

External Relations Plan: 2010 - 2011

1. Introduction

- 1.1 In January 2009 the Council agreed CHRE's strategic communications plan 2009 – 2011, which underpins our strategic plan 2008/09 – 2010/11 and business plan for this period.
- 1.2 We confirm that our communications' operational action plans for 2009/10 were delivered and we set out below our key achievements, which provide us with a firm foundation for delivery of our broader strategic approach to managing external relations during 2010-11.
- 1.3 Following the recent budget, the government has imposed a 'controls freeze' on communication spending prohibiting certain activity, primarily advertising and marketing, and requiring us to seek authorization for spends above £1,000 unless exempted. In view of that, we have reviewed our communications strategy and incorporated permissible activities within a broader strategic approach to managing external relations. Within it, we focus on our statutory duty 'to consult and inform' and target specific audiences, particularly patients and the public to achieve stated outcomes using cost efficient methods.

2. 2009-10 – Key achievements

- 2.1 Last year we established a number of key documents, guidance and procedures to lay the foundations for consistent, high quality internal and external communications as follows:
 - Our corporate brand guidelines, style guide and new website were launched at a public conference in March 2009. Throughout the following year we worked to improve the structural functionality and accessibility of our website and publications. We sought feedback from patients and the public on the website and patient and public publications, as well as commissioned independent accessibility audits on our website. We obtained +70% rating for accessibility on our website in the audits, and in response to feedback, implemented a programme of work in January 2010, prioritising improvements to aid visibility of content for our partially sighted viewers
 - To make our policy initiatives easier to understand, we introduced summary versions of our main documents. We wrote them in Plain English and presented key facts behind our initiatives.
 - We published statutory publications (our Annual Report and Accounts and the Performance Review report), which we laid before Parliament

on 3 July 2009. We published policy guidance for professionals and patients and produced a patient's guide '*Clear sexual boundaries between healthcare professionals and patients; information for patients and carers*' which is located on our website:

http://www.chre.org.uk/img/pics/library/0907_Clear_sexual_boundaries_-_Information_for_patients_and_carers.pdf. This report was published on 26 May 2009.

- We produced informative, easy to read documents specifically for patients and members of the public. For example, our *CHRE Review* in October 2009 introduced members of our new Council (our governing body), who took up office in early 2009.
- The scope of our work with patients and the public included working with patient representative and advocacy groups in the four countries of the U.K. to understand their issues. We commissioned research on what makes for a good patient and public scheme in the four countries
- We launched our Public Stakeholder Network (PSN) in March 2009. In 2009/10 we steadily increased membership registrations to our Public Stakeholder Network across the four countries. We can report that membership at the end of 2009/10 was in excess of 170 members. The voluntary and virtual structure of the network encouraged involvement from patients and the public from different socio-economic groups and geographical areas
- In 2009 we held two sets of meetings with patients and the public in the four countries. The structure of these meetings was to inform patients about our work, where we sought their advice and feedback. We addressed some of the issues directly, or consulted with other decision-makers across the sector. Such consultations enabled us to improve our own work programmes and external communications
- We introduced a professional network in 2009 which had a membership of 100 people at the end of 2009/10. Members work for regulatory organisations, health professionals, academics, or are professionals working in the wider field of regulation or law
- To promote high standards of excellence in health professional regulation, we consulted with government, the regulators, health professionals and academics internationally, in the European Union, and across the UK. We organised 6 seminars and 1 symposium across the UK and examined emerging trends and issues, providing opportunities for sharing of good practice and learning from the work worldwide
- We spoke at international, European and UK conferences and events and shared learning experiences in the field of regulation
- We introduced a Welsh Language Scheme in collaboration with the Welsh Language Board and in accordance with the Welsh Language Act 1993
- We produced a stakeholder map to ensure we had identified our key stakeholders.

3. External Relations 2010-11: engaging, consulting, informing

3.1 Most of our staff and our Council have a role to play in establishing effective external relations and so our approach spans the work of our three teams: Policy and External Relations, Scrutiny and Quality and Operations.

3.2 Our aims are to ensure that we manage our external relations well in order to fulfil our statutory functions properly; and be viewed as insightful, authoritative, reliable, independent and accessible.

3.3 Our initiatives will take account of the different health structures in the four countries of the UK and keep abreast of policy and other developments that might impact on the health and well-being of patients and the public. We will pursue in-house or low cost methods where practicable. We will seek approval from our sponsor if the cost is greater than £1000.

3.4 Our priorities this year are to:

- Facilitate regulatory debate in order to enhance public protection
- Promote understanding and discussion of right touch regulation
- Increase engagement with patients and representative groups particularly in Scotland, Northern Ireland and Wales
- Increase engagement with minority and hard to reach groups
- Adopt a 'three tier' approach to managing our website, structuring information in layers so that readers may choose the level of detail or complexity that suits their purposes
- Review website content and enhance functioning to achieve best value
- Make our published documents more accessible including graphics where appropriate
- Ensure optimal distribution of our completed work

4. Monitoring and evaluating our work

4.1 We will monitor and evaluate our work. Measures of success will include:

- Positive comments received from stakeholders on the value our work adds
- Larger membership of public stakeholder network, especially in Northern Ireland, Scotland and Wales, and among minority and hard to reach groups
- More input from public stakeholder network and professional network to our policy projects and performance review
- Participation by patients and public reflecting increased participation by minority and hard to reach groups
- Increase in number and length of website visits; more downloads of papers

- Increase in proportion of our web pages that adopt the three tier approach
- Readers report that our papers are accessible and that our formats aid comprehension.

5. Conclusion

- 5.1 Considerable work was carried out last year, which has significantly improved CHRE's ability to communicate effectively. This work has provided us with firm foundations to engage with stakeholders effectively and underpin the delivery of our statutory responsibilities. We have set out our objectives for 2010/11 and the measures by which we will gauge their effect.