



**Bradford Teaching Hospitals**  
NHS Foundation Trust

# Communications strategy

## 2026 – 2031

**Delivering a dynamic and inclusive communications service that enhances awareness of the Trust, promotes success, and helps our colleagues Thrive**



# Command Centre

....together putting patients first



*We became the first healthcare organisation in Europe to implement a GE Healthcare powered Command Centre.*

## Our Trust

Bradford Teaching Hospitals NHS Foundation Trust is responsible for providing hospital services for the people of Bradford and communities across Yorkshire. We serve a core population of around 550,000 people and provide specialist services for some 1.1 million.

We employ over 7,000 colleagues who work over several sites, including Bradford Royal Infirmary, which provides the majority of inpatient services, and St Luke's Hospital, which predominantly provides outpatient and rehabilitation services. We also provide a range of services from community sites at Westbourne Green, Westwood Park, Eccleshill, Skipton and the Bradford Macular Centre.

We are proud to have a diverse workforce that reflects the diversity of the communities we serve. We value the diversity of our people and commit to championing inclusion in a compassionate workplace, striving to provide inclusive and accessible services for all.

We became the first healthcare organisation in Europe to implement a Command Centre, powered by GE Healthcare's artificial intelligence system, to transform patient flow in our hospitals. Our dedication to research and innovation remains strong. The Bradford Institute for Health Research (BIHR) continues to lead pioneering health studies, including Europe's first clinical trial using injections to treat asthma and a groundbreaking study into whether better blood pressure management can reduce the risk of falls in older adults. More than 60,000 Bradfordians are involved in life course studies such as Born in Bradford and Age of Wonder. Additionally, Bradford was awarded nearly £7m to set up one of 20 new Commercial Research Delivery Centres (CRDC) and will act as a regional hub for pioneering clinical trials, creating opportunities to test innovative new treatments with the latest equipment and technology.

Our Trust's vision is "To be an outstanding provider of healthcare, research and education and a great place to work."

To deliver this vision, our current corporate strategy has five core objectives.

- **Quality** - to provide outstanding care for patients, delivered with kindness
- **Improvement** – to be a continually learning organisation and recognised as leaders in research education and innovation
- **People** – to be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion
- **Partnership** – to collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals
- **Sustainability** – to deliver our financial plan and key performance targets

Our objectives and the way we work is underpinned by our three core values:



### **We Care**

- We are kind and compassionate
- We take ownership and keep our word
- We are passionate, proud and committed
- We say thank you



### **We Value People**

- We respect each other and our patients
- We embrace difference
- We support each other
- We say when we have done well and learn from mistakes



### **We are One Team**

- We trust each other and work together
- We talk clearly and honestly
- We make every penny count
- We get better all the time

Alongside our corporate strategy, the Trust has additional strategies to guide our work, transform the way we work and meet our objectives including corporate and social responsibility. Our other key strategies are:

- **Nursing and midwifery**
- **People**
- **Patient experience and engagement**
- **Digital and data transformation**
- **Quality**
- **Education**
- **Improvement**
- **Safeguarding**
- **Equality, diversity and inclusion**
- **Green plan**



# National, regional and local context

At the time of writing this communications strategy (February 2026) there are a number of changes and challenges affecting the Trust and wider NHS, that are likely to impact on our ability to deliver all our objectives by 2029. The NHS is faced with record demand, significant financial pressures and the lowest public satisfaction recorded in national surveys. In addition, there are structural changes taking place that will see the folding of NHS England into the Department of Health and Social Care and Integrated Care Boards (including NHS West Yorkshire Integrated Care Board) being asked to reduce their headcounts by up to 50%.

The NHS 10 Year Plan for England has identified three shifts that should take place to help make the service sustainable and affordable. These are from hospital to community; from treatment to prevention and from analogue to digital. The work in response to these shifts is at an embryonic stage at both regional and local level. This includes developing integrated neighbourhood teams, a proposed health on the high street service offer and system-wide working to reduce digital exclusion.

Work is also progressing on establishing a place provider partnership, which includes delegated funding from the ICB for local commissioning, with an expectation that this will be set up no earlier than 1 April 2027. Alongside this work continues on our Airedale and Bradford Collaboration of Acute Services and our corporate services review that involves our Trust as well as Airedale NHS Foundation Trust and Bradford District Care NHS Foundation Trust. Therefore, while this is a communications strategy for our Trust we need to be ready for a greater emphasis on partnership working and sharing resources during a period of reduced capacity across our communications teams due to organisational changes and ongoing financial challenges to recruit to vacant roles.

There are wider socio-political and technological issues to consider too that impact both our Trust and our lives in general. We have the tensions caused by global conflicts, changes likely in the national and local political make up of our country, an increasingly loud, confident and influential 'anti-woke' movement and the pace of technological advances. More specifically, by 2029 - after the point we have reviewed our communications strategy - we will have a clearer picture on how we can use artificial intelligence (AI) in our daily lives as well as at work. In October 2025, an NHS Communications Artificial Intelligence Operating Framework was published by NHS Confederation, and an NHS AI Ambassadors Network is guiding thinking about how technology can be used safely and ethically within the NHS and by NHS communications professionals.

**This communications strategy will be reviewed in 2028, with a revised high level action plan developed as needed based on insight and some of the changes outlined above coming into effect.**





## Communications are evolving and so are we

The world around us is changing, including the way people get, consume and interact with information, this means that we need to consider how our communications function reflects the changing landscape around us. Against this backdrop, effective responsive and agile communication is the lifeblood of any thriving organisation. We believe that clear, inclusive, and proactive communication can enhance our efforts to raise the profile of the Trust, promote success stories, and contribute to the overall well-being of our colleagues and patients. It should help us build a narrative about our Trust that is supported by our advocates and ambassadors, our new vision should build in the need for user-generated content as well as more traditional corporate communications and stakeholder engagement.

By integrating internal and external stakeholders, this strategy is designed to ensure that every voice is heard and that our communication practices support the Trust's vision to be an outstanding provider of healthcare, research and education, and a great place to work.

Our strategy revolves around three key pillars: organisation awareness, internal communications with a focus on our people and patients, and community (and broader stakeholder) engagement. These pillars are essential to ensuring our Trust is responsive, innovative, and trusted.

We recognise that the move towards new ways of working will not happen overnight. We need to consider our current capacity, capability and available resource to deliver on our outcome-focused ambitions. This strategy will be regularly reviewed and fine-tuned based on insights from audits and evaluations to ensure it remains effective and relevant. The review date is expected to be April 2028.

# The strategic need

Research has consistently shown that the clearer staff are about an organisation's vision and objectives, the more effective they become as advocates. Active staff engagement significantly boosts communication impact and enhances positive awareness of an organisation and the work it does. This, in turn, leads to better patient outcomes, creating a virtuous cycle of trust, performance, and satisfaction. Effective external communications, based on insight and feedback from patients and our communities, can help create open, transparent and inclusive relationships that show people that their feedback makes a difference and that information shared by us can be trusted and help them when they are seeking care.

We must address both challenges and opportunities presented by evolving communication channels, technology, and audience expectations. A key part of this refresh involves an audit of existing communication channels to identify areas of improvement, new opportunities, and the potential to build a service that proactively raises our profile and awareness of our work. At the time of writing we are not ready, for ethical and safety reasons, to embrace the opportunities presented by AI however there are other changes in the way people consume and respond to information that can influence the way we communicate with our audiences. A new organisation wide AI policy is being developed, this will help support our communications to ensure we are safe and ethical when using AI.

Positive awareness of the work of the organisation cannot be built on one-way communications, we need to use effective two-way communications with our broad audience base so that we can provide tailored information using the most appropriate channels, format and a range of messengers. This means we can build up an effective network of internal and external influencers, champions and advocates who also help challenge our thinking.

Our communications strategy will allow us to better support the Trust's mission, improve internal communications, and bolster community relations. In addition, work continues to strengthen the relationships between the Trust's corporate communications team with communication colleagues supporting the work of research teams based at Bradford Teaching Hospitals NHS Foundation Trust and those responsible for communicating about the work of Bradford Hospitals Charity. Further to this our Trust's communications team has well developed links with wider partners including the voluntary, community and social enterprise (VCSE) sector, local authority (including public health) and neighbouring NHS trusts in place and in West Yorkshire.



*Active staff engagement significantly boosts communication impact and enhances positive awareness of an organisation and the work it does.*

# Aims and objectives of the strategy

The overarching goals of our communications strategy are focused on reinforcing our brand, strengthening internal engagement, and optimising external partnerships. The key objectives include:

- **Organisation awareness:** Build and maintain trust among our audiences by focusing on proactive communications and promoting success stories. This includes effective stakeholder engagement and a greater focus on proactively working with key local influencers and communities.
- **Internal communication alignment:** Strengthen internal communication efforts to align with the Trust's own mission and priorities, improving staff engagement and clarity. This includes making greater use of our colleagues as our ambassadors, looking for opportunities for them to be our storytellers and brand ambassadors – internally and externally.
- **Operational efficiency:** Deliver a communication model that strikes a balance between proactive and reactive approaches, reinforcing a multi-channel framework. This means taking time to audit and reflect on the effectiveness of our current communications channels.
- **Collaborative working:** Foster collaboration with place-based and regional communications teams to reduce duplication and maximise resources. To contribute to or lead place-based communications projects and initiatives.
- **Staff engagement:** Work closely with HR and OD teams to support the People Plan, improve staff engagement, and highlight why the Trust is a great place to work.
- **Reporting and metrics:** Develop an effective reporting mechanism, including a performance dashboard with industry-standard metrics.
- **Accessibility:** Maintain a focus on accessible communications, ensuring the needs of all stakeholders are met.
- **Personal and professional development:** Ensuring we create time and space for members of the team to enhance existing skills as well as developing new ones. Become effective community anchors, role modelling this by having at least one intern every year from the University of Bradford hosted in the function.
- **Social listening:** Improve our social listening using both our social media channels as well as existing data through our patient experience and PALS teams.

These objectives will guide the transformation of our communications services into a more agile, engaged, and strategically aligned function, contributing to an enhanced awareness and profile of our Trust.

# The three pillars of the communications strategy

## **Pillar one: organisational awareness and brand positioning**

Positive organisation awareness is shaped by the stories told by our audiences, including our staff, as well as the perceptions of patients and visitors through their accumulated experience of our hospitals, their direct contact with staff and services, and via external influences. External influences include broadcast and print media, and in a world where it is easy to self-publish and share content - social media platforms, local and regional online influencers and online communities centring around topics of interest.

Profile raising is fundamental to our success. It influences everything from patient trust to financial viability, staff retention and recruitment, crisis recovery and community standing. For patients, it influences trust in our services and reassures patients that they will receive high-quality care in a safe, supportive environment. How we measure organisational awareness and perception is important, and should form part of our strategy and future insight work. We need to understand what matters to our different audiences when thinking about the Trust, how their views are shaped and where we would need to focus our energy to shift perceptions.

We have built a strong brand position for excellence in teaching, innovation and research but recent focus has shifted to financial performance and other operational challenges. We need to shift the focus back to our key strengths, while ensuring an open and transparent approach is adopted for any reactive communications and the difficult messages that we will need to share in an ever challenging operating environment for us and the wider NHS. Under this pillar, we aim to cover:

- **Strategic communications:** Implement a communications strategy with agreed plans that balance proactive and reactive communication efforts. This includes effective forward planning, a refreshed stakeholder database and agreed metrics for reporting on success as well as areas for future focus or improvement.
- **Stakeholder engagement:** Develop a comprehensive stakeholder database and conduct mapping to understand stakeholder needs, ensuring tailored communication channels.
- **Media relations:** Continue to foster clear, consistent, and proactive media engagement on both local and national levels.
- **Closer working with Trust-based communication teams:** Build on the work we have done to actively involve and meet with colleagues supporting the communications activities for our research teams and charity. This includes joint meetings and for colleagues to share working spaces where practical to do so. This also allows us to look at shared opportunities to maximise our available resources such as training and development, skills sharing and licences for software.

- **Digital and social media:** Expand our digital footprint by re-assessing our social media channels and growing our social media presence, representing the Trust as a modern and digitally engaged organisation. This includes a focus on a broader range of corporate story tellers, moving away from a traditional model of corporate communications that is only fronted by senior executives to one that is shared across our staff groups.
- **Brand centre:** We will develop an online brand centre to ensure we consistently apply our brand across all our communication channels. There are existing sub-brands that will be audited for effectiveness and improved as needed, with any future brand development to be limited to reduce confusion among our stakeholders. The online brand centre will include brand guidelines, pre-set templates and evidence-based guidance including the importance of meeting core accessibility standards.

This pillar ensures that the Trust is always positioned positively, and our communications reflect the values and excellence of the organisation. By taking a more strategic approach we can plan more effectively for current and future opportunities and pick up issues and challenges sooner by improving our social listening.

## Stakeholder engagement – updating our approach

Refreshed stakeholder mapping will ensure we can tailor messages and provide relevant communications that resonate with the specific interests of each audience. By identifying and prioritising stakeholders, we will be able to allocate time, effort and resources more effectively, so our communications efforts can focus on the most influential or impacted groups.

Understanding who our stakeholders are, their level of interest, and their influence will help us:

- foster stronger relationships and build long-term partnerships;
- identify potential risks or address concerns raised by our audiences before they escalate;
- better manage our organisation awareness and positioning by knowing who our audience is and what their concerns or areas of focus might be.

## Pillar two: our people and our patients

The second pillar focuses on strengthening the relationship between the Trust, its employees, and its patients. We will focus our colleague communications around the four key areas of the NHS People Plan – looking after our people, belonging in the NHS, growing for the future and new ways of working and delivering care. In doing so we will highlight how our Trust is a great place to work and showcase how our service is continually improving. External communications will promote success stories and illustrate outstanding patient care and support. This pillar focuses on:

- **Internal communication:** Leverage insights from our workforce to better understand and communicate effectively with staff. This includes revitalising basic communication tools, such as organisational structure charts and contact lists.
- **Ambassadors and storytellers:** Develop a network of storytellers and ambassadors who will become the face of the Trust, representing both internal and external stakeholders.
- **Career development:** Promote training and career development opportunities to create a culture of continuous learning. To ensure communications is included in the staff induction so people know how to access information, where to go to share success stories and how they can get involved as ambassadors and storytellers.
- **Reaching non-desk based colleagues:** Our longer-term objective needs to consider how we reach colleagues who are non-desk based and those who do not have email addresses or infrequently use them. This may include considering solutions such as an app or colleague channel through social media (eg WhatsApp), any solutions would need to be insight-led and cost effective.
- **Patient success stories:** Share patient experiences and success stories to highlight the compassionate care delivered by our team. In addition we should use our storytellers and ambassadors to position ourselves as a community asset and an anchor institution that contributes significantly to our local communities.

By focusing on the needs of our people and patients, we will foster a stronger sense of belonging and shared purpose within the Trust.



## A refreshed approach to internal communications

### Let's Talk – re-vamped

The internal communications channel where we see highest levels of engagement is Let's Talk. Average reach is around 2,000 colleagues, nearly a third of the workforce dip in and out of it. Let's Talk is a great place to showcase our work internally and promote success stories. But we are conscious that we, as a communications team, are driving it. We want to establish more user-generated content, and an editorial group of colleagues to help us forward-plan content. The aim is to have a mix of colleague and patient stories, lifestyle pages and corporate news in a re-vamped format with shorter stories and more links to accessible intranet content.

### Global emails – re-designed

While we do not want to promote and encourage an over-reliance on email, we have to acknowledge that global email is widely used. The move to Microsoft 365 has opened new opportunities and removed some restrictions on email. We are investigating new e-bulletin solutions, which will allow us to embed images and have more design features. Taking into account other measures in this plan, the overall intention is to send fewer emails but those that we do send will look and feel more engaging.



## Monthly Team Brief – re-instated

We understand that everyone is busy and that many of our colleagues do not have easy access to, or time to read some of the digital channels like the intranet and email. We therefore rely on managers to cascade important information down to their teams. However, we recognise that it can be difficult for managers to know exactly what the most important news is to share with their teams, that their time is precious and that we have not, since the COVID-19 pandemic, provided them with the support and guidance they need to be able to do so effectively.

Monthly Team Brief will be re-instated. The aim is to be rapid and relevant, to be delivered in 20 minutes or less. It will provide an opportunity for colleagues to hear from members of our executive team sharing news that affects us all in an open and transparent way, including a space to ask questions.

As part of a more ambitious move, we will take on board any learning from the monthly briefing and work towards a more regular weekly Team Brief for people to hear from our Chief Executive or one of our executive team members. This will only be rolled out based on insight and feedback when we have re-instated and evaluated the monthly team brief.

*The aim is to be rapid and relevant, to be delivered in 20 minutes or less.*



## Testing our approach

We recognise the importance of insight while balancing this with experience, judgment and wider industry communication trends. Therefore we will use a test and learn approach initially when making these changes, accepting that we will need to review and make changes as needed. Between April and December 2026, we will also carry out periodic short surveys across employee groups and roles to understand what changes have landed well, what can be improved further and those that need to be dropped.

## Pillar three: community engagement and relations

Building strong community relationships is essential to raising our profile and awareness and the success of our Trust. We recognise that relying on patient engagement alone means we do not have a deeper relationship with our communities. This is especially important during periods of challenge as people don't have an emotional bond or connection with the Trust and instead we have transactional relationships. We will do the following:

- **Community insights:** Work with our place partners - including the VCSE, local authority and university - to use existing and new opportunities to better understand our communities. These insights will help us understand what matters to people beyond their experience of care and how they currently view the Trust. This should then help us develop a messaging strategy that responds to what we hear.
- **Patient experience groups:** Work closely with patient experience groups (eg: maternity and neonatal voices partnership) to demonstrate how community feedback shapes our services. We should be using the power of these individuals and groups to tell our story in their words. It is important that we recognise and reflect any poor experiences of care and adopt a trauma-informed approach when communicating with any people or their families who have experienced any form of harm or trauma.
- **Outreach:** Rebuild connections and strengthen outreach efforts by connecting Trust colleagues with community members, promoting stories that highlight the positive impact of our services. This includes working closely with VCSE partners to build connections with local community groups such as through the Reach In, Reach Out initiative.
- **Educational partnerships:** Establish closer links with local education providers, creating internship opportunities to engage the next generation of healthcare professionals and benefit from fresh perspectives that can help shape our communications approaches, channels and messages.

This pillar ensures that the Trust remains deeply connected to the communities it serves, maintaining a strong and supportive presence.



## Ambition drives us

Alongside our three pillars in our strategy we have set ourselves more ambitious targets to strive for. We have avoided a push for collecting awards as they often involve additional cost and are not always the best metric for success. This does not mean we will not look for opportunities to share best practice through awards, if we feel we have strong metrics demonstrating real outcomes that reflect the core standards set out in the AMEC integrated evaluation framework.

Our broader ambitions are as below, these are designed to foster a sense of personal and team development to help us on our continuous improvement journey as a team.

- Achieving the PRCA Communications Management Standard accreditation
- Demonstrable example of sharing at least one best practice example in communications with wider regional and national peers
- Year-on-year improvement on team performance, demonstrated by industry standard metrics and internal 360 feedback

## Crisis communications

Bradford Teaching Hospitals NHS Foundation Trust is a category one responder, as defined under the Civil Contingencies Act 2024. Warning and informing is one of our duties as a category one responder. Working with our emergency planning team, we have well-established processes in place to respond quickly to an incident. This includes having media trained spokespeople, pre-written holding statements and an effective link with regional partners through the West Yorkshire Local Resilience Forum (LRF). We continually review our processes and this includes taking part in any Trust or system-wide crisis simulation exercises.



*Working with our emergency planning team, we have well-established processes in place to respond quickly to an incident.*

## Our audiences

Our Trust, and the wider NHS, has many different audiences that it needs to engage and communicate with. The stakeholder list below is not meant to be an exhaustive list instead it helps illustrate the broad range of audiences we need to communicate with and hear from. The below provides a snapshot of these stakeholders, with more detail in appendix A.

- Internal
- Patients, carers and wider public
- Local and regional partners
- Political representatives and committees
- National bodies and regulators/professional bodies
- Media



## Our principles

We are committed to being open and transparent in our communications working to agreed governance processes and delivering value for money. Our five main principles that will guide our work are as below.

- We will ensure our information is as accessible as possible, considering barriers such as health literacy.
- We will use insight and be targeted and audience-led in our communications with an expected shift to a more digital-first approach.
- We will be proactive in listening, understanding and acting with a focus on two-way communications internally and externally.
- We will adopt trauma-informed communications and demonstrate cultural sensitivity to deliver inclusive messages (including apologising when we get this wrong).
- We will measure what we deliver, to ensure a cycle of continuous improvement.

# Measurement and evaluation

Effective communications should aim to get people to 'know, think, feel or do' differently as illustrated below.

## **Know**

What does our audience know about the Trust, service or issue?

What do we want our audience to know about the trust, service or issue.

## **Think**

What does our audience think about the Trust, service or issue?

What do we want our audience to think about the Trust, service or issue?

## **Feel**

What does our audience feel about the Trust?

What do we want our audience to feel about the Trust?

## **Do**

What are our audience doing now?

What action does the Trust want our audience to take?

Our approach to communications should be outcome focused, deliberately designed to measure our impact. These measures could include perception and sentiment, and at other times they could measure action taken. We will look to avoid any vanity metrics such as impressions and reach for social media.

In 2026-2027 we will introduce a quarterly performance dashboard that will be shared with our executive team.

The below is not an exhaustive list of evaluation measures we will use however it does cover some of the routine metrics used to assess the effectiveness of communications activity.

- Measuring behaviour change for targeted campaigns and projects
- Monitoring engagement rates on social media (note we won't include reach or impressions)
- Open rates and click through for our bulletins including unique page visits to website and intranet
- Attendance at internal and external events
- Media coverage, including sentiment analysis
- Results from any communication audits – internal and/or external stakeholders
- Feedback from communication champions/ambassadors
- National take up of our case studies and stories as well as social content
- 360 feedback of team carried out with senior leaders
- Specific team development goals such as achieving the PRCA accreditation

## Risks to delivery

Our communications strategy is ambitious and achievable, however we recognise that there are risks to successful delivery. This includes a changing NHS landscape and the speed of technological change most notably AI, creating further risks around misinformation.

The following is not an exhaustive list of risks, instead focusing on those that have a greater likelihood of materialising.

- Capacity and resource in the team
- Financial challenges facing the NHS further impacting on resourcing
- Moving towards a shared operating model across place-based Trusts within the current available resource at all three Trusts
- Use of AI in wider society versus time and capability to adopt within the NHS
- Impact of changes to the ICB and resourcing capacity in the ICB communications and involvement team
- Impact of setting up place provider partnerships and resource available to support
- Change in political landscape

# Realising our ambition: our high level actions to deliver an evolved communications offer

It is important to note that the action plan below does not include the 'brilliant basics' business as usual work we do including proactive and reactive media, updates to our digital channels, support with TV screens and screensavers and producing videos. This high level action plan highlights the changes we are introducing to build on the work we do.

**Review date:** This communications strategy will be reviewed in 2028, with a revised high level action plan developed as needed based on insight and reflecting any changes to our operating environment and evolving technologies.

## Pillar one: organisational awareness and brand positioning

Action	Intended outcome	Link to Trust strategic objectives	Delivered by
Develop a stakeholder database	Help identify key stakeholders, understanding who they are, their level of influence and how to reach them Use the database for proactive and reactive communications	Partnership	March 2027 Reviewed bi-annually
Review our social media channels	Limit use of X to only critical updates especially during times of crisis Increase our approach to storytelling and people-focused content on our channels Enhance our presence on TikTok alongside Instagram and Facebook for consumer content and LinkedIn for corporate content	Quality Improvement People Partnership	April 2026 Review in September 2026 Review in September 2026
Refresh our intranet site	Improved user experience and ease of use of site	Improvement People	April 2027 Any immediate improvements to be completed before this date
Set up a brand centre	Develop an online resource to support colleagues to access tools and guidance to ensure consistent use of our brand	Quality Improvement People	September 2027 Beta site to be ready for testing by June 2027

## Pillar two: our people and our patients

Action	Intended outcome	Link to Trust strategic objectives	Delivered by
Set up a new e-bulletin system for our weekly newsletter	Improved format, easier to access information and ability to evaluate open rates and click throughs	People Sustainability	April 2026 – subject to compatibility with existing IT infrastructure
Work with organisational development, equality diversity and inclusion, spiritual and pastoral care and our charity to develop a calendar of events the Trust will mark	Creating a sense of belonging for colleagues Improved awareness and support for our charity	Quality People	January 2026 template developed
Introduce a monthly news cascade	Opportunity to create two-way communications within our Trust with key corporate updates delivered once and then cascaded with an opportunity for teams to share feedback and ask questions	Quality Improvement People Partnership Sustainability	April 2026 Note this will mean that the CEO weekly video round up will become a monthly news round up Subject to feedback, we could consider a weekly 'Team Brief' live from April 2027 involving members of our exec team providing key updates including time for a Q&A
Revamp Let's Talk	To deliver a balance of corporate updates, human interest stories and wider lifestyle news.	Quality Improvement People Partnership Sustainability	Move to monthly edition from June 2026 Review feedback in January 2027

Action	Intended outcome	Link to Trust strategic objectives	Delivered by
Set up a communications ambassadors and champions programme	Help us refine our communications approach with real time feedback. Wider colleagues to act as story tellers and internal (and external) influencers	Improvement People	April 2026 - April 2027 to do some initial testing with receptive colleagues with the aim of recruiting 25 people by this point  September 2027 – review approach and sign ups
Undertake insight in engaging and reaching non-desk based colleagues	Help us consider solutions to ensure we can effectively communicate and engage with colleagues who are least likely to have access to or use email / electronic communications	Improvement People	April – June 2027, using insights shared by a similar exercise underway at Bradford District Care NHS Foundation Trust  Paper, with costed options to ETM for February 2028. Implementation to begin April 2028 – March 2029 (and possibly beyond)
Carry out a communications audit to inform 2028 – 2031 high level plan	Assess effectiveness of communications channels – internally and externally, doing so after some of the refreshed approaches have been bedded in	Improvement Sustainability	April 2028  Note the quarterly dashboard for our team will be used prior to this to inform improvements and shorter insight surveys will be used periodically to test our revised internal comms approach between April and December 2026
Work with OD to assess feasibility of developing an app for colleagues	An additional channel to help support efforts to engage with wider workforce especially those that are non desk-based	Improvement People	Ongoing – subject to feasibility

## Pillar three: community engagement and relations

Action	Intended outcome	Link to Trust strategic objectives	Delivered by
Share stories of service improvements from patient, carer and public feedback	Demonstrate that people's feedback is valued, makes a difference and matters to the Trust	Quality Improvement People Partnership	September 2027
Attendance at community events	Ensure Trust is represented at key community events of significance to the people we serve and our stakeholders. As a team we will use this to share opportunities to build relationships and intelligence of our communities to be culturally sensitive and inclusive in the work we do.	People Partnership	Ongoing
Provide a summer internship opportunity for a University of Bradford student	Demonstrates team commitment to social responsibility and our Trust's role as an anchor institution.	People Partnership	Every summer (6 weeks) – subject to available budget
Visit community projects	Improve relationships with the voluntary, community and social enterprise sector and link back to our Reach In, Reach Out programme	Partnership	April 2027 Allows time to diarise events and focus on some of the wider key deliverables outlined in the communications strategy
Develop a quarterly stakeholder update	Improve links with stakeholders and ensure we drive a consistent narrative using existing content and stories.	Improvement Partnership	April 2028 to coincide with delivery of stakeholder database

## Team development

Action	Intended outcome	Link to Trust strategic objectives	Delivered by
Work towards the PRCA Communications Management Standard accreditation	Shared development that reflects team achievement against industry best practice	Improvement People Sustainability	March 2029
Set up quarterly performance dashboard	Provides evidence of effectiveness of our communications with industry standard metrics as well as broader intelligence on issues management.	Improvement	September 2026
Invite a guest speaker (pro bono) to our team meeting to share top tips on topics of interest	Ensures professional development across the team and access to latest trends and thinking	Improvement People	Bi-annual from May 2026

# Appendix A: Our stakeholders

Who they are	How we will reach them
<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>• Our board and non-executive directors</li> <li>• Our governors</li> <li>• Our colleagues</li> <li>• Our clinical support units and non-clinical departments including general managers and heads of service</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly colleague e-bulletin</li> <li>• Monthly filmed news round up from chief executive</li> <li>• Monthly Let's Talk colleague magazine</li> <li>• Monthly team brief cascade</li> <li>• Global emails</li> <li>• Screensavers</li> <li>• Posters and TV screens</li> <li>• Intranet</li> <li>• Events</li> <li>• Staff networks</li> <li>• Social media</li> </ul>
<p><b>Patients, carers and wider public</b></p> <ul style="list-style-type: none"> <li>• Patients, carers and their families</li> <li>• Patient groups</li> <li>• Foundation trust members</li> <li>• Consumer champions e.g. Healthwatch Bradford and District</li> </ul>	<ul style="list-style-type: none"> <li>• Media</li> <li>• Social media</li> <li>• Posters and TV screens</li> <li>• Website</li> <li>• Stakeholder updates</li> <li>• Foundation trust newsletter</li> <li>• Colleague communication ambassadors and influencers</li> <li>• Information shared through PALS and patient experience team</li> </ul>

Who they are	How we will reach them
<p><b>Local and regional partners</b></p> <ul style="list-style-type: none"> <li>• NHS West Yorkshire Integrated Care Board (ICB)</li> <li>• West Yorkshire Association of Acute Trusts (WYAAT)</li> <li>• NHS England North East and Yorkshire (expected to change to a Department of Health and Social Care regional team in 2027-2028)</li> <li>• Bradford Wellbeing Board</li> <li>• Bradford Council</li> <li>• Academic partners – University of Bradford, Bradford College and Shipley College</li> <li>• Voluntary and community and social enterprise sector including infrastructure organisations and local/hyperlocal community groups</li> <li>• Faith sector</li> <li>• Healthwatch Bradford</li> <li>• Primary care, including primary care networks and community partnerships</li> <li>• Yorkshire Ambulance Service NHS Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder update</li> <li>• Briefings and formal/informal meetings</li> <li>• Media</li> <li>• Social media</li> <li>• Website</li> <li>• Visits to Trust</li> </ul>

Who they are	How we will reach them
<p><b>Political representative and committees</b></p> <ul style="list-style-type: none"> <li>• Members of Parliament (MPs)</li> <li>• Councillors</li> <li>• Councillors – leader and portfolio holders</li> <li>• Overview and scrutiny committee – chairs and members</li> <li>• Bradford wellbeing board</li> <li>• Local area committees / ward officers</li> <li>• Parish and town councils</li> <li>• Secretary of State for Health and ministers of state and parliamentary secretaries</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder update</li> <li>• Briefings and formal/informal meetings</li> <li>• Media</li> <li>• Social media</li> <li>• Website</li> <li>• Visits to Trust</li> <li>• Through formal public involvement processes when service change is proposed</li> </ul>
<p><b>National bodies and regulators/ professional bodies</b></p> <ul style="list-style-type: none"> <li>• NHS England (to be part of new Department of Health and Social Care in 2027 -2028)</li> <li>• Care Quality Commission (CQC)</li> <li>• UK Health Security Agency (UKHSA)</li> <li>• National Institute for Health and Care Excellence (NICE)</li> <li>• Equality and Human Rights Commission</li> <li>• NHS Race and Health Observatory</li> <li>• Health and Safety Executive</li> <li>• Royal colleges</li> <li>• Trade unions</li> </ul>	<ul style="list-style-type: none"> <li>• Briefings</li> <li>• Visits to Trust</li> <li>• Formal and informal meetings</li> </ul>
<p><b>Media</b></p> <ul style="list-style-type: none"> <li>• Local newspapers and broadcast</li> <li>• Regional newspapers and broadcast</li> <li>• Trade journals</li> <li>• National media</li> <li>• Information websites (e.g. NHS website)</li> <li>• Community media / websites (e.g. BCB Radio)</li> </ul>	<ul style="list-style-type: none"> <li>• Proactive media relations including press releases and feature stories</li> <li>• Reactive media handling</li> <li>• Social media</li> <li>• Website</li> </ul>