Reputation management:
a guide for boards
The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS.

We represent over 95 per cent of NHS organisations as well as a growing number of independent healthcare providers.

Our ambition is a health system that delivers first-class services and improved health for all. We work with our members to ensure that we are an independent driving force for positive change by:

• influencing policy, implementation and the public debate
• supporting leaders through networking, sharing information and learning
• promoting excellence in employment.

All of our work is underpinned by our core values:

• ensuring we are member driven
• putting patients and the public first
• providing independent challenge
• creating dialogue and consensus.

The voice of NHS leadership

The NHS Confederation would like to thank Ipsos MORI for its contribution to this guide.

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01 Introduction

Reputation management is becoming an increasingly high priority for NHS boards. This guide sets out what factors influence reputation at a national and local level, and outlines how boards can go about managing the reputation challenge.

Reputation management is becoming an increasingly high priority for NHS leaders. Reputation is not just about headlines and media profile. The relative reputation of an organisation can have a significant impact on how successful it is and influence the organisation’s ability to deliver high-quality, safe and responsive patient care. This guide sets out what factors influence reputation at a national and local level, and outlines how boards can go about managing the reputation challenge strategically.

For private sector organisations the impact of reputation on share price, market share and bottom-line profitability, ensures reputation management is high on the agenda of boards. For organisations working in the NHS the importance of reputation can be conceived of in similar terms.

Changes in the policy environment, such as the growth of the choice agenda, have meant that NHS boards are increasingly recognising that the financial position of their organisations, whether they are a commissioner or provider, can be influenced significantly by their reputation.

A positive local or national reputation can also make a significant difference to an organisation’s efficiency, with a positive workforce and a supportive, engaged community. The converse is that although reputation is hard-won, it is much harder to rebuild after a high-profile incident or negative investigation or report. From a provider perspective, the most obvious example is the damage that incidents of healthcare acquired infections have had. From a commissioner perspective, media scrutiny of priority setting decisions around particular drug treatments has led to communication and reputation challenges.

This guide sets out the rationale for why reputation management should be high on the board agenda and what elements influence reputation. It brings together evidence from Ipsos MORI on the key drivers of public perception about the NHS, both locally and nationally, and sets out advice on how to build and maintain a positive reputation locally.

This guide is not intended to be a comprehensive toolkit for managing reputation. It suggests a broad approach, highlights challenges and provokes boards to ask key questions.
What is reputation?
Your organisation’s reputation consists of the perception that your stakeholders develop through their accumulated experience of your organisation, both through direct and indirect contact.

It is shaped by three key components (see Figure 1).

Vision and values: these describe what you are trying to achieve as an organisation and how you go about achieving it. They guide the daily business and behaviour of your organisation.

Actions: what you do and how you behave as an organisation – from the services you provide to the way your staff are treated – all combine to form individual views about your organisation. Based on personal experience, these views will be strongly held and hard to challenge.

Communications: you may be delivering excellent services, but only clear communications will mean your organisation gets the recognition it deserves for successes. Good communications can also help explain the reasons for any shortcomings and how they are being rectified.

Why reputation matters
There is undoubtedly a growing imperative for NHS organisations to actively manage their reputation. Key reasons for this are summarised below.

Improve performance
A good reputation amongst staff ensures better levels of morale and an increased ability to attract and retain those people. It also increases an organisation’s ability to implement change, as staff buy into what you are trying to achieve.
Generate local support for change
There is an increasing emphasis on local accountability for public services. Good reputation management that encourages dialogue with stakeholders, and builds their understanding and support, will enable you to meet your duty of accountability and build consensus.

Healthcare Commission ratings link
With the results of the patient survey feeding into the Annual Health Check, the views of patients are important to how the performance of your organisation is judged. In addition, research suggests there may be a correlation between how well staff speak of their organisation and that organisation’s Healthcare Commission rating. In a 2007 survey, 64 per cent of staff at organisations rated ‘excellent’ spoke highly of their organisation, compared to only 31 per cent of organisations that were rated as ‘weak’.1

Financial imperative driven by patient choice and payment by results
Under the policies of choice, plurality and payment by results, the need to attract patients is vital to financial well-being. Research shows that more than half of all patients consider reputation when choosing a hospital.2 Choice is not an issue solely for acute trusts, as this could be increasingly extended into other services, including long-term conditions, end-of-life care, maternity and mental health.

Meet the requirements of world-class commissioning for primary care trusts
The first four competencies identified in world-class commissioning can only be achieved where primary care trusts have a strong reputation amongst their stakeholders. These competencies are to:
• be recognised as the local leader of the NHS
• work collaboratively with community partners to commission services
• proactively seek and build continuous and meaningful engagement with the public and patients
• lead continuous and meaningful engagement with clinicians.

1 Presentation by Ben Page, Chairman, Ipsos MORI Social Research Institute, Where are we now?, 2008
3 Cited in Murray, P. and White, J. 2004 CEO Views on Reputation Management Chime Communications plc
03 Understanding what drives your reputation

What drives NHS reputation varies at both a national and local level. Unpicking what influences local perceptions is complex, but involves personal experience, perceptions derived from local and national media and demographic characteristics.

The reputation of the NHS nationally

National reputation influences local perceptions

The public is more satisfied with the NHS than at any time since 1984. The latest British social attitudes report showed that people with recent experience of NHS services were far more satisfied with it than those who had no interaction with the service.

The NHS remains a key electoral issue, with recent polling suggesting that at the next general election, below managing the economy, health and education will jointly be the most important issues for voters. Figure 2 outlines key drivers of public perception of the NHS nationally. It is inevitable that perceptions at the national level will have an impact on perceptions of the NHS locally.

Gap between perceptions of the NHS nationally and locally

Research consistently shows that people are generally more positive about their local NHS than the NHS nationally.

Figure 2. Key drivers of public perception of the NHS nationally

- Greatest drivers of overall satisfaction
- Support for the Government
- Age: 35–54 yr-olds are most negative
- Staff bad-mouthing
- Poor experiences of A&E services
- Media coverage
- Gender – women are most negative
- Positive experiences of inpatient services

Source: Where are we now?, presentation by Ben Page, Chairman, Ipsos MORI Social Research Institute, 2008.
“Research consistently shows that people are generally more positive about their local NHS than the NHS nationally.”

What drives your reputation locally?

While support for the Government is the key factor in people’s perception of the NHS nationally, you can influence people’s views of the NHS locally and of your organisation.

Some of the traditional measures of quality and performance show little correlation with how satisfied patients are with their overall care or their perceptions of their local health service. For example, in primary care services the number of GPs, the mortality rate or how much PCTs spend appear to have little impact on patient satisfaction.

Deconstructing what factors play into forming public opinion on health services is complex. They include impressions derived from media coverage and patients’ interaction with health professionals. Local demography can also have an impact (see box opposite).

Issues for primary care services

Local demographics have been shown to correlate with patient ratings for primary care services, for example:

• services in areas with an older population are more likely to receive higher patient ratings
• the more deprived a local population is, the less satisfied with services that population is likely to be
• areas with a relatively ethnically diverse population are likely to receive lower ratings of satisfaction
• patient ratings are lowest in London and highest in the South West, which may be a function of the factors described above.

Organisations working within localities with these demographic characteristics will need to pay particular attention to how they work with, and provide services to, their local population.
Challenges to managing your reputation can be both internal and external. Some of them are directly within your control and others must be worked with.

Challenges within your control

Your ability to communicate effectively with your stakeholders can be enhanced by having clarity around your organisation’s vision and values and communicating this with credibility, where what you say matches the experience of your stakeholders. Robust reputation management needs to be appropriately supported in terms of financial resources and expert staff.

Challenges you need to work with

Key challenges to consider include:

- **Rising public expectations** both in relation to the services they receive and the information available to them.

- **A decline in trust in official sources of information** – research from 2004 showed that NHS managers are trusted by only 35 per cent of people.10

- **Increased media effectiveness of campaigners**, who can drive significant media coverage both locally and nationally. This has recently been seen with an increased focus on decisions made by primary care trust exceptional case panels. The acute sector has also been the focus of sustained media attention, particularly around the issue of hospital acquired infections.

- **Increased regulation** requiring NHS organisations to communicate that they are meeting their obligations – for example, the new duty on NHS organisations to report on consultations carried out.11

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10 Lewis, S. 2004: *In search of lost trust*. Ipsos MORI

11 *Real involvement: working with people to improve services*. Department of Health, 2008
05

Starting to build and manage your reputation

Your vision and values, your actions and how you communicate as an organisation are a helpful framework for thinking about reputation management.

Vision and values: know where you want to be

Your vision and values are the foundation for your organisation’s identity.

Understand what stakeholders want and expect from you as an organisation

Developing your vision and values needs to be undertaken inclusively, involving your top team, your staff, partner organisations and local people, to understand their needs and aspirations, where they feel there are gaps in services and where potential solutions might lie.

Different stakeholders, with varying levels of interest and involvement in your organisation, are likely to include:

- staff, their representatives and unions
- members and governors
- patients and patient groups
- the wider local public, including those traditionally termed ‘hard to reach’
- local partners in the NHS, including the strategic health authority, commissioners and providers
- other local partner organisations and individuals, including GPs, independent practitioners and voluntary and community sector groups
- local decision-makers and opinion formers, including local press and broadcast media, MPs, local authority members and community leaders.

Methods for qualitative engagement with these audiences might include public meetings and events, local surveys and consultations, focus groups and citizens’ panels.

Develop a clear, well-articulated statement of vision and values

The vision and values you develop define your organisation, its ambitions and what it stands for. Identifying a limited number of easily understood messages can be particularly powerful.

Action: ensure the image you promote is the reality you deliver

Your reputation can only be as good as the reality you deliver, through the contact people have with
“Strong communications will help support your overarching business plan and key objectives.”

A good experience for patients
“We want an NHS that meets not only our physical needs but our emotional ones too. This means:
• getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way
• having information to make choices, to feel confident and to feel in control
• being talked to and listened to as an equal; being treated with honesty, respect and dignity.”

Strategic communications
Strong communications will help support your overarching business plan and key objectives. It is critical to understand current perceptions of your organisation to support development of an appropriate set of messages and activities as part of your organisation’s communications plan. This activity ensures you inform your key audiences about what matters to them, what you wish to deliver and how you are achieving it.
Once you understand peoples’ perceptions of your organisation, you can develop a plan to close the gap between the current view and the reality of your organisation’s performance. It should detail how you will promote your key messages to your stakeholders and what media to use.

When developing this plan, it may be useful to bear the following three points in mind:

- **Use the right communications medium for the right audience** – clearly segment your target audiences and engage with them through their own preferred means. For example, older people may prefer more traditional ways of hearing from you than younger members of the public.

- **Include your staff** – your staff are your best potential advocates. Tap into this through strong internal communications to ensure they understand and promote your organisation’s vision, values and key messages. Board members need to promote and model these behaviours.

- **Don’t oversell** – it almost goes without saying that any communications work to improve your reputation should reflect what you are actually doing.

Additionally, board members, like all staff, play a significant role as individuals in creating the image that your organisation projects, through interactions with every stakeholder, both internal and external.

**Understand stakeholders’ current perceptions of your organisation**

In the same way that you need to understand what people want and expect from you as an organisation, it is also important to know and understand the way your organisation is currently perceived. Reputation is often subject to a perceptions/reality gap, where current perception is based on historical performance. Understanding where these gaps lie is important, and a good communications programme can help narrow the gap. Quantitative and qualitative methods of research can be employed to examine these perceptions. A perceptions audit of key opinion formers, including local media and politicians, can be particularly useful.

In the same way, capturing and listening to informal, and sometimes anecdotal, feedback is also potentially powerful. Establishing a perceptions benchmark, so you can measure the success of your communications and engagement activities, can also be helpful.
“It is the responsibility of the board to work with staff and partners to set out a vision for their organisation in line with the expectations of patients and the public.”

Governing the NHS, Department of Health

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Communications strategy

Your overall communications strategy is a key component of how you manage your reputation. The strategy should ensure that all your communications activities are focused on your business priorities, effectively targeted at the right people at the right time. It needs to be supported by a live, working communications plan.

Figure 3. Components of active reputation management

In thinking about the different components of effective reputation management, the following framework may be helpful. Seven components are outlined below and shown in Figure 3.

Questions the board should be asking:

- Does the strategy link our corporate objectives and work programmes together into a cohesive approach to communications?
- Does the communications strategy identify and align with the key messages that we are seeking to communicate to our stakeholders?
- Is there an action plan underpinning the strategy, that specifies the actual activities and timescales?
- Are the resources in place to deliver the strategy and action plan?

Some useful resources for developing your communications strategy are listed in Section 7 of this guide (page 23).
Corporate identity
Having a clear visual identity is an important aspect of how you communicate. A corporate style guide, which sets out how your logo and wider identity should be used consistently across all your activities, can be a helpful framework for this, as is actively promoting a ‘one organisation’ approach, rather than allowing some services to develop independent identities.

Internal communications
A significant percentage of your local population are directly employed by the NHS, and therefore contribute to your reputation both through what they themselves think and what they tell others. Your staff can be powerful advocates for your organisation in the local community. At the same time, employees have increasing expectations of management when it comes to communications.

Organisations should audit their internal communications regularly. This could be informed by results from staff surveys and any relevant findings from external inspections or other audit information.

Case study: South East Coast Ambulance Service NHS Trust
Effective internal communications is a particular challenge for ambulance trusts where 70–80 per cent of the workforce are mobile, spread over a vast geographical area in numerous sites and do not regularly have access to a computer. South East Coast Ambulance Service NHS Trust has implemented a number of different initiatives to improve its internal communications. These include: a programme of CEO and director station visits; staff forums and action groups; ‘back to the floor’ exercises for executive team members; executive shadowing opportunities for frontline staff; and a suggestion scheme at each of the more than 65 trust sites.

An internal communications survey was also carried out to discover how staff wanted to be communicated with. As a result of that feedback, a staff magazine and team briefing system are being developed to supplement the weekly electronic newsletter.

“Your staff can be powerful advocates for your organisation in the local community.”
Your internal communications strategy can build on this audit to identify who your key internal stakeholders are and the key messages to get across. It needs to be underpinned by clear aims and objectives, be resourced appropriately and have clarity on how success will be evaluated.

Communicating in the right way

Many people experience email overkill, and while tools such as newsletters are useful, staff often prefer face-to-face communications with the opportunity for discussion, particularly when issues are complex or have implications for them.

Methods include cascade team briefings, roadshows, conferences, lunchtime briefings from the chief executive and other members of the board, away-days, ‘back to the floor’ activities by board members, staff panels and focus groups.

Patient and public engagement

Patient and public engagement involves the active participation of patients, carers, community groups and the public in how services are planned, delivered and evaluated. It includes one-off activities such as consultations, and ongoing work as part of your everyday business.

Patient and public engagement as part of everyday business

Patient and public engagement work should be embedded in the mainstream activities of your organisation.

Questions the board should be asking:

• Do we use a variety of different mechanisms to support ongoing communication with our staff?
• How do we use the findings of our staff survey to improve our reputation amongst our own staff?
• How else do we find out how staff feel about the organisation and how do we use this information?

"Patient and public engagement work should be embedded in the mainstream activities of your organisation."
organisation and should focus on developing and sustaining constructive relationships; building strong, active partnerships; and holding a meaningful dialogue with stakeholders.

Effective consultation
All NHS organisations are required to make arrangements to involve and consult patients and the public in:
- the planning of the provision of services
- the development and consideration of proposals for changes in the way services are provided
- decisions affecting the operation of services.

Poor consultation practices can damage your reputation and trust in your organisation, particularly if people believe that the decision has already been made and consultation is simply a ‘box-ticking’ exercise.

Case study: Liverpool PCT
Liverpool PCT views effective stakeholder engagement as being at the heart of becoming a competent strategic commissioner and in reducing health inequalities. Engaging with its local population is a mainstreamed activity across the organisation, with a director of stakeholder engagement attending trust board meetings.

Over the past few years, its initiatives in this area have included Liverpool’s Big Health Debate, a five-stage consultation programme that included a survey of 10,000 people and facilitated conversations and events, plus public engagement programmes around the development of a new sexual health service and a review of breast care services in the city.

"Poor consultation practices can damage your reputation and trust in your organisation."
A key component of managing your reputation is developing strong working relationships with partners.

These processes are underpinned by the introduction of a ‘duty to involve’ set out in the Department of Health publication, *Real Involvement: Working with People to Improve Services*.15

**Questions the board should be asking:**

- What ongoing mechanisms do we use to engage with patients and the public, and how do we use the information we learn from these?
- Are there any issues coming up that will require formal consultation, and what plans and resources have been put in place to manage this?

NHS organisations need to:

- clearly define and communicate the purpose of a consultation, making it clear exactly what people can and cannot influence
- properly plan and execute consultations to ensure that stakeholders – especially those traditionally termed ‘hard-to-reach’ – have a genuine opportunity to give their views
- demonstrate to people how their comments have been used to shape decisions and services.

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15 *Real Involvement: Working with People to Improve Services*. Department of Health, 2008

**Working in partnership with statutory, voluntary and other NHS organisations**

A key component of managing your reputation is developing strong working relationships with partners. To deliver national and local objectives and targets, NHS organisations increasingly need to develop effective joint working with a wide range of partners, and in some cases through more formalised structures (for example, the joint strategic needs assessment with local authorities).

The range of partner organisations the NHS is required to work with is becoming wider and includes:

- other NHS organisations, as the relationship between commissioners and provider services is increasingly important to meeting local needs and achieving positive inspection ratings
You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services. 

NHS Constitution, Department of Health

- independent sector providers, as commissioners increasingly commission from a wide range of providers and there is the need to create and ensure smooth care pathways between services
- the local voluntary and community sector, in contributing to the development of visions and values, monitoring performance – especially the delivery of care – and increasingly as service providers
- local authorities, through formalised mechanisms such as the overview and scrutiny committee and more informal approaches.

With a positive reputation, NHS organisations are better able to build relationships with their partners – relationships that deliver on the four key elements of successful partnership working as described by the Employers’ Organisation for Local Government:

“For partnerships that work, there needs to be:
- leadership – where partners share a common vision and harness their energies to achieve more than they could on their own
- trust – where partners are mutually accountable, share risks and rewards, and support each other

Case study: Hampshire Partnership NHS Trust

Hampshire Partnership NHS Trust worked in partnership with a local voluntary organisation to develop a pilot ‘information prescription’ system for older people using mental health services, improving access for service users and carers to appropriate information on the services, treatments and support available to them.

The trust believes that through working in partnership with the voluntary sector a much wider range of information can be provided to service users and their carers, and through avenues more likely to reach them.

- learning – where partners continuously seek to improve what they do in partnership
- managing for performance – where partners put in place necessary practices and resources and manage change effectively”

“A strong relationship with the media can help you build confidence in your services, and help recruit and retain staff.”

Managing media relations
The media, particularly the local press, can play a strong role in shaping people’s perceptions of their local NHS organisations and services.

A strong relationship with the media can help you build confidence in your services, and help recruit and retain staff by featuring positive stories about your organisation. It can also help protect your reputation, as negative stories are set within the wider context of more positive coverage, and ensure you are invited to comment before negative stories go to press. Providing managed background briefings and appropriate comment can also help to ensure accuracy in print and broadcast media pieces.

Work to promote positive coverage of your organisation in the national press can also support your reputation. Directors, non-executive directors and senior managers can be key media spokespeople and should have media awareness and interview training. The manner and speed with which your organisation responds to media enquiries, working with them to fulfill their deadlines, will influence the kind of coverage you get.

Handling Freedom of Information
Freedom of Information (FOI) requests are becoming an increasingly common method of generating news and political debate about the NHS, and other areas of the public sector.

They can be used to generate news stories about a particular trust, a snapshot of the service in general, or to provide supporting evidence for a particular policy line taken by campaigners or political parties. The handling of the resulting stories can often impact negatively on the reputation of individual trusts and on the reputation of the NHS as a whole.

Publishing information proactively is often the best way to mitigate against negative coverage from FOI requests. All organisations need to ensure they establish an agreed mechanism for dealing with FOI requests, including board-level involvement in monitoring and, where appropriate, approving responses.
Proactive media relations work should include: media monitoring that helps you understand the coverage you have received.

Case study: Heart of England NHS Foundation Trust

In 2005, Heartlands Hospital was the subject of a Panorama documentary focusing on hygiene and infection control. The trust was notified by Panorama that an undercover reporter for the programme had been working as a cleaner at Heartlands Hospital.

The communications team worked with the programme-makers to negotiate an input into the final footage and the chief executive also gave a full and honest interview. In the meantime, the communications team worked to inform stakeholders, including local MPs, patient and public involvement forums and other key influencers, telling them about the forthcoming programme and what the trust was doing to tackle cleanliness and infection issues. A local paper was given an exclusive story. Staff were notified immediately and given clear messages to give to patients and concerned visitors.

The final documentary, the trust felt, was relatively balanced, showing the organisation as open and honest with a readiness to change. They were also encouraged that staff, public and local media largely spoke out in support of the trust. No patients cancelled operations or appointments as a result of the programme.

Proactive media relations work should include:

- **a media strategy** that identifies how well you are currently managing your media relations, and plans for developing your media relations and coverage in the future
- **media guidelines** that define responsibilities, protocols and processes, and are well known to your staff

“Proactive media relations work should include media monitoring that helps you understand the coverage you have received.”
Poor handling of a crisis can further undermine the reputation of an organisation.

Crisis management and communications

Crisis management planning and good communications can help to limit the damage caused to your reputation by negative events. While there will always be some stories that cannot be foreseen, many can be planned for (for example, negative inspection reports or the outcome of investigations into serious untoward incidents).

There are two key reasons for having a good crisis management plan:

1. Poor handling of a crisis can further undermine the reputation of an organisation.
2. Failure to plan effectively can hamper efforts to deal with the crisis itself – for example, senior operational staff can be drawn into media work when they should be dealing with the operational management of the business.

Questions the board should be asking:

- What kind of coverage do we currently receive?
- How accurate a reflection of our organisation is this – and what might account for any disparity?
- What do we need to do as an organisation and in terms of our communications to improve our coverage?

Golden rules for crisis communications

Be prepared – it is critical to have a clear crisis management plan in place, directly linked to the business continuity plan. As part of that, organisations should plan for how they will communicate in a crisis. Who will be the key media contact and spokesperson? Have they had relevant media training? During a crisis, failure to provide accurate and timely information to the media is likely to lead to a snowball effect and worsening of the crisis. Have you got effective information management systems in place? What are your contingency plans? Whilst some issues can never be foreseen, some can be. So, prepare in advance...
“Crisis management planning and good communications can help to limit the damage caused to your reputation by negative events.”

**Case study: University College Hospital, London**

The poisoning of Alexander Litvinenko in 2006 made headline news across the world. When he was admitted to University College Hospital, the subsequent press attention was huge. Some journalists were attempting to breach hospital security to get to Mr Litvinenko and his family. Given the nature of the case, the trust needed to quell rumours that would generate public alarm, do all they could to protect Mr Litvinenko and his family from intrusion, and ensure that the quality of his and other patients’ care was not compromised. Throughout the week of Mr Litvinenko’s stay, the trust regularly put clinical staff up for interview with the broadcast media and posted updates on its website.

This regular flow of information meant the trust was able to build a good understanding with most media outlets, so that when Mr Litvinenko died the media was confident that a clinical representative of the trust would give a live statement, and therefore allowed his family and friends to leave without being harassed. The trust’s work to keep staff informed meant that none of its nurses contacted the Royal College of Nursing with any concerns during or after the incident. Other patients and their families were reassured that they were not at risk of polonium contamination, through posters in the hospital, the trust website and an email to local GPs.

for negative issues that you are aware of that may result in negative stories.

**Make sure your staff are kept informed** – ensure that staff who are likely to be affected (for example, those working in a service where a serious untoward incident occurs) are briefed ahead of external stakeholders, and particularly in advance of the media. Make sure they know where to direct media enquiries to, and that they should not speak to the press directly.
Be professional and consistent – make sure appropriate spokespeople are available for interview and fully briefed with key facts. Respond quickly to requests for information. Never say 'no comment', as this may appear defensive or as if you are hiding something. Similarly, don’t speculate as this may hamper your efforts to communicate that you are in control of the situation.

Communicate with empathy – if something has gone wrong, acknowledge it, apologise and, crucially, explain how things will be put right. Failing to communicate in the appropriate way can make a bad situation worse. It can affect levels of public trust in your organisation and damage your reputation in the longer term.

**Questions the board should be asking:**

- Have all board members received media training?
- Are we confident that there are effective systems for identifying potential issues early and engaging the right people?
- Do we have a coherent crisis management plan?
- Do we have effective information management systems in place?

“Failing to communicate in the appropriate way can make a bad situation worse.”
07
Further information

Reputation management resources

Marketing and communications resources
Association of Healthcare Communicators
www.assochealth.org.uk
Includes details of publications, and training for communications leads.
Chartered Institute of Marketing
www.cim.co.uk
Includes details of events, training and publications, with titles on reputation management.

Chartered Institute of Public Relations
www.cipr.co.uk
Includes details of events, training and publications, with titles on reputation management.


NHS Comms Link
www.nhscommslink.nhs.uk
Includes many useful resources, with an internal communications healthcheck toolkit and a glossary resource.

Department of Health guidance
Reputation management: a guide for boards

This guide looks at the issue of reputation management and provokes boards to ask key questions. It highlights the importance of reputation for NHS organisations, the factors driving reputation locally and nationally, key challenges and components needed to build and actively manage reputation.