A NEW FRAMEWORK FOR COMMUNICATIONS FOR NHS HIGHLAND

Report by Gill Keel, Head of Public Engagement on behalf of Anne Gent, Executive Director of Human Resources

The Board is asked to:

- **Consider** the attached draft “Framework for Communications 2010-2012”.
- **Approve** the general principles and approach reflected in the Framework document.
- **Agree** to a further period of engagement, consultation and feedback prior to implementing the final Framework across NHS Highland.

1 Background and Summary

NHS Boards are expected to define their strategic aims for communications, and to have a clear, planned approach to delivering these through the day to day work of the organisation. The attached draft Framework for Communications 2010-2012 presents a revised NHS Highland approach to this, based on feedback and learning from experience.

2 Developing a new Framework for Communications

2.1 Current Context for Communications

During 2009, the NHS Highland Board introduced a number of new approaches which enabled the Board to update the overall aims for patients and communities (Better Health, Better Care, Better Value). The Board subsequently updated the corporate objectives and priorities, and set out a programme of change and service redesign (Changing for the Better). It became very clear that the whole NHS requires to adapt and change in order to meet the actual health needs of local people within the resources available. This provided a clear context within which to set the strategic aims for communications.

2.2 Aim and Purpose of the Framework

The draft Framework for Communications proposes six strategic aims for communications, and describes effective communication as a critical part of change management. It is not a communications action plan, but it sets out the standards expected in relation to the whole range of communications activities taking place across the organisation. Once the Framework is finalised, the intention is that it is provided to every member of NHS Highland staff, and used to inform individual and team objectives and as a tool to support performance review.

The purpose is to “put in place the foundations which will enable our NHS Board, our staff, our patients, and local people to communicate with each other so that we all share in the future of local health services.” (section 1.4 of the draft Framework for Communications)

The Framework is intended to:

- present NHS Highland’s strategic aims for communications, reflecting contemporary issues and challenges facing the NHS
- describe the varied responsibilities and expectations of NHS Highland leaders, managers and staff
- provide a supportive framework to encourage and promote good practice across all communications activities
In addition to developing the Framework for Communications, there is complementary work in progress to develop an NHS Highland guide to “Participation”, linked to the forthcoming national Participation Standard. There is also work in progress to review and reprioritise the focus of the corporate Communications Team, and this will form part of discussion on a number of communications topics at the Board Development Day in April.

2.3 Developing the new Framework for Communications

NHS Highland has a wide range of people with an interest in the work of the organisation including our own staff, our patients and their carers, partner organisations, and the wider local communities to whom we provide services. The draft Framework has been developed with input from a number of key stakeholders, and draws on experience from across NHS Highland and other NHS organisations.

A key part of the development process was to reflect on and learn from past experience. There is no single way of evaluating the effectiveness of “communications” as methods need to be designed around individual activities or types of activity. However, for the purposes of developing a revised strategic approach to communications, feedback was sought from a range of NHS Highland’s stakeholders through the medium of surveys conducted from August 2009. The draft Framework was also informed by a wide range of previous comment and feedback from various sources, including evaluations of NHS Highland events, publications, and communications activities.

Other key points of reference during the development process included the NHS Knowledge and Skills Framework (Core dimension – Communication), NHS Quality Improvement Scotland’s “Clinical Governance and Risk Management Standards”, and the Scottish Government Health Directorate guidance “Informing, Engaging and Consulting People in Developing Health and Community Care Services”.

2.4 Current Stage and Next Steps

The Board is asked to consider the general approach presented in the draft Framework for Communications, and the aims and principles proposed within it. Board members will be discussing a number of communications topics at the Board Development day in April 2010, so will have opportunity to consider the draft Framework in the context of current issues. If the NHS Highland Board agrees to the general aims and principles in the draft Framework for Communications, there will be a further period of engagement with staff, patients and communities.

A key part of the next stage will be to subject the draft Framework to a detailed equality impact assessment in order that it supports effective communications with all people.

2.5 Reviewing Governance Arrangements

It is suggested that overall Governance across the many aspects of communications is delivered through establishing a new sub group of the Highland Partnership Forum. This is based on the need to establish a formal mechanism to monitor, review, learn and adapt following implementation of the Framework across all parts of NHS Highland. This recommendation reflects the critical importance of communicating effectively with our own staff, especially in this time of accelerating change in the NHS. It also aims to reinforce the need for consistent standards of practice and consistent messages to staff and to patients and communities, and reflects the fact that our staff are also patients and local citizens.
3 Contribution to Board Objectives

As stated above, establishing and maintaining effective communications with NHS Highland's many different stakeholders is fundamental to our ability to meet our aims for local people and to deliver the Corporate Objectives. The draft Framework aims to support all parts of NHS Highland to understand their role in respect of communications, and to maximise the positive contribution every individual and function makes.

4 Governance Implications

Staff Governance

The draft Framework for Communications has been prepared with a clear focus on the Well Informed element of the Staff Governance Standard.

Patient and Public Involvement

The draft Framework is set strongly in the context of supporting NHS Highland to communicate and work constructively with local people.

5 Impact Assessment

As stated above, a detailed equality impact assessment has not yet been conducted, and this will progress as part of the next stage of consultation and refinement.

Gill Keel
Head of Public Engagement

22 January 2010
PART ONE - INTRODUCTION

1.1 BACKGROUND

Effective communication means getting the right messages to the right people by using the right methods at the right times. Communication is however a two way process where people share information and listen to each other so that each is informed by the other. There is a very complex range of communication needs within NHS Highland, and between us and the many, varied people who have an interest in our activities (our stakeholders). We will continue to learn and adapt our approaches to communication to meet the changing needs and demands of the health service and our stakeholders.

This Framework for Communications presents NHS Highland’s strategic aims in relation to communicating with our own staff, with patients and carers, with the wider local communities, and with other external audiences. It is also written to give greater clarity about the expectations and responsibilities of the wide range of NHS Highland leaders, managers and staff, all of whom have an important role as communicators. Effective communication is also essential to building and maintaining public confidence in the delivery of health services across NHS Highland.

1.2 SCOPE OF THE FRAMEWORK

There are many types of communication taking place every minute of every day across every part of NHS Highland. This framework sets out our overall approach to communicating with:

- our staff – about the matters which affect them in their working lives
- our patients – about their services
- local people – about the many matters which affect the way we provide services
- external partners – the people we work with to provide services

There are other vitally important types of communication which are the subject of other policies and guidance and which are therefore not included in this framework in any detail. These include:

- communication between patient / carer and clinical staff – this is the foundation stone of good patient care
- information for patients or carers about health conditions – the duties of our staff are described in the NHS Highland Written Patient Information Policy\(^1\). In addition, there is work going on at national level to develop “NHS Inform” a national patient information service, led by NHS24.

\(^1\) Available on the NHS Highland intranet under Policies.
1.3 NHS HIGHLAND – OUR ROLE, PURPOSE AND AIDS

NHS Highland has two main roles:

- to improve the health of local people
- to provide healthcare treatment and services for people experiencing ill health

Our overall vision for patients and local people is to provide:

**The best care to every person every day.**

In order to do this, we have three key aims which we must meet at the same time:

**Better Health** – improve the health and wellbeing of local people through a wide range of actions, many in partnership with other local agencies and services

**Better Care** - provide quality healthcare in the most appropriate setting and improve our patients’ experiences of care

**Better Value** – ensure our services are efficient so that every public pound gives the greatest benefit to the greatest number of local people

The real challenge for NHS Highland is to deliver these aims for patients and communities within tightly limited resources. We cannot do this without changing the ways in which some services are provided, and the ways in which some of our staff work. Our redesign and change activities are contained within our “Changing for the Better” plan.

1.4 PURPOSE OF THE FRAMEWORK FOR COMMUNICATIONS

In NHS Highland we believe that we can only deliver our three key aims for local people through the active participation of staff and in collaboration with patients and carers, local people, and partner organisations. Our ability to bring about necessary change is therefore very dependent on the quality of our communication with and involvement of staff, patients, and communities.

NHS Highland has six strategic aims for communications:

- to keep people informed and involved in shaping NHS Highland services, actions, and future plans
- to gain feedback about services from service users
- to enable people to have realistic expectations of their local health services
- to ensure that all NHS Highland staff understand clearly NHS Highland’s purpose, aims, priorities, and duties so that every individual is clear about their personal role in delivering services to patients and communities
• to inform, involve, and motivate staff, especially at times of change
• to build relationships and trust

This Framework for Communications aims to put in place the foundations which will enable our NHS Board, our staff, our patients, and local people to communicate with each other so that we all share in the future of local health services.

PART TWO – MAKING COMMUNICATIONS WORK

2.1 WHO IS THIS FRAMEWORK FOR?

The Framework for Communications applies to:

• NHS Highland Board, managers and all staff
• Independent healthcare contractors (GPs, pharmacists, opticians, dentists)
• All organisations who provide services on our behalf – so that they know the standards we expect
• Our partners – to work with us and help us meet our aims
• Patients, carers and the public – so that people know what to expect, and are able to tell us if we do not meet those expectations

2.2 PRINCIPLES FOR COMMUNICATIONS

The following general principles apply to all forms of communication from all NHS Highland staff. The statements below also reflect our expectation of independent contractors, and other contractors providing services on our behalf.

The quality of all our communications can then be judged against the following statements.

<table>
<thead>
<tr>
<th>Principle</th>
<th>What we will do</th>
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<tbody>
<tr>
<td>Clear</td>
<td>• Use clear, plain language at all times, planned carefully to meet the needs of specific audience/s</td>
</tr>
<tr>
<td>Accurate</td>
<td>• Use information which is accurate, up to date, and relevant to the purpose</td>
</tr>
<tr>
<td>Timely</td>
<td>• Communicate at the right time, and respond quickly to questions</td>
</tr>
<tr>
<td>Accessible</td>
<td>• Recognise and respect the varied communications needs of people, and match specific methods to needs</td>
</tr>
<tr>
<td>Corporate</td>
<td>• Use messages which are up to date and reflect the purpose and aims of NHS Highland</td>
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<tr>
<td></td>
<td>• Include NHS Highland branding so that people recognise a communication is from us</td>
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</tbody>
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Open and honest

- Explain our actions and decisions, and the reasons for those
- Accept challenge, and challenge others as an important part of mutual learning and sharing

Accountable

- Ensure information is clearly labelled, dated, and the author or source identified

Two way

- Provide contact details for people wishing additional information or to feedback, and encourage dialogue

In addition, in order to plan and deliver effective communications and involvement, we need to recognise and respond to the varied styles of communication used by individuals. Our understanding of inequalities in health has to be matched by a growing understanding of the range of communications styles, and we need to continue developing innovative approaches to meaningful dialogue with the relevant people in a planned, targeted way.

2.3 ROLES AND RESPONSIBILITIES

In addition to the core principles in Section 2.2,

All staff will:

- Communicate responsibly and sensitively with patients and their carers, according to each individual’s needs and wishes
- Recognise your responsibilities as an advocate for NHS Highland – people often judge the whole organisation on their experiences of staff
- Take reasonable steps to seek out information relevant to your role, and to keep yourself well informed
- Refer all press enquiries to the Communications Team to ensure a professional media response

In addition to all of the above, managers will also:

- Be a communications champion for your department, team or service, and encourage good practice by example
- Ensure there are effective systems to cascade information to staff within your areas of responsibility, and promote feedback
- Be a visible accessible point of contact for local staff, patients, carers and communities
- Follow NHS Highland communications guidance when managing projects or change

The NHS Highland Board will:

- Provide leadership for communications, and give clear, consistent, corporate messages to all audiences
- Invite and listen to feedback from internal and external sources, and respond accordingly
- Identify and take opportunities to build the reputation of NHS Highland
- Promote and monitor compliance with this Communications Framework through performance management systems

The NHS Highland Communications Team will:

- Guide and support the Board, leaders, managers and staff to communicate effectively
- Develop and circulate corporate messages and publications
- Provide the Press Office function for all parts of NHS Highland
- Contribute to driving ongoing improvements in our use of web based communications

Individual and team performance will be assessed against the principles and expectations set out above and throughout this Framework for Communications.

2.4 INTERNAL COMMUNICATIONS

All NHS Scotland staff are entitled to be 'Well Informed' as part of the Staff Governance Standard. Being well informed is fundamental to enabling every individual member of staff to meet personal and team or departmental responsibilities to patients and carers, and to community health and wellbeing. In addition, the whole NHS is in a period of significant change in which staff involvement is critical to the future of services. The ability to adapt, change and deliver services is therefore heavily dependent on good communication with staff.

Internal communications within NHS Highland are based on meeting the following aims:

- To ensure that all NHS Highland staff understand clearly NHS Highland’s purpose, aims, priorities, and duties so that every individual is clear about their personal role in delivering services to patients and communities
- To ensure that staff are well informed about the matters which affect them as individuals, as team members and as part of the wider organisation
- To encourage an effective two-way communications culture at all levels where staff have opportunities to participate in a safe, constructive manner, and where there is mutual respect for all contributors and for the range of views expressed

In view of the vast geographical area covered by NHS Highland, and the many, widespread locations in which staff are based, local managers and leaders have the key responsibility for internal communications with staff in their areas of responsibility. In addition to the general principles and responsibilities detailed in sections 2.2 and 2.3 of this Framework, all managers, leaders and individual staff have specific, personal responsibilities for internal communications.
a) All leaders and managers will:

- Understand the importance of two way staff communications and demonstrate active steps to promote dialogue within your areas of responsibility
- Provide regular face to face contact with staff, for example through team meetings and ensure that all individuals have fair and equal opportunity to contribute
- Ensure that staff in your area have access to communications systems, including IT systems and have relevant training in their use
- Recognise that staff need time to locate and absorb information, and actively encourage staff to use all relevant sources of information

b) all staff will:

- Understand that good communications are an integral part of the job you do, as reflected in KSF\(^2\) where “communication” is the first core dimension
- Take personal responsibility for keeping up to date by knowing where and how to find information relevant to your role (e.g. through your line manager or supervisor, via the intranet, reading staff briefings or bulletins, via Team Update)
- Be responsible for seeking dialogue on matters which affect you, and contribute actively through recognised channels (e.g. with your line manager or supervisor, at team meetings, through formal structures such as Committees, Highland Partnership Forum)
- Contribute to developing and refining methods of internal communications, e.g. by feeding back on current methods and suggesting improvements

Feedback on the effectiveness of internal communications systems is mixed and in some respects it is conflicting. For example, a recent survey of NHS Highland managers and leaders (August 2009) indicated that 78% feel there are good mechanisms for cascading information within their area of responsibility. This is reinforced by some findings from the most recent national Staff Survey (2008) which found that of the NHS Highland staff who responded:

- 76% have the information we need to do our jobs
- 80% are clear about what is expected of us in our jobs

However, it also revealed that,

- only 28% feel communication between management and staff is effective
- 44% feel they have the opportunity to contribute views before changes are made that affect our jobs

\(^2\) Knowledge and Skills Framework – national framework for NHS staff, excluding doctors and dentists.
Specific actions on internal communications are detailed each year in the annual Staff Governance Action Plan, and in the associated local plans of each of the five operational units.

A wide range of communications channels are used to keep staff well informed and to encourage dialogue including:

Information sharing:
- departmental staff bulletins and briefings
- staff noticeboards
- NHS Highland intranet
- NHS Highland website (including sections for each operational unit)
- Board and Committee papers and reports
- “Team Update”, staff newsletter
- all users e-mails
- payslip messages
- open NHS Board meetings
- attending Committee meetings
- staff induction and in-service training
- distribution of national updates (e.g. changes to public sector pensions)

Promoting participation:
- team meetings
- presentations or face to face briefings
- direct dialogue
- Road-shows or workshops on specific topics
- Events linked to specific initiatives, projects or service redesign
- Direct participation on Committees, Working Groups, and other formal structures
- Formal consultation on planned changes

Further guidance on methods and approaches to communication is contained in the NHS Highland Guide to Communications and Engagement Planning.³

2.5 EXTERNAL COMMUNICATIONS

There is a very wide range of people who have an interest in the activities and services of NHS Highland – external stakeholders. These include:
- patients, their families and carers
- individuals in local communities
- voluntary, community, and interest groups
- political and community leaders

³ Available on the intranet, in the documents section of the “Well Informed” pages, or directly from the Communications Team by phoning 01463 704927.
• partner organisations providing other services
• local and national media

Good communication with external audiences is essential to keeping people informed about our activities and services, and about decisions which affect them. We cannot deliver our aims for local patients and communities without well informed dialogue with external stakeholders, especially at times of change. External communications are based on meeting the following aims:

• to inform patients, carers, the public and other stakeholders about our activities, services and plans
• to encourage and enable feedback from patients and carers and other stakeholders
• to promote the active involvement of patients and other stakeholders in their local health services
• to give people confidence in their health services, and in the staff who provide them
• to signpost people to sources of information about health and health services

NHS Highland conducted a series of stakeholder surveys during autumn and winter 2009 – 2010. Feedback from responses indicated that members of the public often know where to find information, but the information itself may not be meaningful. People want communications to be more open and honest. They also want NHS people to use plain language so that complex matters can be understood, and not to use jargon.

People expressed a mix of personal preferences for how they wish to receive information about NHS Highland. This highlighted the value of local newspapers (see section 2.6 of the Framework), the important role of patient, carer and community groups who cascade information to their members, and the value people attach to personal contact by letter, telephone or face to face contact. Feedback also showed the increasing place of the website as a source of information, and NHS Highland is currently exploring opportunities to make better use of new and emerging web based media.

NHS Highland continues to develop and test out new approaches to encourage dialogue and active participation of stakeholders in the day to day work of providing services, as well as service planning and change. Learning from experience and from evaluation feedback has been incorporated into the NHS Highland Guide to Communications and Engagement Planning. More detailed guidance is contained in the NHS Highland Accessibility Guidance for Staff

A wide range of external communications channels are used including:

\(^4\) Available on the Equality and Diversity pages of the intranet, and under publications on the NHS Highland website.
• direct correspondence e.g. letters, email
• face to face contact e.g. meetings, workshops, drop in sessions
• leaflets, posters and other written information
• NHS Highland’s website www.nhshighland.scot.nhs.uk
• publications e.g. the Annual Report from the Director of Public Health
• newsletters to members of the Public Partnership Forums (PPFs) i.e. Highland HealthVOICES Network, and the Argyll and Bute PPF
• “Team Update” newsletter
• Information and consultation documents on specific topics or services
• briefings with elected members
• press releases
• media briefings
• press conferences
• response statements to media
• NHS Board meetings
• Committee meetings of the five Operational Units
• Noticeboards

In addition, every contact between a member of NHS Highland staff (including managers and independent contractors) and any external stakeholder involves communication. Each individual within NHS Highland therefore has a clear responsibility to ensure they meet the general principles and responsibilities detailed in sections 2.2 and 2.3 of this Framework during every contact.

2.6 MEDIA RELATIONS

The media (press, broadcasting and web based) have a hugely important role in providing information and influencing public opinion about the NHS. Messages provided through the media can reach a wide audience quickly, and are often seen as independent and more credible than communication from the NHS itself. Working with the media is also the most cost effective way of getting NHS Highland’s messages out to a large number of people although NHS Highland does not have control over how and when the final message is relayed or its accuracy.

The Communications Team provides the Press Office function for all parts of NHS Highland and is responsible for responding to all media inquiries as well as pro active stories and statements. Media enquiries require a timely response and often involve drawing complex information from a number of sources within NHS Highland. In addition, the Communications Team may also be able to stop negative stories appearing in the first place through briefing media contacts and highlighting factual inaccuracies in any potential stories. For this reason the Communications Team gives priority to reactive media enquiries.
There are significant benefits from working closely with media contacts, and it is in the interests of our patients and other stakeholders to have good relationships with media colleagues.

The Communications Team is responsible for coordinating responses to media requests for information, interviews, photographs, and filming, and provides:

- 24 hrs seven days a week media response service
- press releases
- media briefings
- media enquiries
- media training for senior managers and Board members
- guidance and support for senior managers
- communications expertise at emergency planning incidents and exercises
- press conferences
- media interviews/features
- photo opportunities

Leaders, managers and key staff are responsible for:

- identifying topics of interest for planned media stories and releases
- providing information for planned media stories and releases
- identifying topics likely to attract media interest or enquiries
- providing accurate, timely information to the Communications Team for media responses
- providing interviews on request (supported by Communications Team)
- participating in media training

More detailed information about the Communications Team and the Press Office function will be published in a separate guide.

Working through the media can be a very useful way of reaching significant numbers of people. However, it is only one of a range of communications channels and should be part of a planned process of managing and delivering change.

**PART THREE -**

**3.1 MONITORING AND GOVERNANCE**

NHS Highland invests a significant amount of energy and time on the vast range of communications activities taking place across every part of the organisation. Key aspects of communications activity are evaluated and monitored through formal structures.
Evaluation is important to ensure that our methods are working, and also to demonstrate that the specialist Communications resources are being used effectively. Although much day to communication cannot be evaluated in any formal or structured way, there are methods of evaluating some communications activity and these are gradually becoming more sophisticated and robust. A number of methods are used in NHS Highland including for example:

- Informal systems e.g. verbal or written comment and feedback
- Structured qualitative feedback e.g. questionnaires, surveys
- Media monitoring
- External monitoring e.g. by NHS Quality Improvement Scotland (QIS) and the Scottish Health Council

The key components of the ‘Well Informed’ Staff Governance Standard are monitored and reported as part of the annual Staff Governance Self Assessment Audit, and in the biennial, national Staff Survey.

In addition, NHS Highland continues to learn from experience, and to share learning through both informal and formal means. Learning from past experience is shared through discussion at a wide range of committees and working groups, and is used to inform future practice. Formal mechanisms include the publication of an annual report by the Communications and Engagement Team which presents a number of brief case studies drawn from activities during the year.

NHS Highland has Board level leadership for communications through the Director of Human Resources. This includes the role of Designated Director for Patient Focus and Public Involvement, and is supported by two non-executive Board members with a specific leadership role. Operational governance of change management and associated communications actions is through the five Operational Governance Committees. Overall governance of communications is through a new sub group of the Highland Partnership Forum.

3.2 REVIEW
This Communications Framework will be reviewed annually and updated as required according to changing needs, or in light of experience or evaluation feedback.