

Authority paper

Strategic delivery	Setting standards <input checked="" type="checkbox"/>	Increasing and informing choice <input checked="" type="checkbox"/>	Demonstrating efficiency, economy and value <input checked="" type="checkbox"/>
Paper title	Communications strategy		
Agenda item	8		
Paper number	[HFEA (21/01/2015) 743]		
Meeting date	Wednesday 21 January 2015		
Author	Jo Triggs, Head of Engagement		
For information or decision?	Information		
Recommendation	<p>Members are asked to consider the direction of travel in this paper, notably:</p> <ul style="list-style-type: none"> • drafting a new communications strategy focusing on patient engagement • working harder to change our tone of communications, particularly through our website and CaFC • making more effective use of social media and our own website to reach patients • increasing the effectiveness of media relations and taking a more proactive approach • reviewing internal communications so all staff receive consistent messages. 		
Resource implications	No additional resources required		
Implementation	From April 2015		
Communication	New strategy to be published on the website		

Organisational risk	Medium
Annexes	None

1. Introduction

- 1.1. The purpose of this paper is twofold: to provide an evaluation of how we have performed against the objectives in the previous communications strategy; and to make recommendations on how we should adapt our approach over the next two years to meet the objectives in the 2014 -2017 corporate strategy.
- 1.2. Our existing communications strategy was published in 2013, before our corporate strategy was developed. With the new corporate strategy in place, this is the right time to review our approach to engaging with patients, professional stakeholders, staff and the media.
- 1.3. The recommendations in the McCracken review informed much of our existing communications strategy, focussing primarily on how we engage with professional stakeholders. Whilst there is still work to do in this area, our relationship with clinic staff and with professional stakeholder organisations has improved markedly.
- 1.4. In thinking about our new communication strategy we also need to acknowledge the direction set by the Information for Quality (IfQ) programme which commits us to new website in 2015/16. The new site will not only look different but will also provide us with new ways of engaging with our stakeholders. This paper builds on that direction of travel. We recommend that the new communication strategy, which will be drafted following the Authority's discussions, should focus much more on communications with patients.

2. How have we done so far?

- 2.1. Our ambitions in our existing communications strategy can be summarised as:
 - Changing our tone and personality
 - Improving relationships with stakeholders
 - Enhancing awareness of the HFEA
 - Understanding the patient experience

Changing our tone and personality

- 2.2. We wanted to change our tone of voice in written communications in order to make us appear more open, transparent and approachable. Without losing the need to be authoritative and firm at times, our aim was to use our communications channels to shift the perception of the HFEA as a rather faceless organisation, thereby enhancing our personality.
- 2.3. We have made some improvements in this area, particularly in press statements and in our digital communications with clinics and with the public, especially via Twitter. However, we still have some way to go. We have yet to redraft the content of our website which, if done well, will radically change our tone of voice. We have just published a house style guide, which helps staff to use crisper, patient-friendly language. This will take some time to bed in.

Improving relationships with stakeholders

- 2.4. We have made really good progress in improving relationships with

stakeholders, particularly professional groups and clinic staff. By reinstating our annual conference, running a number of workshops for clinics and by attending more conferences, we have made relationships more productive and are getting better engagement from professional stakeholders and patient representatives, as evidenced by the strong interest in our strategy consultation in spring 2014.

- 2.5. Our workshops on consent and multiple births, which took place in late 2014, were well received: 85% of attendees said the workshops met their aims.

Enhancing awareness of the HFEA

- 2.6. The number of people using our website and following us on Twitter continues to grow. The number of unique visitors to the HFEA website increased by 41% from 2013 to over 1,255,000 in 2014. Meanwhile, the number of followers on Twitter increased by 27% over the year to 1,943.
- 2.7. However, we are yet to make real progress in raising awareness of the HFEA. In saying this we need to understand why this is important. Enhancing the awareness of the HFEA is not an end in itself; it matters because of the important role we play in the decisions of our two principal audiences: patients and professional stakeholders. For example, during the user research for the website redevelopment, we found that patients are not aware of the HFEA at the beginning of fertility treatment and often say that they would have benefitted from receiving our information earlier in their research. This is something we want to address through more patient leaflets in clinics, increasing the distribution of Getting Started (we have just published a new edition and will redesign it in 2015) and through a higher profile at shows and exhibitions. Having a redesigned website and increasing our use of social media will also help to address this.

Understanding the patient experience

- 2.8. We carried out focus groups and surveys of patients in 2014, as part of our strategy consultation and research for the website redevelopment. From this, we know that patients are hungry for impartial information and are keen to hear the views of other patients.
- 2.9. The redevelopment of the website and, in particular, Choose a Fertility Clinic (CaFC), will be our main method for meeting these needs. Information which better reflects a patient's journey through treatment and a much improved clinic search tool with patient feedback included, will really help to address this. During 2015, we will also review our approach to gathering patient feedback during inspection, making sure that clinics act on that feedback as part of their drive to improve their services for patients.

3. The way forward for communications and engagement

- 3.1. Our approach to communications in 2015-17 will focus more explicitly on engaging with patients, as set out in our strategy. Our 'brand' and personality should reflect this. We want to be perceived by patients as:
- having a personality – not being a faceless organisation
 - being an organisation that puts patients first and listens to them
 - being an organisation that has its finger on the pulse of the fertility sector

- being an organisation that is professional and knowledgeable at all times
- being an organisation whose written materials are accessible and clear/easy to understand.

3.2. This will mean:

- working harder to change our tone of communications, particularly through our website and CaFC
- making more effective use of social media and our own website to reach patients
- increasing the effectiveness of media relations and taking a more proactive approach
- restructuring internal communications to ensure all staff receive consistent messages

3.3. In these times of austerity when budgets are tight it is important to note that a new approach to communications does not mean additional investment, but better use of existing channels and resources. The communications channels have already been streamlined to reduce time spent on producing expensive print publications and to encourage more people to access information digitally. The communications team has the required skillset to deliver a new communications strategy.

4. Engaging with patients

4.1. The corporate strategy states that 'patients are at the centre of what we do' therefore our communications should have a particular focus on this group. We can do this through the following channels:

Website

4.2. We know from evaluation that our website is well used, with 1,255,000 unique visits during 2014 (an increase of 41% on the previous year). The website needs to be the shop window for the HFEA and signpost patients to easily accessible information, both on the site and via the CaFC tool. As noted above, it has already been agreed as part of the IfQ programme that there will be a new website that better meets the needs of patients and other key stakeholders. The website must interact with other communication channels, especially social media and the content must always be current. The website should reflect our 'brand', house style and tone of the HFEA. Greater use should be made of video on the website and a YouTube account should be instigated.

Social media

4.3. The majority of patients accessing fertility treatment are in the age group 18-40 which is the main audience for social media. Social media allows people to access up to date information from a variety of sources.

4.4. The effective use of social media, such as Twitter is being encouraged for civil servants and has featured prominently in a number of public sector media articles. Effective use of Twitter can address many of the objectives of how we want to be perceived by stakeholders as it:

- is instant

- allows you to reach your audience
 - breaks down boundaries and hierarchies
 - creates a buzz around events
 - is a gateway to all kinds of information
 - allows you to adopt a warmer, more humane, tone.
- 4.5. At present our use of Twitter, although increasing, is episodic and lacks the kind of informal ongoing conversation which is arguably the defining quality of the medium. We need to increase the number of tweets from the HFEA and adopt a new approach where members of SMT, and maybe the Authority, more regularly tweet and engage in relevant debate. Such an approach would also promote the human side of the HFEA and 'break down boundaries and hierarchies'. We should also look to include photographs with tweets wherever possible. The communications team will continue to lead our Twitter activity, but will work across the organisation to ensure we are using this channel effectively to cover all areas of the Authority's work.
- 4.6. Whilst Facebook is not so useful for the HFEA as an organisation, it is useful to promote events, campaigns and consultations. This should be managed by the communications team and can be very effective in linking to items on the website, in the media etc.
- 4.7. The introduction of blogs is also recommended to help break down boundaries and hierarchies. This is increasingly used across the public sector – for example the CQC use blogs on their website which are provided by a range of staff from the executive team to inspectors. Blogs could convey a range of information and should be used internally and externally.

e update

- 4.8. This is a general newsletter aimed more at the public and patient audience rather than professionals so it needs to be written in a more friendly and informative way and look appealing to read. It contains a round-up of news stories that have already been used in other publications. Some suggested areas for improvement:
- to increase the length of the introduction from the CEO to provide space for wider reflections on the work of the HFEA, the fertility/health sector and perhaps broader public sector themes
 - to review the content to ensure it reflects our brand and tone.

Shows and exhibitions

- 4.9. We should continue to attend national events such as the Fertility Show and Alternative Parenting Show to continue to raise our profile and engage with stakeholders. These are important events for engaging with patients.

Patient feedback

- 4.10. Our corporate strategy commits us to finding ways to better hear the voice of the patient. Such ambition can also be seen elsewhere in health (eg NHS Friends and Family test) and across the public sector more widely. Our thinking on this issue is most developed in the context of the IfQ programme, where it is

recommended that patient feedback should be provided through the new CaFC portal, using the question of “Would you recommend this clinic?” via a star rating. The average rating, the number of people responding and the number of cycles the clinic carried out must also be provided. It is recommended that patients are able to choose from a number of HFEA-generated statements to summarise their experience. This could be displayed via a word cloud for each clinic.

5. Engaging with professional stakeholders

- 5.1. The other main audience are professional stakeholders, including clinic staff and primary/secondary care professionals. The website is an important communications tool for these groups and it must contain specific information that relates to the type of information they require. This should be written in a more authoritative tone than public information.
- 5.2. As noted above Facebook is suited to reaching patients and the wider public but it is probably limited in reaching a professional stakeholder audience. The use of LinkedIn is recommended to reach professional stakeholders and there are several good examples of organisations that do that – e.g. the Institute of Social and Economic Research at the University of Essex use LinkedIn to release details of their studies and linking to news items, both of which can be adopted by the HFEA.
- 5.3. As it is the clinics that have the majority of contact with patients, we need to use professionals – as well as our own channels - to reach patients. Whilst there is no requirement for clinics to supply patients with particular information from the regulator, there is a strong appetite amongst clinics for patient information, as evidenced by the interest in Lifecycle materials on donation. We need to expand this area of work to other subject areas.

Clinic Focus

- 5.4. This is our main communication channel with clinic staff and is well read by professional stakeholders. It is put together by the communications team but the content comes from colleagues across the HFEA. Although it serves a useful purpose, Clinic Focus could be improved by a more strategic approach to the planning of articles.

Primary/secondary care professionals

- 5.5. When discussing our profile, we often say that it is important to get information into primary and secondary care settings, so that patients are aware early on of their options. In the past, we have done this through leaflets to GPs about the Getting Started guide and have had ambitions to do with more widely. However, this is a tough audience to reach and it is costly to do so. In times of limited resources, we should perhaps focus more on making sure that patients coming into specialist reproductive medicine are well prepared and understand all their options. The most cost effective way of reaching patients before they reach this point is to focus on fertility shows and exhibitions (see 4.9.).

Stakeholder groups, events and workshops

- 5.6. We should continue to work closely with professional stakeholders through our standing groups, running joint campaigns wherever possible.

- 5.7. The annual conference is our main opportunity for face-to-face contact with clinic staff and we should continue to prioritise this. The approach should be a mixture of clear messages about what we expect from professionals in helping to put patients at the centre of what we do and workshops to share best practice.

6. Media

- 6.1. Although the media are a communication channel, rather than an audience, it is worth considering media relations specifically. Currently media releases are issued to publicise new reports/publications and changes in policy. They are therefore issued relatively rarely and are, unsurprisingly, written with journalists in mind. We will reconsider how we use press releases on the new website, and how we use articles, blogs and tweets to publish news.
- 6.2. Our press office handled approximately 340 media enquiries during 2014. In the same year, the HFEA was referred to 2,025 times, with the majority of these being in national domestic publications (print and online), closely followed by trade and lifestyle magazines including BioNews and New Scientist. We issued 10 press releases in 2014.
- 6.3. Putting the Chair, Authority members and members of SMT forward for media interviews will help to present the human face of the regulator. In turn this will lead to increased awareness of the presence of the HFEA which will promote transparency and better engagement with stakeholders. It is important to reach a wide audience as often fertility patients do not always know they will be needing treatment.

7. Internal communications

- 7.1. Having effective, up to date and easily accessible internal communications channels is essential for any organisation. All staff are a key channel for communicating with our audiences and they need clear communications from the HFEA to help them to do this effectively. There are several different internal communications channels used by the HFEA but it is not evident if all of these are effective and which ones staff use and find the most useful. The results of the staff survey will help in this area.
- 7.2. It is recommended that:
- a monthly staff brief is issued from CMG or SMT that can be delivered in team meetings to ensure all staff receive consistent messages
 - the format and content of the insider newsletter should be evaluated to ensure it is effective for its audience.

8. Measuring effectiveness

- 8.1. To ensure a new communications strategy is effective it is important that some metrics are included which can be used to measure this. These will continue to be reported to the corporate management group on a monthly basis with a more detailed report every six months. A communications report should also go to the Authority meeting every six months..

9. Recommendations

Members are asked to consider the direction of travel in this paper, notably:
drafting a new communications strategy focusing on patient engagement

- working harder to change our tone of communications, particularly through our website and CaFC
- making more effective use of social media and our own website to reach patients
- increasing the effectiveness of media relations and taking a more proactive approach
- reviewing internal communications so all staff receive consistent messages.