

Stakeholder Engagement & Communications

Surgical Ambulatory Emergency Care 27 June 2017

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Next 40 mins...

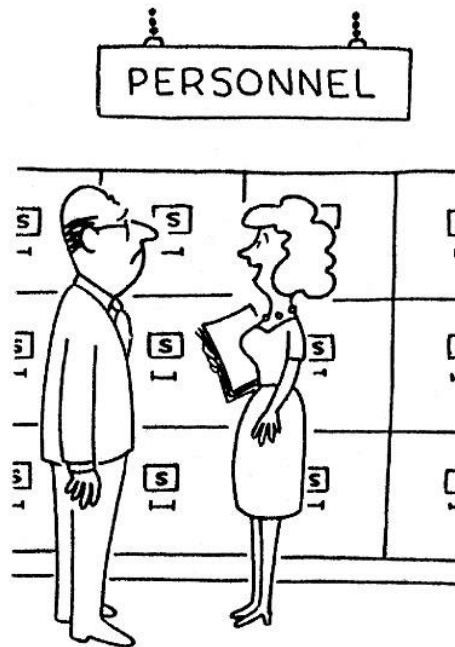
THEORY;

- What and who are your stakeholders?
- Power and influence
- Understanding your stakeholders (reverse mapping)
- Ensuring people access, read and get the right message

TAKE AWAY;

- Templates, tools and techniques to help with your local SAEC project
- Group exercises

Who are your stakeholders?



"IT'S REALLY A SIMPLE SYSTEM —
I FILE EVERYONE UNDER 'S'
FOR 'STAKEHOLDER'."

Stakeholders

Strategic stakeholder

those who **can affect** an organisation / project

- Say what an organisation / project are to do
- Say what resources you have
- Say what the organisation / project should achieve

Moral stakeholder

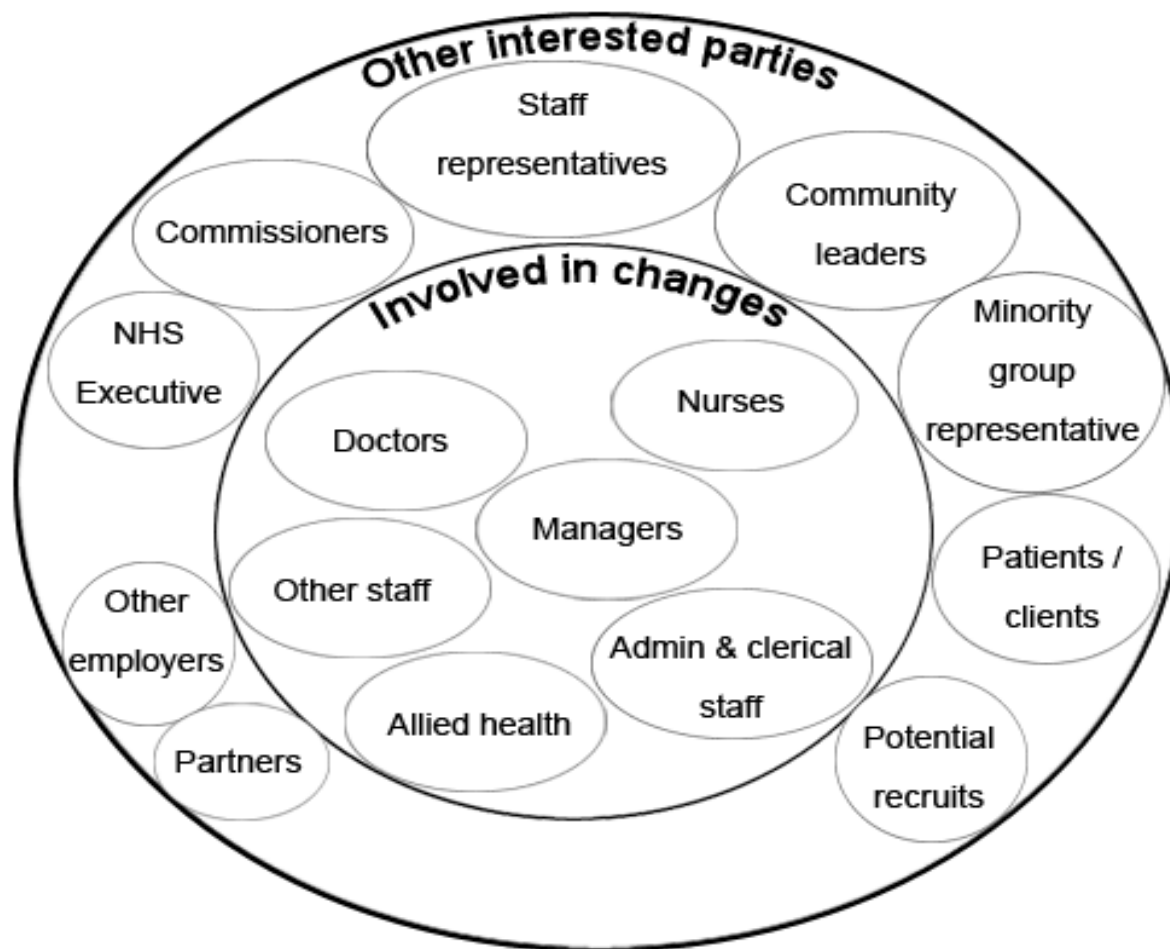
those who are **affected by** the organisation / project

- impact of decisions and plans



Freeman Stakeholders map





Source: NHS Employers

1. Group exercise – 5 mins

Write on the post-it notes, one stakeholder name / category per post-it note

- Who will be impacted by the project? E.g. patients
- Who will be responsible or accountable for the project?
- Who will have decision authority on the project?
- Who can support the project?
- Who can obstruct the project?
- Who has been involved in this type of project in the past?

Do I need to talk to everyone?

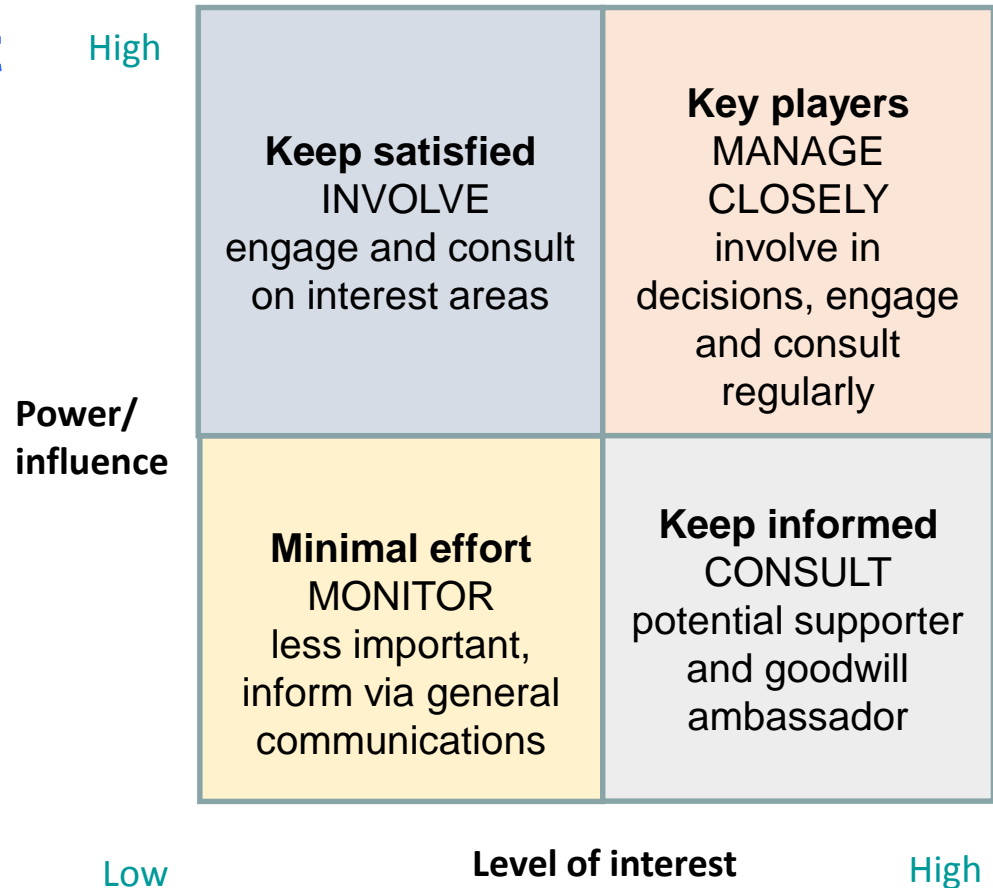


Mendelow's Power Interest Matrix

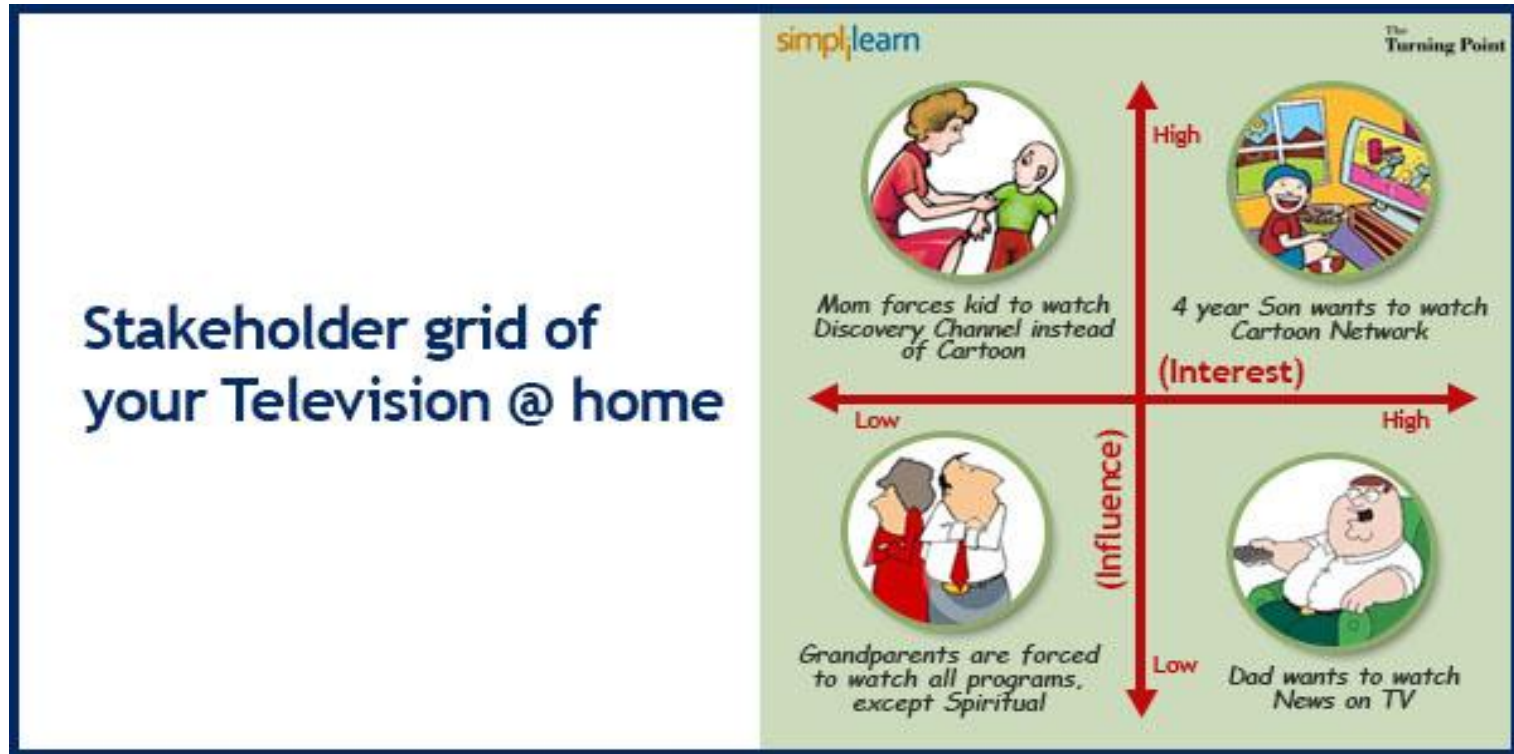
Used to plot the potential influence of stakeholder groups and possible threats

Stakeholders do not stay in one state throughout your project, they will move around when their information needs are met / unmet

The Mendelow matrix (1991)



You can use this for all stakeholders...



Source: <https://www.simplilearn.com/effective-stakeholder-engagement-article>

2. Group exercise – 5 mins

Place your Post-It notes on the corresponding quadrants of the Mendelow's Power Interest matrix.

Developing your key messages



Reverse mapping

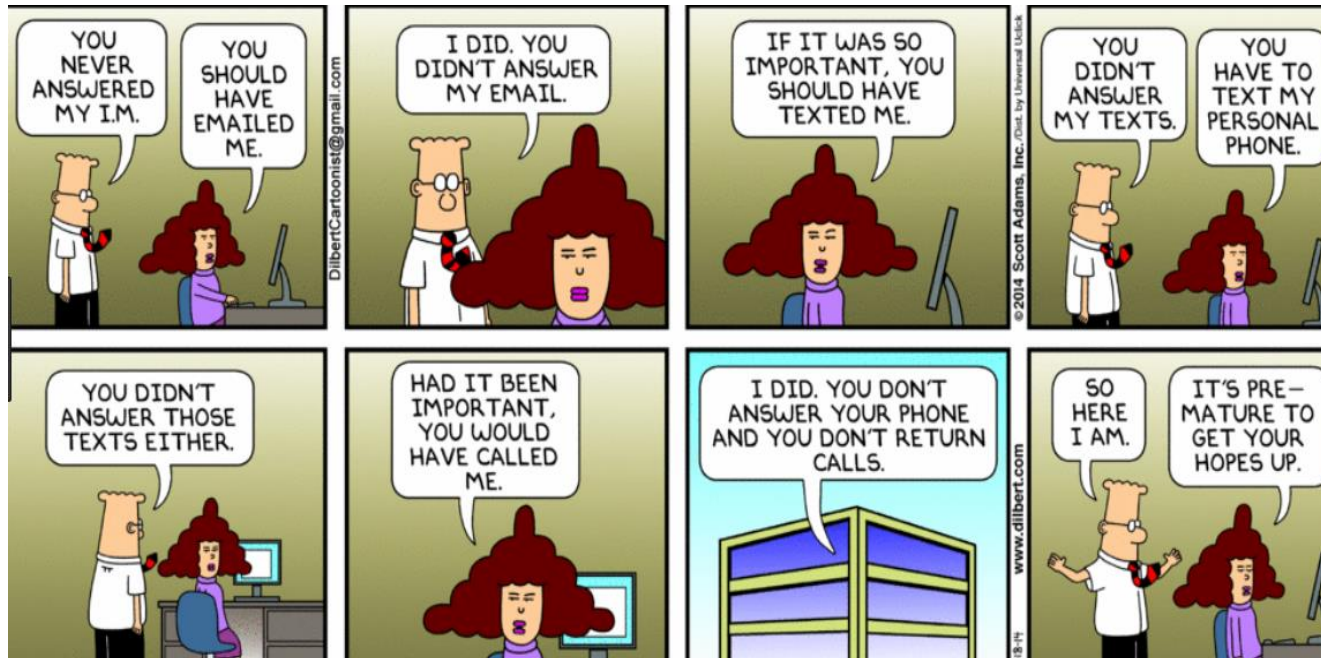
- What's it like in their world ?....map things from their point of view...
 - What's it like working with us – do we keep asking ourselves ?
 - What is their view of our future – do they care?
 - Who influences them – are we in there?
 - How do we communicate?
 - What is our place in their aspirations – are we useful?
 - What is their view of our activities?
 - What do they have, that we want, and vice versa?
- Good insight

3. Group exercise – 10 mins

Developing your communications strategy:

- Who needs to be informed of what, and when?
- Who needs to be consulted about what and when?
- Who is responsible for engaging each stakeholder, and when and how will they do it?

Tailoring your communication channels



Different ways of tailoring engagement

- We need to understand what we want engagement work to achieve:

THINK [cognitive] : raising awareness?

FEEL [affective] : changing opinions and attitudes?

DO [conative] : call to action?

Tools for stakeholders at different stages

Need to ask – where are your stakeholders on accepting your plans or ideas ?

Knowledge stage - active: mass media, opinion leaders, websites
- passive: use their preferred media

Persuasion stage - interpersonal, peers, testimonials websites

Decision stage - demos, assistance, samples, pilots, websites

Implementation stage - info manuals, DVDs, case studies, mentoring

Confirmation stage - user groups, newsletters, websites

10 good tips on stakeholder engagement

1. Engage early in the process
2. Listen. Ask how they want to talk to you.
3. Ensure two-way dialogue
4. Find out how much influence they have with your target audiences
5. They may have a different agenda. Always define SHARED objectives and focus on POSITIVES
6. They are busy. Communicate appropriately. Thank them for input
7. Don't forget - they may talk to each other more often than they talk to you
8. Keep story straight and transparent
9. Keep them informed and involved – no one-off communications
10. Treat them as you would wish to be treated – make an effort to get to know them and to know how much communication they want

Good examples from past AEC workshops

Create an email template

- a) GPs,
- b) Commissioners,
- c) Finance Director,
- d) Clinical Support and Facilities colleagues
- e) On-call team

and place the messages they are more interested in at the top of the email to save them time.

You need to catch their attention in the first 5 seconds of scanning your email.

The Service journey

Use Experience Based Design to help bring the different perspectives of stakeholders together in the initial planning.

Looking at this diagram of the Service, consider what happens to patients and staff at each stage.

What might happen to them and how do they feel?

Patients

Describe how you are feeling and circle the words that best describe your emotions

Example

1. Patient referred to Service

Patient was unsure what a medical term meant

happy safe comfortable
sad worried in pain

1

Patient referred to Service

happy safe comfortable
sad worried in pain

2

Patient assessed for suitability

happy safe comfortable
sad worried in pain

Staff

Describe how you are feeling and circle the words that best describe your emotions

Member of staff checked conditions in the service directory and felt confident they could treat the patient

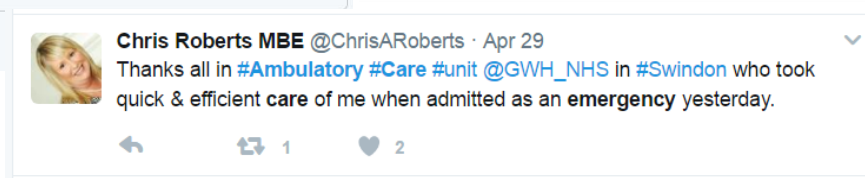
happy calm confident
sad agitated anxious

happy calm confident
sad agitated anxious

happy calm confident
sad agitated anxious

Good examples of using social media

Videos showing what is Surgical Ambulatory Emergency Care for different stakeholders and sharing on social media. **Tell your story!**



Basic key steps - summary

1. Who are your stakeholders? (Freeman Stakeholder mapping)
2. What powerful and influence they have over our programme? (Mendelow Matrix)
3. What are our key messages? (use Reverse Mapping technique)
4. Match message that has the most relevance to each stakeholder (you want people to read it!)
5. Find out how each stakeholder group access and read information (communication channels)
6. Tell your story and the benefits you are delivery

Templates and tools to help you communicate with stakeholders

An example

Helps you to think about messages as benefits – ‘so what question’

Specification	Features	Benefits

Drill example

Specification	Features	User Benefits
4 Speeds forward	Manual 'click in' gearing	<ul style="list-style-type: none">•Use to apply screws•Use to make holes of varying accuracy•Appropriate for cabinet maker to 'chippy'
1 Reverse speed	Slow high torque reverse speed	<ul style="list-style-type: none">•Remove as well as putting in screws
Variable chuck	Hand tighten (no key required)	<ul style="list-style-type: none">•Quick to change 'bits'•Takes different size 'bits'
240v/55w	Use with mains lead or battery Battery recharge time 30mins	<ul style="list-style-type: none">•Use inside or out•Use with/out mains access
Hammer setting	Two levels of hammer power	<ul style="list-style-type: none">•Use with wood•Use with concrete and other hard materials
2 Kg weight	Light weight	<ul style="list-style-type: none">•Suitable for use by men & women
Aluminium casing	Fluorescent green	<ul style="list-style-type: none">•Easily found in poor light conditions (eg lofts)

Gastroenterology – Anaemia Service within Acute Trust example

Specification	Features	Patient Benefits
Clinic for referrals; suspected anaemia /blood loss	Referral confirmed blood loss; Hb <10g/dl; ferritin <50µg/l	Ease of referral irrespective of gender, age (incl. Pre-Op)
All day service	Undertake investigation, diagnosis and treatment – One stop	<ul style="list-style-type: none"> •Reduce patient worries •Less time off work; travelling
Referral in house and GPs direct	Available planned and follow up plus emergencies	<ul style="list-style-type: none"> •Quick access Pxs & referrers
Open 9.00 – 18.00 hours; accept new pxs 08.00 – 11.00	Open 5 days a week	<ul style="list-style-type: none"> •No waiting time •Pick up sinister conditions rapidly – improve prognosis
Dedicated facility for investigations and treatment	Facility in medical assessment unit	<ul style="list-style-type: none"> •Majority of diagnosis on day •Treat with IV iron/blood Tx •Reduce rate of blood Tx
Alternates between sites (2)	Full service for referral at each site	<ul style="list-style-type: none"> •Convenient geographical access for in/out patients
Nurse led/Haematology support	<ul style="list-style-type: none"> •Supported by GI and Haematology Consultants •24/7 path lab support 	<ul style="list-style-type: none"> •Multidiscipline approach •Best practice outcomes

Why we joined SAEC

- SAEC is NHS national network hosted by NHS Elect to assist Acute organisations to accelerate the local development of surgical ambulatory care through the spread and adoption of good practice and utilisation of improvement methodologies – information one-stop-shop
- SAEC is at the forefront of emergency care redesign and therefore our work will be high profile reference sites for national shared learning
- SAEC network and support will help us
 - to reduce emergency admissions and relieve pressure on ED services (similar to the changes we saw in converting elective day surgery to 'same day' care for elective services)
 - to improve clinical outcomes and prevent re-admissions
 - to deliver excellent patient experience covering rapid access to diagnostics, robust clinical assessment and care management
 - to benefit from 'same day' best practice tariffs
 - to strengthen clinical teams and nurse roles for managing the 'straightforward, common conditions' that in turn will release medical time to focus on more acute patients

Benefits of joining SAEC - general messages (1)

Messages (benefits)	Budget Holder who funds us	GP	Clinical Support Divisions	A&E /ED	Patients	Commissioners	On-call team
Being part of the network will help us to successfully engage and involve our internal and external stakeholders (shared learning and resources)		√	√				
It will enable us to accelerate implementation of SAEC & realise the financial benefits more quickly	√	√	√				
We will receive support from a national team of experts in SAEC and service improvement		√	√				
We will have unique access to a range of tools and methodologies that enable rapid implementation of high quality SAEC services		√	√				

Benefits of joining SAEC - general messages (2)

Messages	Budget Holder who funds us	GP	Clinical Support Divisions	A&E /ED	Patients	Commissioners	On-call team
We will get support to design the most effective model for our circumstances, helping you to measure your improvement and predict and measure the return on investment	√	√	√	√	√		
We will be at the forefront of this national service improvement, raising our organisations profile	√	√	√	√			
As a member of the network, we will network with a range of organisations who have implemented SAEC, enabling spread and adoption of good ideas		√	√	√			

Benefits of SAEC at my Trust - more local / Trust specific reasons

Messages	Budget Holder who funds us	GP	Clinical Support Divisions	A&E /ED	Patients	Commissioners	On-call team
Cost savings to inpatient beds							
Releasing on-call pressures							

Segmenting Communication Channels Template

<u>Generic checklist</u>	Budget Holder who funds us	GP	Clinical Support Divisions	A&E /ED	Patients	Commissioners
Programme Manager	√					
MDT Meeting						
Local Press						
Advertising						
Website	√					
Intranet (Staff area)						
Mailings – case studies						
GP Forums						
Conference						
Pilots/surveys						
Education						
Social Media (Youtube)						

Thank you