sup> November, 2009		
The Guardian Public Services Award	Public Servant of the Year	Teamwork is the bedrock of effective service delivery. But sometimes it's the contribution of an individual as a member of any team that makes the critical difference between a good service and an outstanding one. This special award is intended to honour just such a person.	17 <sup>th</sup> July, 2009 (closed)	24 <sup>th</sup> November, 2009		
National Business Awards	Customer Focused Award	This Award will go to the organisation that can best demonstrate that it has the customer at the heart of its business and deploys and manages its resources to most effectively meet the needs of its customer base.	23 <sup>rd</sup> July, 2009 (closed)	10 <sup>th</sup> November, 2009		
National Business Awards	Better Regulation Award	The Award will go to the organisation that is making the biggest difference by helping businesses comply with the law as simply as possible, delivering better outcomes and creating a more effective operating environment for UK businesses through better regulation practices.	23 <sup>rd</sup> July, 2009 (closed)	10 <sup>th</sup> November, 2009		

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National Business Awards	Employer of the Year Award	This Award will go to the organisation that can best demonstrate how, through well-adopted company values, the provision of stimulating and supportive workplaces and the active development of all employees it has applied its human and supporting resources to achieve commercial success.	23 <sup>rd</sup> July, 2009 (closed)	10 <sup>th</sup> November, 2009		
National Business Awards	Health Work and Well-Being Award	This award will go to the organisation that can best demonstrate how it has improved the health and wellbeing of its workforce to the benefit of the organisation.	23 <sup>rd</sup> July, 2009 (closed)	10 <sup>th</sup> November, 2009		
National Business Awards	The ICAEW Corporate Responsibility Award	This award will go to the organisation that can best demonstrate a company-wide commitment to Corporate Responsibility. The judges will look for evidence of a clearly articulated and widely communicated Corporate Responsibility strategy embedded in the company's business strategy, together with examples of policies or projects that positively impact on the local community in terms of the environment, local employment, local education or charitable work.	23 <sup>rd</sup> July, 2009 (closed)	10 <sup>th</sup> November, 2009		
National Business Awards	The Orange Best Use of Technology in Business Award	This Award will go to the organisation that can best demonstrate that it has effectively used business technology to create a significant and exploitable competitive or operational advantage in any business area including revenue, improved quality and/or customer convenience. Evidence is required of a well thought-through and executed strategy, addressing not only the deployment of the technology, but also its effective uptake by employees and stakeholders.	23 <sup>rd</sup> July, 2009 (closed)	10 <sup>th</sup> November, 2009		
National Business Awards	Small to Medium Sized Business of the Year Award	Open to organisations with less than £10 million turnover in their last financial year, this Award will go to the company that best demonstrates significant growth and innovation in its market sector, under-pinned by strong financial performance.	23 <sup>rd</sup> July, 2009 (closed)	10 <sup>th</sup> November, 2009		
Public/Private Finance Awards	Best Public Sector Project Team	For this category, the judges will be looking for public sector project teams that have provided clear project leadership, leading to innovative deal structures and the timely, efficient delivery of projects.	20 <sup>th</sup> March, 2009 (closed)	19 <sup>th</sup> May, 2009		



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Public/Private Finance Awards	Best Technical Advisor	For this category, the judges will be looking for excellence among technical advisers.	20 <sup>th</sup> March, 2009 (closed)	19 <sup>th</sup> May, 2009		
Public/Private Finance Awards	Best Health Scheme	<p>This category is for projects rather than individual organisations and is open for both entries and nominations.</p> <p>They will be assessed according to the following criteria:</p> <ul style="list-style-type: none"> <li>• Effective risk assessment and transfer</li> <li>• Quick financial close</li> <li>• Design quality and sustainability</li> <li>• Flexibility and, where relevant, alternative asset use</li> <li>• Innovation</li> <li>• Promotion of environmental measures</li> <li>• Operational performance will be taken into account if the project has entered into operation, including staff and user satisfaction, performance against contract and sustained value for money.</li> </ul>	20 <sup>th</sup> March, 2009 (closed)	19 <sup>th</sup> May, 2009		
Public/Private Finance Awards	Best Waste Project	Same as above.	20 <sup>th</sup> March, 2009 (closed)	19 <sup>th</sup> May, 2009		
Public/Private Finance Awards	Best Transport Project	Same as above.	20 <sup>th</sup> March, 2009 (closed)	19 <sup>th</sup> May, 2009		

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Public/Private Finance Awards	Best Community/User involvement in a Project	This award aims to recognise those involved in signed projects where there is evidence of an outstanding commitment to involving the local community in the structure or practice of the project.	20 <sup>th</sup> March, 2009 (closed)	19 <sup>th</sup> May, 2009		
HFMA Awards	Accounts Team of the Year	This year's award will again aim to recognise the most innovative and efficient Accounts Team of the Year with significant emphasis on the processes involved in completing the final accounts process.	2 <sup>nd</sup> October, 2009	10 <sup>th</sup> December, 2009		
HFMA Awards	Efficiency	This award focuses on the role of the finance team in supporting service improvement and efficiency.	2 <sup>nd</sup> October, 2009	10 <sup>th</sup> December, 2009		
HFMA Awards	Governance Award	This award is being made to an individual, team or organisation that has actively contributed to the development of best practice in the area of integrated governance or improved governance performance.	2 <sup>nd</sup> October, 2009	10 <sup>th</sup> December, 2009		
HFMA Awards	Finance Director of the Year	The award is for professional excellence in financial management and leadership and recognises an individual's contribution to his/her organisation and towards the improvement in health or healthcare locally or nationally in any of the four UK nations. It is intended to honour the outstanding contribution and effort made by finance directors towards the overall success of their organisations, the finance function or the positive contribution made to healthcare delivery in the UK.	2 <sup>nd</sup> October, 2009	10 <sup>th</sup> December, 2009		
HFMA Awards	Charitable Funds Management Award	This Award will recognise best practice in the management of charitable funds by the 300 charities associated with NHS trusts across the UK. It will recognise excellence both in the use of resources to fund the charity's purpose and in the way that funds and investments are managed as well	2 <sup>nd</sup> October, 2009	10 <sup>th</sup> December, 2009		

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		as considering best practice in financial reporting.				
HFMA Awards	Working with Finance – Clinician of the Year	This award acknowledges the importance of clinical engagement in financial management and in particular recognises a clinician* who has taken financial responsibility for their services, led efficiency or improvement programmes or provided an example for other clinicians by engaging with the financial management agenda.	2 <sup>nd</sup> October, 2009	10 <sup>th</sup> December, 2009		
HFMA Awards	Havelock Training Award	The HFMA Havelock Training Award is made annually to recognise a significant contribution made towards finance skills development (FSD). It recognises best practice in the training and development of finance staff or the raising of financial awareness and skills within the wider non-financial workforce.	2 <sup>nd</sup> October, 2009	10 <sup>th</sup> December, 2009		
The Personnel Today Awards	HR Impact Award	This Award recognises an HR professional or team that has added value to their organisation through an innovative, clever or determined solution. The winning intervention should show HR at its most creative and flexible. Entries should provide evidence of: speed of reaction, thinking “outside the box”; clear communication; a sophisticated understanding of the business drivers; and measurement of the benefits. Entrants should include how they spotted the problem or opportunity, communicated a vision of the solution, got 360-degree buy-in, and implemented the solution. Include testimonials from people who have benefited from the intervention.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today Awards	HR Director of the Year Award	This Award is for an individual HR director who can demonstrate outstanding leadership. Entries should explain the contribution the HR director has made both to their own team and to the organisation as a whole. Candidates must demonstrate that they have developed an effective HR team and present evidence of their contribution to the business. Past winners have submitted testimonials from across the	(closed)	26 <sup>th</sup> November, 2009		

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		organisation and its customer base to back up their entries.				
The Personnel Today Awards	Award for Talent Management	This Award recognises organisations that have adopted a proactive approach to talent management and succession planning. With career opportunities and development being top of the wish list for today's most ambitious employees, employers need to be creative in order to attract and retain the best. The judge will look for imaginative organisational talent reviews by the HR team working in conjunction with others in the business. Entries should explain what action has been taken to identify and develop key employees. Finalists will be clear about how talent management is aligned with their HR strategy and organisational goals.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today Awards	Award for Excellence in HR Through Technology	This Award recognises the effective use of technology by HR teams to bring about business benefits. Entries should explain what changes have been implemented, why they were necessary and how technology has facilitated this. Evidence should be provided of the impact technology has had on helping to achieve strategic objectives. The judge will not be looking simply for the most 'whizzy' new software installation, but rather how HR has taken advantage of the opportunities that IT brings.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today Awards	Award for Diversity in the Work Place	This Award is not just about demonstrating a diverse workforce and the measures taken to achieve it, but also proving the value and business benefits of a cross-cultural, gender and age mix. Having a clear equal opportunities policy is a given, and this must be augmented by a measurable action plan with stretching targets. The judge will expect to see a complementary recruitment policy that encourages applications from under-represented groups, and a meaningful diversity training programme. Strong links to local communities and consideration of flexible working to accommodate minority groups will also be rewarded.	(closed)	26 <sup>th</sup> November, 2009		

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The Personnel Today Awards	NEW Award for Managing Change	Organisations will need to demonstrate that they have undertaken a successful change programme resulting in clear improvements to the business. The judge will look for examples of HR's role in managing and embedding the change initiative, which might, for example, focus on creating or modifying major structures and processes in the organisation. You will need to explain what actions you took to ensure the vision was a success, how you worked with others to help overcome resistance to change and the benefits of the change to the business. Evidence of strong, clear, ongoing communication about the need for the change and the status of the change will be needed to back up your entries.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today Awards	Hays Human Resources Award for Innovation in Recruitment and Retention	This Award recognises effective approaches to selection, recruitment and retention of employees at all levels from school leaver and graduate to senior positions. The judge will look for successful examples of developing and motivating staff and for innovative ways to attract the right applicants to the organisation. Relevant to this category are new methods of recruiting, measuring and assessing capability and performance, career management, succession planning and competency testing. The judge will look for evidence of organisations gaining competitive advantage from the strategies.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today Awards	NorthgateArinso Award for Best HR Strategy in Line with Business	This Award is aimed at HR teams that can demonstrate they have achieved genuine strategic status within their organisations. Entries should explain the business strategy and the contribution of HR to meeting objectives. The judge will look at the HR team's own strategy, how this was devised and implemented, the involvement of senior staff and what results have so far been achieved. Entries should explain how the team identified priorities and how HR has measured the benefits.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today	Employer Branding	Creating a distinct employer brand is a high priority for many organisations. Employees are encouraged to be more creative, selective	(closed)	26 <sup>th</sup> November,		

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Awards	Award	and empowered and are choosing to build relationships with organisations that treat them as intelligent partners. Successful employers of choice work hard at creating an identity for themselves as accessible, flexible organisations. This Award recognises employers that have made a major effort in this area. The judge will look for a clear explanation of how the employer brand was created and is being maintained. Evidence should be provided of the benefits it has brought to the organisation, such as its impact on recruitment, retention and staff satisfaction levels.		2009		
The Personnel Today Awards	Employee Engagement Award	This Award aims to attract entries from high-performing organisations that are unlocking discretionary effort from their staff through effective employee engagement. Entrants will be able to identify what it is about the organisation, its job functions and its managers that makes people love to work there. The judge will be looking for evidence of respected leadership, exceptional levels of communication, and a strong sense of community that centres on shared values. Include measurement data, (eg employee attitude survey results, staff turnover rates, absence levels etc) to prove the value of your organisation's high levels of staff motivation.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today Awards	Learn HR Award for Excellence in Learning and Development	This Award looks for training interventions that have significantly benefited the business or organisation, particularly if the trainers involved have developed new approaches. The judge will want to see evidence of improved performance and gains in employee skills and capabilities. Entrants should show how training has boosted motivation and helped focus staff on key organisational objectives. The judge will look for well designed and delivered training programmes.	(closed)	26 <sup>th</sup> November, 2009		

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The Personnel Today Awards	Award for Reward and Recognition	Entrants into this category will demonstrate how they use reward and recognition in a strategic way, aligned to their organisational objectives. They will show how their reward and recognition policy relates to specific market and competitive pressures, how they maximise staff appreciation of the package, and how they measure its impact. The judge will be looking for a 'wow' factor, built-in flexibility to cater for employee diversity, a clear communications plan and evidence that reward and recognition is making a positive difference to the organisation and its staff performance.	(closed)	26 <sup>th</sup> November, 2009		
The Personnel Today Awards	Award for Health at Work	This award is for organisations who can demonstrate how specific employee health, fitness or wellbeing initiatives are making a positive impact on performance. Entrants will need to show how they are making a real difference to the lives of their employees, who are healthier, happier and more productive as a result. The judge will be looking for evidence of the organisation's commitment to staff welfare and the benefits enjoyed by both the employees and the organisation. This may be in terms of a positive impact on staff satisfaction, motivation, or productivity.	(closed)	26 <sup>th</sup> November, 2009		
CHKS Top Hospital Awards	40Top Awards 2009	Recognising and rewarding 40 of the best performing acute trusts across the UK, the CHKS 40Top Awards are based on the evaluation of 21 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.	(closed)	29 <sup>th</sup> April, 2009		
CHKS Top Hospital Awards	Most Improved Hospital Awards	Rewarding continuous improvement in clinical effectiveness, efficiency, health outcomes and quality of care, this accolade is presented to the trust showing the most significant improvement across all of the 40Top indicators.	(closed)	29 <sup>th</sup> April, 2009		
CHKS Top Hospital	Quality Improvement	Our only international award recognises significant improvements in patient care and patient experience as well as staff welfare, safety and	(closed)	29 <sup>th</sup> April,		

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Awards	Awards	morals.		2009		
CHKS Top Hospital Awards	Patient Safety Award	A national award for outstanding performance in providing a safe hospital environment for patients, it is based on a number of criteria, including rates of hospital-acquired infections and mortality.	(closed)	29 <sup>th</sup> April, 2009		
CHKS Top Hospital Awards	Quality of Care Award	Awarded nationally for excellence in high quality care to patients, appropriate to their diagnosis, it is based on a number of criteria including the length of time patients stay in hospital, the rate of emergency re-admissions and whether the care pathway proceeded as originally intended.	(closed)	29 <sup>th</sup> April, 2009		
CHKS Top Hospital Awards	Data Quality Award	The award recognises the importance of clinical coding and data quality, and the essential role they play in ensuring appropriate patient care and financial reimbursement from commissioners.	(closed)	29 <sup>th</sup> April, 2009		
British Quality Foundation Awards	The UK Excellence Award		13 <sup>th</sup> February, 2009 (closed)	May, 2009		
RoSPA Health & Safety Awards 2009	Industry Sector Awards	Entrants must demonstrate a consistently excellent or continuously improving performance, with exceptional standards of health and safety management.	13 <sup>th</sup> February, 2009 (closed)	May, 2009		
RoSPA Health & Safety Awards 2009	The RoSPA International Dilmun Environmental Award	The way any organisation manages environmental issues is a crucial measure of its standards of corporate social responsibility, competitiveness and vision. As more and more organisations accept the link between these, it is increasingly clear that, like health and safety, environmental concerns must be managed strategically and integrated at the very heart of management systems and decision-making.	13 <sup>th</sup> February, 2009 (closed)	May, 2009		



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RoSPA Health & Safety Awards 2009	The RoSPA Training Trophy	Presented to the UK-based entrant showing the best organised health and safety training programme.	13 <sup>th</sup> February, 2009  (closed)	May, 2009		
RoSPA Health & Safety Awards 2009	The RoSPA Occupational Health Award (The Astor Trophy)	Is presented to the UK-based entrant demonstrating the best management of occupational health.	13 <sup>th</sup> February, 2009  (closed)	May, 2009		
RoSPA Health & Safety Awards 2009	MORR <sup>TM</sup> Awards	RoSPA has been at the forefront of the campaign for occupational road risk to be managed in the same way as other work related risks. RoSPA MORR <sup>TM</sup> Awards reward excellence and encourage improvement in this key operational area. Entrants must supply an additional submission to their entry for an Occupational Health and Safety Achievement Award or an Industry Sector Award, unless direct entry is agreed with RoSPA.	13 <sup>th</sup> February, 2009  (closed)	May, 2009		
RoSPA Health & Safety Awards 2009	The RoSPA MORR <sup>TM</sup> Trophy	This Award is presented to the company or organisation that has most effectively managed its occupational road risks over the past 12 months. All MORR <sup>TM</sup> Award entries are automatically considered for the trophy.	13 <sup>th</sup> February, 2009  (closed)	May, 2009		
RoSPA Health & Safety Awards 2009	The Best New Entry Award	This new award recognises the hard work involved in compiling a comprehensive awards submission. It will be presented to the best entry from an organisation participating for the first time. Submissions from organisations that have entered previously under a different name or from sites related to organisations which have previously entered will not be eligible.	13 <sup>th</sup> February, 2009  (closed)	May, 2009		
RoSPA Health & Safety Awards 2009	The RoSPA Workforce Involvement in	This new award, sponsored by Springfields Fuels Ltd, will be presented to the RoSPA Industry Sector Award entrant demonstrating the best	13 <sup>th</sup> February,	May, 2009		

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	<b>Safety &amp; Health Trophy</b>	performance in this key area.	2009 (closed)			
Cost Sector Catering Awards	<b>Chef Award</b>	Judges will consider the ability to create nutritionally balanced menus produced to the highest standards within the constraints the cost sector demands.	13 <sup>th</sup> February, 2009	16 <sup>th</sup> April, 2009		
Cost Sector Catering Awards	Corporate Responsibility Award	The Corporate Responsibility Award has been introduced to recognise the company above all others that has integrated social, economic and environmental concerns into its business. Key Corporate Responsibility issues could include stakeholder engagement, labour standards, employee and community relations and responsible sourcing.	13 <sup>th</sup> February, 2009  (closed)	16 <sup>th</sup> April, 2009		
Cost Sector Catering Awards	Healthcare Award	Nominations are invited for professionals working in non-contract catered establishments within the National Health Service or independent healthcare sector. The award will be given to the executive who has best demonstrated an improvement in patient meal provision.	13 <sup>th</sup> February, 2009  (closed)	16 <sup>th</sup> April, 2009		
Cost Sector Catering Awards	Marketing Award	Nominations are sought for an individual or organisation that can prove that a particular marketing initiative or sustained campaign has proved successful and exceeded all expectations. Entries can range from themed events to new business strategies.	13 <sup>th</sup> February, 2009  (closed)	16 <sup>th</sup> April, 2009		
Cost Sector Catering Awards	Public Sector Award	This public sector award will recognise the outstanding contribution of an individual within the emergency services, prisons, youth and special detention centres, government sites, local authorities and civic services.	13 <sup>th</sup> February, 2009  (closed)	16 <sup>th</sup> April, 2009		
Cost Sector Catering Awards	Serving the Public Award	With contract caterers becoming increasingly evident in high street locations and expanding into sites on railway stations, in airports and at the roadside, this award recognises the most successful individual or	13 <sup>th</sup> February, 2009	16 <sup>th</sup> April, 2009		

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		organisation in this developing area.	(closed)			
Cost Sector Catering Awards	Social Care Award	Nominations are sought for officers from local authorities, the private or voluntary sector. The accolade will be presented to the person above all others that have improved provision of catering services for care market clients.	13 <sup>th</sup> February, 2009  (closed)	16 <sup>th</sup> April, 2009		
Cost Sector Catering Awards	Stadia Award	The Stadia award recognises and rewards the role of stadia caterers. Nominations are sought from companies showing innovation and excellence in their food offer to the very diverse operation. From executive boxes, boardrooms and hospitality lounges to concourse catering, will all be considered for this award.	13 <sup>th</sup> February, 2009  (closed)	16 <sup>th</sup> April, 2009		
Cost Sector Catering Awards	Blue Ribband Award	The recipient is selected by the panel of judges from all entries and is given to the person who, above all others, is felt to have made an enormous contribution to our industry. Their outstanding leadership qualities will be deemed to be deserving of the highest accolade that can be bestowed. The 2008 winner will join a distinguished list of previous recipients.	13 <sup>th</sup> February, 2009  (closed)	16 <sup>th</sup> April, 2009		
The Pharma Awards	Pharmacist Prescriber of the Year	This will be awarded to a prescribing pharmacist who has demonstrated outstanding achievement.  More info: <a href="http://www.thepharmacyshow.co.uk/downloads/Nomination%20Form_Prescribing%20Pharmacist%20of%20the%20Year.doc">http://www.thepharmacyshow.co.uk/downloads/Nomination%20Form_Prescribing%20Pharmacist%20of%20the%20Year.doc</a>	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		
The Pharma Awards	Community Pharmacist of the Year	This is one of the top awards and will go to a community pharmacist that can demonstrate excellence across five key criteria, as follows:	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		

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		<ol style="list-style-type: none"> <li>1. Innovative practice that has improved medicines utilisation</li> <li>2. Significant improvements in the quality of prescribing, dispensing or administration of medicines</li> <li>3. Service developments that ensure patient access to high quality pharmaceutical care and medicines</li> <li>4. Challenges addressed effectively</li> <li>5. Delivery of tangible and outstanding achievements for the pharmacy and its patients</li> </ol>				
The Pharma Awards	Lifetime Achievement Award	<p>This Award has been established to recognise an individual who has made innovative and lasting contributions to the pharmacy community.</p> <p>The award is unique in that it recognises a lifelong dedication to and the significant impact on the field of pharmacy. The impact can be on a local, national or international level. Nominations are open and will be judged by the faculty of Lead Judges and other invited guest judges.</p>	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		
The Pharma Awards	Pharmacy Manager of the Year Award	<p>This will be awarded to a community pharmacy manager who has demonstrated outstanding achievement against the following specific criteria, as follows:</p> <ol style="list-style-type: none"> <li>1. Demonstrating excellence / innovation in the speciality;</li> <li>2. Improving public health and / or service</li> <li>3. Better public service, public health and/or patient care</li> </ol>	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		

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The Pharma Awards	Industrial Pharmacist of the Year	This award recognises an individual who has given an outstanding contribution to the pharmaceutical sciences or to the pharmacy practice within the pharmaceutical industry.	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		
The Pharma Awards	Best Contribution to Public Health Pharmacist of the Year	<p>This will be awarded to a community pharmacist who has demonstrated outstanding achievement against the following specific criteria, as follows:</p> <ol style="list-style-type: none"> <li>4. Engagement with Community and Primary Care Improving public health and / or service</li> <li>5. Workforce Development</li> <li>6. Innovative Service Development. Active health promotion, Healthy Lifestyle Interventions, Health risk assessments.</li> <li>7. Evaluation/measurement of service outcomes</li> <li>8. Potential for wider application</li> </ol>	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		
The Pharma Awards	Hospital Pharmacist of the Year	<p>This will be awarded to a hospital pharmacist who has demonstrated outstanding achievement against the following specific criteria, as follows:</p> <ul style="list-style-type: none"> <li>• Innovative practice that has improved patient outcomes</li> <li>• Significant improvements in the quality of prescribing, dispensing or administration of medicines</li> <li>• Service developments that ensure patient access to high quality pharmaceutical care and medicines</li> <li>• Evidence of personal commitment beyond normal service delivery</li> <li>• Delivery of tangible and outstanding achievements for specialist practice and its patients</li> </ul>	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		

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The Pharma Awards	Specialist Pharmacist of the Year	<p>This will be awarded to a specialist pharmacist who has demonstrated outstanding achievement against the following specific criteria, as follows:</p> <ul style="list-style-type: none"> <li>• Innovative practice that has improved medicines utilisation</li> <li>• Significant improvements in the quality of prescribing, dispensing or administration of medicines</li> <li>• Service developments that ensure patient access to high quality pharmaceutical care and medicines</li> <li>• Challenges addressed effectively in area of specialist practice.</li> <li>• Delivery of tangible and outstanding achievements for specialist practice and its patients</li> </ul>	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		
The Pharma Awards	Service Innovation of the Year	This will be awarded to a community pharmacist or pharmacy team who have demonstrated genuine innovation in pharmacy services.	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		
The Pharma Awards	Primary Care Pharmacist of the Year	<p>This will be awarded to a community pharmacist who has demonstrated outstanding achievement against the following specific criteria, as follows:</p> <ul style="list-style-type: none"> <li>• Significant contribution to patient care. Demonstration of patient benefits, concordant consultation style, provision of relevant and simple information and seeking feedback from patients about the service;</li> <li>• Working as a member of a team. Main contribution you have made to the team, engagement of staff, challenges you faced and how these were overcome, communication of values and approach;</li> <li>• Innovative service provision. Overview of service, evaluation of main challenges and how these were overcome, details of service evaluation and the key benefits;</li> <li>• Leadership qualities.</li> </ul>	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		

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The Pharma Awards	Patient Safety Initiative of the Year	The ideal candidate will be a community pharmacist that has probably worked with their local NHS Trust or maybe other organisation to make a tangible difference to patient safety.	15 <sup>th</sup> August, 2009	11 <sup>th</sup> October, 2009		
Advancing Health Care Awards 2010	The Chief Health Professions Officer's award for leadership	The CHPO's award seeks to recognise AHPs, at any stage of their careers, who demonstrate in their everyday behaviour and attitudes the essence of leadership in the clinical setting. They should show courage and determination in working with others to improve the quality of patient care in ways that are demonstrably cost effective and sustainable. We are looking for those who to transform services and consistently deliver high quality care.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
Advancing Health Care Awards 2010	<b>The Chief Scientific Officer's award for leadership (England) TBC</b>	The CSO's award seeks to recognise healthcare scientists at any stage of their careers, who demonstrate in their everyday behaviour and attitudes the essence of leadership in the clinical setting. They should show courage and determination in working with others to improve the quality of patient care in ways that are demonstrably cost effective and sustainable. We are looking for those who to transform services and consistently deliver high quality care.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
Advancing Health Care Awards 2010	Achieving excellence in learning, teaching, development or mentorship	This aims to encourage creative entries which take a broad approach to learning and development. Entries are invited from practitioners at any level who have achieved excellence and innovation in education and professional development to enhance knowledge and skills to the benefit of patient care.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
Advancing Health Care Awards 2010	Enhancing public health and creating healthy communities	Healthcare practitioners must seize every opportunity to encourage healthy living among their patients and clients. This award invites entries which describe projects to foster healthy living among disadvantaged or hard-to-reach communities.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		

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Advancing Health Care Awards 2010	Innovation in recruitment and career development	In this ever-changing jobs market, this award aims to recognise and reward those who have developed robust recruitment strategies or demonstrated career development initiatives in any or all of the professions and specialties covered by these awards.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
Advancing Health Care Awards 2010	<b>Joint working between allied health professionals and healthcare scientists</b>	Entries are invited to illustrate successful collaboration between these groups. An essential part of modernising healthcare is developing team working across professional groups. AHPs and healthcare scientists do not always come into contact with one another but in some spheres effective joint working can revolutionise patient services.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
Advancing Health Care Awards 2010	<b>Rethinking the patient care pathway</b>	The work of healthcare scientists in diagnostics and treatment is key in ensuring patients are treated promptly and the work of AHPs helps to speed their journey home. This award recognises the crucial part these professionals play in improving access and boosting productivity.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
Advancing Health Care Awards 2010	<b>Enhancing self-care and independent living</b>	This new award seeks to celebrate 'patient-centeredness' by demonstrating how healthcare professionals can encourage and support people in self-care and independent living. The project must demonstrate sustained patient empowerment with the professional in an enabling, facilitating role.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
Advancing Health Care Awards 2010	<b>Overall winner</b>	Entries may be made by individuals, small groups working together, a department, a hospital or a trust based in the UK.	6 <sup>th</sup> November, 2009	12 <sup>th</sup> March, 2010		
BACP Counselling and Psychotherapy Awards 2009	Excellence in Counselling and Psychotherapy Practice Award	<p>The aim of this award is to:</p> <ul style="list-style-type: none"> <li>• reward excellence in counselling practice</li> <li>• recognise counselling projects or initiatives that have shown commitment to increasing access to counselling and that demonstrate the significant role it plays in improving quality of life</li> </ul>	30 <sup>th</sup> June, 2009 (closed)	9 <sup>th</sup> October, 2009		



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		<p>within a community, group of individuals or organisation</p> <ul style="list-style-type: none"> <li>improve the overall quality of counselling and psychotherapy in practice by example.</li> </ul>				
BACP Counselling and Psychotherapy Awards 2009	The Innovation in Counselling and Psychotherapy Award	<p>The aim of this award is to:</p> <ul style="list-style-type: none"> <li>recognise innovative work in all areas associated with counselling and psychotherapy</li> <li>recognise innovative work which has raised awareness of the benefits of counselling and psychotherapy or promoted mental wellbeing nationally or internationally</li> <li>recognise work which has challenged thinking, stimulated debate or encouraged the adoption of new techniques within or around the profession.</li> </ul>	30 <sup>th</sup> June, 2009 (closed)	9 <sup>th</sup> October, 2009		
BACP Counselling and Psychotherapy Awards 2009	The CPR New Researcher Prize	this category aims to promote the work of new researchers in counselling and psychotherapy, and will reward the best research submission relevant to counselling and psychotherapy practice at any level.	30 <sup>th</sup> June, 2009 (closed)	9 <sup>th</sup> October, 2009		
Nursing Standard Nurse Awards 2009	Best Practice in Medication Administration Award	This award will be given to the nurse who can demonstrate how improvements have been made to enhance any aspect of best practice in medication administration.	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Child Health Award	For nurses who have made a real difference to the lives of the children they care for.	Closed	9 <sup>th</sup> November, 2009		

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Nursing Standard Nurse Awards 2009	Healthcare Assistant Award	A new award to recognise the outstanding contribution Healthcare Assistants give to patients and clients on a day-to-day basis.	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Innovation in Palliative Care Award	This award recognises nurses who have developed new ways of working to help restore patient dignity and manage symptoms for patients at the end of their life.	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Innovation in Parkinson's Disease Award	For nurses who have made a real difference to the lives of people diagnosed with Parkinson's Disease	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Innovation in Rheumatology / Rheumatoid Arthritis Award	For nurses who have developed a new ways of working to improve the lives of rheumatoid patients.	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Innovation in your Specialty Award	It is open to any RCN Professional Forum and will be awarded to a group who have demonstrated innovative practice in their specialist area of nursing and helped to shape and influence nursing policy and practice.	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Mental Health Nursing Award		Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Nursing Innovation in Criminal Justice Settings Award	For nurses who have contributed to improving the delivery of care to people within criminal justice settings.	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Nursing Innovation in Managing Malnutrition Award	For nurses who have devised innovative ways to identify and support patients who are malnourished or at risk of becoming malnourished/	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard	The RCN Fellows Student Nurse	For pre-registration students whose nursing practice, perceptions or interactions with patients have changed as a result of an incident or	Closed	9 <sup>th</sup> November,		

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Nurse Awards 2009	Award	experience during training.		2009		
Nursing Standard Nurse Awards 2009	Travel Health Nursing Award	As the health requirements of the travelling public become more diverse, this award recognises nurses who make clinical judgments and decisions within this field.	Closed	9 <sup>th</sup> November, 2009		
Nursing Standard Nurse Awards 2009	Ward Sister Award	A new award to recognise and reward inspirational ward leaders.	25 <sup>th</sup> September, 2009	9 <sup>th</sup> November, 2009		
British Journal Midwifery Awards	Community Midwife of the Year Award	This award aims to highlight the work of community midwives who provide outstanding maternity care for women in a community setting. The award will recognise the work of a community midwife who has shown an unfailing commitment to ensuring women receive the best antenatal and postnatal care.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
British Journal Midwifery Awards	Excellence in Supervision of Midwives Award	This category recognises the work of supervisors of midwives who have shown outstanding leadership skills and the ability to nurture potential leaders while also maintaining high service standards	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
British Journal Midwifery Awards	Innovator of the Year	This award aims to highlight innovative ideas in the clinical setting that have resulted in better outcomes for mothers and their babies. The winner will have identified an area of midwifery care that could be improved, and will have carried out evidence-based changes to practice, demonstrating that these have resulted in an enhanced service.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
British Journal Midwifery Awards	Midwife of the Year	This award, will be presented to a midwife who has demonstrated outstanding dedication and commitment to the caring of the mother and baby. The winner of this category will have proven to be an indispensable pillar of the midwifery community, and can show positive examples of good evidence-based midwifery practice. British Journal of Midwifery or MA Healthcare Ltd, be that employee, spouse, close relative, or regular contributor or columnist, may enter the awards.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
British Journal Midwifery Awards	Student Midwife of the Year	Once again BJM is delighted to present an award for Student Midwife of the Year. This award is open to all student midwives and recognizes the enthusiasm and willingness to question practice that students bring to	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December,		

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		midwifery.		2009		
British Journal Midwifery Awards	Team of the Year	The winning team in this category will show the importance of teamwork in midwifery units or in the delivery of midwifery. In particular, special consideration will go to teams that can demonstrate effectively the link between education, research and clinical practice in the delivery of a first-class service to women.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
British Journal Midwifery Awards	Lifetime Achievement Award	This award recognizes the contribution made over a number of years by an inspirational and/or influential midwife. He or she will be an exceptional candidate, whose work has made a major impact on the midwifery profession in any of these ways: clinical practice, management, leadership, far-reaching educational accomplishment or research.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Contact Centre Professional of the Year</b>	For contact centre professionals who have demonstrated high levels of responsiveness coupled with the ability to develop empathy with customers	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Leader of the Year</b>	For outstanding achievement in a senior customer service role at director level or above, demonstrating leadership, vision and improved performance for stakeholders, employees, customer's suppliers and shareholders.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<a href="#"><u>Customer Service Manager of the Year</u></a>	For outstanding achievement in a customer service managerial role, those nominated will have demonstrated outstanding management skills encouraging colleagues to ever-higher levels of improvement.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Newcomer of the Year</b>	For new customer service professionals who started working in the sector after 1st January 2008, and are committed to delivering high standards of customer service; both through personal dealings with customers and by contributing to the overall customer care policy via their involvement in communications, problem solving and innovation.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		

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National Customer Services Awards 2009	<b>Decade of Excellence</b>	This special Award seeks to recognise distinguished and dedicated service during the last ten years by an established practitioner. Those nominated for this category may be at any level in their organisation but will have demonstrated outstanding ability to satisfy customers' demands.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>The ICS Front-Line Professional of the Year</b>	This Award is for customer facing individuals who have demonstrated superb customer service skills day-in and day-out , and are an outstanding example for the profession.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Young Professional of the Year</b>	For customer service professionals aged 24 or under (as of 1st January 2009), who are committed to delivering high standards of customer service; both through dealings with customers and by contributing to the overall customer care policy via their involvement in communications, problem solving and innovation.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Best Use of Technology in Customer Service</b>	An Award that recognises where technology has directly improved customer service delivery, provides real business benefits and shows system adoption across the entire customer service function.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Field Service Award</b>	Nominations are invited from any business that runs a field service operation, regardless of size or industry sector. The judges will be considering entries from any company that demonstrates excellence in the supply of field service through its organisation of a mobile workforce.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>The SOCAP Award for Innovation in Customer Service</b>	Open to all organisations, this Award recognises new ideas and developments within customer service that enable organisations to meet the needs of their customers more effectively, leading to increased satisfaction and loyalty.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Award for Best Training or Development Project</b>	This award seeks to recognize the best customer service training programme, training initiative, staff development project or motivation scheme - leading to an improvement in customer delivery and experience. Judges will be looking at the manner in which the project was instigated, including the needs analysis and evidence of involvement of the customer service staff with other areas of the organisation. Communications, programme delivery, measured results, rewards and	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		

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		recognition are other elements that are to be considered.				
National Customer Services Awards 2009	<b>Back Office Customer Service Team of the Year</b>	This Award will go to the team who demonstrates superb customer service skills, day-in and day-out, to meet the needs of others within their organisation.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Business to Business (B2B) Customer Service Team of the Year</b>	The winning team of this category must demonstrate commitment to high standards of customer service in their organisation; both through personal dealings with customers and by contributing to the overall customer care policy by their involvement in communications, problem solving and innovation.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Business to Consumer (B2C) Customer Service Team of the Year</b>	The winning team of this category must demonstrate commitment to high standards of customer service in their organisation; both through personal dealings with customers and by contributing to the overall customer care policy by their involvement in communications, problem solving and innovation.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Complaints Team of the Year</b>	This is a team Award for the complaints team that demonstrates a positive attitude to complaints - both in handling complaints and advising future action to reduce further incidents. Evidence of real teamwork is also vital here.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Contact Centre of the Year (over 100 seats)</b>	For larger contact centres that demonstrate high standards of customer care and support - delivering first-class results through loyal and motivated staff.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Contact Centre of the Year (up to 100 seats)</b>	For small to mid sized contact centres that demonstrate high standards of customer care and support - delivering first-class results through loyal and motivated staff.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		

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National Customer Services Awards 2009	<b>Customer Service Team of the Year – Financial Services</b>	For the outstanding team in the UK financial services sector.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Team of the Year – Public Services &amp; Education</b>	Includes services provided by national and local government; police and security services; public sector agencies and companies; colleges and schools.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Customer Service Team of the Year – Public Services &amp; Education</b>	Includes services provided by national and local government; police and security services; public sector agencies and companies; colleges and schools.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Employer of the Year</b>	This award is open to organisations who consider themselves to be leading employers of customer service staff. Evidence will be required supporting great staff development as well as providing outstanding customer service delivery and experience. It is open to all organisations, irrespective of size, location and sector and includes those in the public sector, not-for-profit and charity organisations.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>Front-Line Customer Service Team of the Year</b>	For outstanding front-line customer facing staff. The Award will go to the team who have demonstrated superb customer service skills, day-in and day-out, to meet customer needs.	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
National Customer Services Awards 2009	<b>The Customer Service Team of the Year Award</b>	The flagship Award of the National Customer Service Awards cannot be directly entered. The Award will be presented to one of the seven category winners incorporating all industry sectors (public services & education; financial services; B2B; B2C; compliants; front-line and management team).	21 <sup>st</sup> July, 2009	9 <sup>th</sup> December, 2009		
BSMSA Awards 2009	The BSMSA Medical Secretary of the Year Award (a Medical Secretary/PA from a		15 <sup>th</sup> August, 2009	November 2009		

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	Trust, General or Private Practice)					
BSMSA Awards 2009	The BSMSA Medical Administrator of the Year Award		15 <sup>th</sup> August, 2009	November 2009		
BSMSA Awards 2009	The BSMSA Medical Team of the Year Award		15 <sup>th</sup> August, 2009	November, 2009		
Health and Social Care Awards	Mental Health Well Being	This award will focus on a team or service that has improved the quality of life for people with mental health problems and/or promoted the wellbeing of the general population.	Has not been announced for 2010			
Health and Social Care Awards	Leadership for Improvement	This award will recognize great leadership approaches that can demonstrate positive and sustained impact on patients, service users and staff.	Has not been announced for 2010			
Health and Social Care Awards	People's Award For Dignity and Care	This award will recognise the importance of treating people with dignity and respect when providing health and social care services.	Has not been announced for 2010			
Health and Social Care Awards	Transforming Services	This award will recognise a service for patients that has been truly transformed. <i>Transformation</i> means fundamental change, not small, incremental changes. Typically, transformational change is wide in scope and fast in pace.	Has not been announced for 2010			
Health and Social Care Awards	Improving Health and Reducing	This award will recognise projects and programmes which have helped to improve the health and wellbeing of people in disadvantaged areas, thereby reducing inequality.	Has not been announced			



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	Inequalities		for 2010			
Health and Social Care Awards	Patient Safety	This award will focus on services that can demonstrate significant improvements in safety and/or reliability of patient care.	Has not been announced for 2010			
Health and Social Care Awards	Adopt, Adapt and Improve	This award recognises that "the answer is already in the system!". It will focus on the successful uptake of appropriately accredited ideas, processes, systems or techniques that have been tried and tested elsewhere in the public, private or voluntary sectors.	Has not been announced for 2010	Has not been announced for 2010		
Health and Social Care Awards	Success in Partnership Working	This award will recognise those staff who have developed integrated services which are person-centred and cross professional and organisational boundaries.	Has not been announced for 2010			
Health and Social Care Awards	Excellence in Commissioning	This is a new Category that recognises Commissioning as being at the heart of the key improvements that we want to see in health and social care services.	Has not been announced for 2010			
Health and Social Care Awards	Low Carbon	This award recognises commitment to achieving reductions in carbon emissions in respect of the operations of health and social care, and achievement in other programmes aimed at combating climate change.	Has not been announced for 2010			
Health and Social Care Awards	Primary Care and Community Care Pathways	This award will recognise a team or service that has delivered a transformational improvement to patients close to their homes by the four core principles of the vision for Primary Care and Community Services.	Has not been announced for 2010			
Health and Social Care Awards	Innovative Acute Care	This award will recognise innovative practice within an acute care setting, which improves the delivery of services for patients and service users.	Has not been announced			

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			for 2010			
Best Business Awards	Best Health & Safety	Outstanding health & safety is a vital consideration for any organisation. If you can demonstrate an outstanding commitment in this area and have raised standards across your organisation we would like to hear from you. The judges will be looking for measurable achievement for any initiative, campaign or programme of change.	Has not been announced for 2010			
Best Business Awards	Best information Technology	Aimed at organisations that have harnessed technology to deliver an improved service to customers or operational advantage. If you have saved money or enhanced the customer experience through the smart deployment of technology we would welcome your entry. As always, a clear strategic rationale and measurable results are key.	Has not been announced for 2010			
Best Business Awards	Best Employer	This award is aimed at organisations that can demonstrate a clear strategy and commitment to the development and wellbeing of its workforce to support the organisations wider objectives. Tell us what you are doing to make your organisation a better place to work and show us how your human resources activity is working through measurable results.	Has not been announced for 2010			
Best Business Awards	Best Procurement	Often overlooked but never more important in the current economic environment, smart sourcing of goods and services is vital to achieving an organisations objectives. We would like to hear from you if you can demonstrate that you have delivered more for less or met a specific need through an innovative approach.	Has not been announced for 2010			
Best Business Awards	Best Communication	Aimed at those who have successfully developed and implemented a marketing or communication strategy or campaign that has delivered measurable benefits. Have you harnessed new media, PR or advertising to effectively communicate your key messages to your target audience whether they be internal or external?	Has not been announced for 2010			
Best Business Awards	Outstanding Personal	Open to people at all levels working in the public sector. Perhaps you have overcome personal adversity or can share an interesting journey. Have you inspired significant change and improvement within your	Has not been announced			

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	Achievement	organisation? Tell us how you succeeded where so many others have failed. Open to organisations of any size, the judges are keen to hear how you got where you are today.	for 2010			
Best Business Awards	Best NHS Provider or Commissioner		Has not been announced for 2010			
European Public Sector Awards	Performance Improvement in Service Delivery	Looking for showcase projects based on how public administrations are meeting this new role in society by displaying performance <b>improvement in service delivery</b> .	7 <sup>th</sup> July, 2009	4 <sup>th</sup> – 6 <sup>th</sup> November, 2009		
European Public Sector Awards	Citizen Involvement	Looking for showcase projects based on how public administrations are meeting this new role in society by displaying <b>citizen involvement</b> in service design, production and/or delivery.	7 <sup>th</sup> July, 2009	4 <sup>th</sup> – 6 <sup>th</sup> November, 2009		
European Public Sector Awards	New Forms of Partnership Working	Looking for showcase projects based on how public administrations are meeting this new role in society by displaying <b>new forms of partnership working</b> .	7 <sup>th</sup> July, 2009	4 <sup>th</sup> – 6 <sup>th</sup> November, 2009		
European Public Sector Awards	Leadership and Management for Change	Looking for showcase projects based on how public organisations meet these new challenges for the organisations by displaying <b>improvement and leadership development of the top public managers</b> .	7 <sup>th</sup> July, 2009	4 <sup>th</sup> – 6 <sup>th</sup> November, 2009		
Best Companies	'Best companies to work for in the UK	Each year Best Companies and The Sunday Times celebrate the best small, mid-size and big workplaces in the UK. Employees from participating organisations are surveyed based on a rigorous methodology. This enables Best Companies to compile lists of the 100 top companies in each size category which The Sunday Times publish. Every year the prestige of this list builds, making this the competition that every organisation wants to be involved in.	31st October	Early March		

## Appendix 8 – Social Networking

**Meeting Name: Associate Director Group**

**Date: 3<sup>rd</sup> August 2009**

<b>Report of</b>	Associate Director of HR
<b>Paper prepared by</b>	Fiona Doorey, Marketing and Communications Manager
<b>Subject/Title</b>	Social Networking
<b>Background papers (if relevant)</b>	Existing Internet usage policy Social Networking Report SWOT
<b>Purpose of Paper</b>	To discuss the options for using Social Networking sites both at East Cheshire NHS Trust and offsite using personal resources.
<b>Action/Decision required</b>	For discussion
<b>Links to:</b>  ➤ NHS strategies and policy ➤	Email Policy  Internet Usage Policy
<b>Link to:</b>	

# Marketing and Communications Plan 2009/2010 and 2010/11

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<ul style="list-style-type: none"><li>➤ Trust's Strategic Direction</li><li>➤ Corporate Objectives</li><li>➤ Healthcare Standards</li></ul>	
Resource impact	
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	

## Social Networking - An opportunity or threat?

### 1. Purpose of the report

- 1.1 To determine whether the current Internet Usage Policy is up to date, correct and representative of the expectations of the Trust and our employees for the use of the internet during working hours.
- 1.2 To determine if there are changes required around the provision of staff access to social networking as part of the Trust communications plan.
- 1.3 To determine the controls required if any for use of social networking sites whilst in work and as a social user from home.

### 2. Objective of the report

- 2.1 To inform and educate readers on the terminology used around social networking, its pros and cons from a user and business perspective and the options available to the Trust to use social networking as a communications tool and staff as our advocates.

## **3. Background**

3.1 There is currently an internet usage policy on the Intranet. The policy is attached and does not detail social networking in any form. (attached appendix 1)

3.2 The Trust has recently had an incidence of misuse on social networking sites which involved abuse of employees trust and of the Trusts name and reputation which has led to disciplinary action. This has acted as a catalyst for change presenting an opportunity to clarify communication to staff on this subject.

3.3 A SWOT analysis has been carried out on the use of Social Networking from user and a business point of view. (attached appendix 2)

3.4 A full report on the use of social networking and the benefits to the company is attached and should be used as reference material to support the options for change below. Specific reference should be paid to the report section on example guidelines. (attached appendix 3)

## **4. Social networking as a communications tool**

4.1 While social networking sites are currently enjoying a high profile, the challenges that they pose do not differ significantly from other forms of Web-based threats. Today's employees expect to be allowed to access these sites while at work - albeit with some restrictions. Although some organizations are preventing employees from accessing such sites, the smart ones are deploying secure Web gateway technology combined with Acceptable Use Policies to keep the organization and their employees safe, while also providing a flexible working environment. Not only will this powerful combination protect against the current threats posed by social networking sites, it will also protect organizations from many, as yet unknown, Web-based threats.

4.2 Social networking is an increasingly powerful communications tool, typically used by the younger generation but increasingly used by all age groups to communicate at all levels with peers.

4.3 In general, social networking services allow users to create a profile for themselves, and can be broken down into two broad categories: internal social networking (ISN); and external social networking (ESN) sites such as [MySpace](#), [Facebook](#), [Twitter](#) and [Bebo](#). Both types can increase the feeling of community among people.

4.4 An ISN is a closed/private community that consists of a group of people within a company, association, society, education provider and organization or even an "invite only" group created by a user in an ESN.

4.5 An ISN is an option that is being considered as part of the overhaul of the Trust Website and Intranet.

4.6 An ESN is open/public and available to all web users to communicate and are designed to attract advertisers. ESN's can be smaller specialised communities (i.e. linked by a single common interest eg TheSocialGolfer, ACountryLife.Com, Great Cooks Community) or they can be large generic social networking sites (eg MySpace, Facebook etc).

4.7 Whether specialised or generic there is commonality across the general approach of social networking sites. Users can upload a picture of themselves, create their 'profile' and can often be "friends" with other users.

4.7.1 Social networks usually have privacy controls that allow the user to choose who can view their profile or contact them, etc.

4.7.2 Some social networking sites are created for the benefits of others, such as parents social networking site "[Gurgle](#)". This [website](#) is for parents to talk about [pregnancy](#), [birth](#) and bringing up children.

4.8 'Normal' features - Almost all social network have a set of features which are considered essential to qualify as a social networking service, namely: the ability to set up and customize a personal 'profile', an ability for members to comment, fine granular control of who sees what (privacy settings), ability to block an unwanted member, have own page of personal (blog like) entries or notes and individual picture albums, ability to own, form or be member of a Group or Community within the network and increasingly the ability to include "Social Apps" or "Gadgets" which can create 'viral' like online contact and spread of information.

4.9 Additional features - Some social networks have additional features, such as the ability to create groups that share common interests or affiliations, upload or stream live videos, and hold discussions in forums.

4.9.1 Lately, mobile social networking has become popular. In most mobile communities, mobile phone users can now create their own profiles, make friends, participate in chat rooms, create chat rooms, hold private conversations, share photos and videos, and share blogs by using their mobile phone. Mobile phone users are basically open to every option that someone sitting on the computer has.

*4.10 Emerging Trends in Social Networks As the increase in popularity of social networking is on a constant rise, new uses for the technology are constantly being observed.*

4.10.1 One popular use for this new technology is social networking between businesses. Companies have found that social networking sites such as Facebook® and Twitter are great ways to build their brand image with 5 main reasons documented:

1. To create brand awareness
2. As an online reputation management tool
3. For recruiting
4. To learn about new technologies and competitors

5. As a lead generation tool to intercept potential prospects.

4.10.2 These companies are able to drive traffic to their own online sites while encouraging their consumers and clients to have discussions on how to improve or change products or services.

4.11 The most popular social networking sites are Facebook, Myspace, Twitter, and Youtube but a number of new sites and social groups are born each day.

4.12 Medical applications - Social networks are beginning to be adopted by healthcare professionals as a means to manage institutional knowledge, disseminate peer to peer knowledge and to highlight individual physicians and institutions.

4.12.1 The advantage of using a dedicated medical social networking site is that all the members are screened against the state licensing board list of practitioners.

4.12.2 A new trend is emerging with social networks created to help its members with various physical and mental ailments.

4.13 The potential for social networking as a communications tool is clearly limitless but with this the risks are also high. The SWOT analysis attached outlines these.

4.13.1 Companies such as Greenpeace have recently started to use social networking as a means of reaching new audiences and broaden its appeal and the Department of Health launch on Care and Support services is also using Facebook as a communications tool.

4.14 New Technologies – The introduction of new technology to the market place must not be overlooked when looking at web based communication tools. This area requires extra attention if either option 2 or 3 are adopted to ensure that any developments made consider the external technical environment and the changes they may bring to the communications plan.

## **5. Developments and Recommendations for discussion**

Given all of the attached information, case studies and references to Social Networking, there are 3 options that the Trust can now consider:

1. Do little - remain as we are at present with an Internet usage policy as it currently stands.

2. Use Social Networking as a communications tool, allow access as we do with shopping sites and amend the policy accordingly in order that we can capitalise on the strengths of the communication opportunities that the sites bring but detail clear guidance on the use of East Cheshire NHS Trust when referencing employer details. i.e. clear directive to users not to cite East Cheshire NHS Trust as an employer.



3. Allow full use for all internet users as a modern approach to communications, demonstrating an open, transparent policy; a technically savvy Trust in line with the new web site developments and in conjunction with the Wellbeing service and change in Organisational Development and staff engagement plans. This may include the use of measurement tools such as Web gateways that would add a level of protection to the Trust but would also add costs which have not yet been determined.

# Marketing and Communications Plan 2009/2010 and 2010/11

## Appendix 9 – Financial Plan

Marketing and Communications	2008/2009	2009/2010	Variance
	Spend	Required	
	£ 000	£ 000	£ 000

Staff 1 (5 days)	55	55	-
Staff 2 (2 days )	6	-	(6)
M and M Communications	27	15	(12)
Additional Band 4 part time	-	20	20
One Off Intranet / Internet Investment	-	30	30
Trust campaigns, Social marketing, posters, leaflets	-	60	60
	88	180	92

Business Planning and Service Improvement	2009/2010	Variance
	Required	
	£ 000	£ 000

Additional Band 5 0.5 WTE ( currently unfunded requirement)	14	14
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