



# 2021-24 Communications and Engagement Strategy

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## 1. Introduction

Communications and engagement is what keeps colleagues, patients, carers and other people with an interest informed about and involved in our work.

The role of the Communications and Engagement Team is to support best practice communications and engagement by providing high quality corporate channels, advice and training, and by leading on priority campaigns. This strategy sets out how we do that at present and how we aim to improve over the coming three years.

## 2. Background and policy context

NHS Highland shares the national challenges of changing demographics, with a growing elderly population living longer and having more complex long-term health needs. We need to work in partnership with people and communities to find new ways to promote health and wellbeing, helping people to look after themselves and each other, with a focus on early intervention and prevention.

The COVID-19 pandemic has of course had an impact, increasing workloads and affecting the delivery of services – but also catalysing the move towards digital services and remote working, and demonstrating the power of communities working together. The pandemic has changed how people communicate too: accelerating the decline in print readership and increase in digital news consumption, particularly via social media.

Locally, NHS Highland is emerging from a period of cultural and financial challenges, which has had an impact on relationships with colleagues, the public and stakeholders such as MSPs, MPs and the media. We also face challenges particular to our remote and rural geography, including recruitment and some aspects of service delivery.

This communications strategy will align with NHS Highland’s priorities, focusing on building trust and relationships, sharing skills, and concentrating resources on key areas such as supporting cultural change. It aligns with the Remobilisation Plan; and the Annual Strategy for 2021-22: Remobilise, Recover, Redesign.

## 3. Principles

All communications and engagement at NHS Highland will follow best-practice principles which align to our values.

<b>NHS Highland values</b>	<b>Communications principles</b>
Quality and teamwork	Evaluated, effective and efficient Two-way and collaborative
Dignity and respect	Accurate, fair and balanced
Openness, honesty and responsibility	Clear, open, honest and timely Data-led and outcome-focussed
Care and compassion	Accessible and inclusive

#### **4. Aims**

This strategy sets out the high-level aims of the Communications and Engagement function. SMART objectives will be included in annual action plans, which will detail the priority campaigns and projects to be carried out each year.

The 2021-24 Strategy aims to:

- Enhance the reputation of NHS Highland and ensure high-quality communications are an integral part of how we all work together.
- Identify communications and engagement as a priority activity for NHS Highland and to ensure it is reflected in service and project plans throughout the organisation.
- Provide a focus and sense of direction for all our communication activity in line with NHS Highland values, paying particular attention to the language we use.
- Ensure communications is effective, focussing resources on organisational priorities and using research and evaluation to evidence value.
- Develop effective two-way communication with colleagues, our communities and all our key stakeholders using methods and means which engage those who might not normally be part of these conversations.
- Improve access to and information about our health and care services to our communities, including seldom-heard groups, who might struggle to access digital communication.

#### **5. Roles and responsibilities**

Head of Communications and Engagement:

- Develops and leads delivery of the NHS Highland Communications and Engagement Strategy and aligned annual action plans.
- Advises Chief Executive, Chair and Board on mitigation of communications and engagement risks and emerging issues.

Chief Executive/Corporate Directors:

- Review our communications strategy and associated action plans.
- Approve policies, principles and quality standards of communications.
- Are our key spokespersons and public representatives in consultation with the appropriate Committee Chair, speaking to the media and other stakeholders, giving interviews, briefings and charring events and meetings.
- Contribute to and approve press releases and statements.
- Raise our profile, outlining our unique selling propositions with MPs, MSPs, Scottish Government, Elected Members and other influential partners through effective influencing and networking.

Non-executive Directors:

- Scrutinise communications and engagement strategies and results and seek assurance of best practice.
- Act as ambassadors for the organisation and, where appropriate, media spokespeople.
- Feed back stakeholder views, concerns and suggestions.

Heads of Service:

- Incorporate the communications strategy and associated action plans into strategy and project development.
- Ensure that planning projects includes consideration of a resourced communications plan at the outset.
- Promote the use of communications policies, guidelines and templates for improved communications as per our corporate brand.

## **6. Where we are now**

### **6.1 Internal communications and engagement**

A recent survey of colleagues gave an overall satisfaction score of 3.5 out of 5 for internal communications and engagement. Feedback suggests that the current communications methods are inconsistent. There is a 'scattergun' approach, with a tendency to use all-staff emails to convey information not relevant to all. The Sturrock report specifically recommends ensuring information for colleagues is more targeted.

Some staff do not have access to email and there is no way to check whether emails are being read. While most colleagues responding to the internal communications survey get their information from emails, there was a preference for more information to be received directly from line managers and many respondents commented on the volume, length and relevance of emails. Urgent news is still shared in stand-alone, all-staff emails. There is no facility to include jump links in Outlook emails, so readers have to scroll through content.

Face to face or virtual team huddles are a main source of information for many, according to the survey. Responses to the survey suggest that manager cascades of information do not always reach all colleagues, however, with some commenting that team meetings are not prioritised or are for managers only.

6-weekly 'Ask Me Anything' sessions are a relatively new channel that has received positive feedback. A bi-monthly vlog, alternating between the Chief Executive and other Executive Directors is about to be launched.

eHealth do not currently have the resources to provide information on the usage of the intranet and website, such as hits or unique users. However, 50% of colleagues have stated that finding the intranet difficult to navigate is their main frustration with internal communications systems, with over 10% of respondents specifically referencing this in free text comments. There is a large amount of out-of-date information on the intranet.

### **6.2 External communications and engagement**

The website, similarly, includes outdated information and an inadequate search function and is a feature of feedback from patients. We know that some services have set up separate websites because the current site does not meet their needs, particularly for embedded video. When the current website is offline, users are only able to access NHS Near Me appointments via telephone. A business case has been agreed for a new corporate website.

Externally, the default method of communication is a media release to a list of local press. The time pressures the team is under mean there is little use of targeting or selling in stories to specific outlets. Good news stories are not aligned to campaigns, values or organisational priorities. Initial meetings with local editors have revealed a desire for more positive stories, quicker and easier access to patients and hospitals, and more digital content.

As only 9% of the population access a local or regional newspaper weekly<sup>1</sup>, this means we are missing a large proportion of the people who use our services. The number of people using print as their news source has fallen from 59% to 22% since 2013. Even allowing for slightly higher levels of print readership amongst the remote and rural population, there is no doubt that online sources of news predominate.

NHS Highland uses social media predominantly for recruitment or to share messaging from Scottish Government or other organisations. These posts generate the lowest number of clicks, reactions, comments and shares. Posts with local content, videos and personal stories perform better. NHS Highland had 16,197 followers on Facebook (as at 22 March), of which 81% are women and 60% are aged 25-54. We have 14,900 followers on Twitter. This audience tends to be graduates/professionals and is of a similar age group to Facebook. We have 1,493 followers on Instagram. This audience tends to be younger. We have 3,005 followers on LinkedIn.

A social media policy was agreed in June 2020. Social media guidelines are currently being co-produced with colleagues, patient and community representatives.

A community engagement framework is being developed for NHS Highland. A survey of engagement across NHS Highland in January 2021 revealed that there are some areas of good practice but this is inconsistent across the organisation. The framework therefore aims to support learning, encourage consistent best practice, and have clear governance in place to ensure NHS Highland is meeting its statutory obligations for engagement.

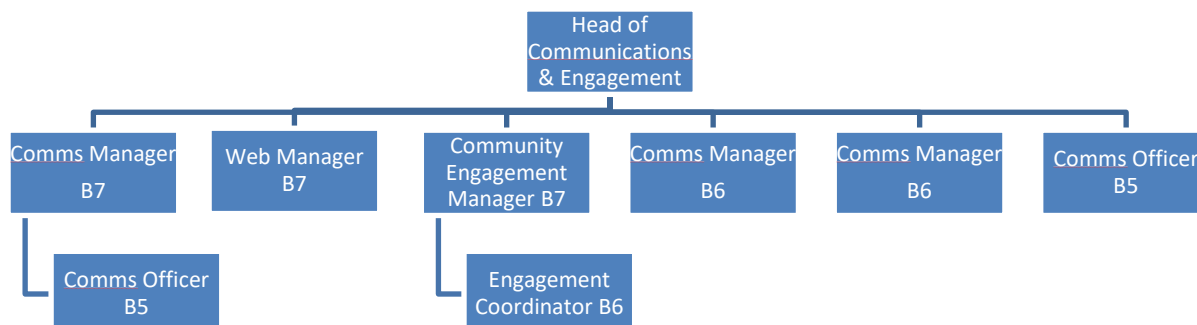
Public affairs activity has been increased, with a weekly bulletin emailed to elected members and a monthly virtual meeting generating positive feedback.

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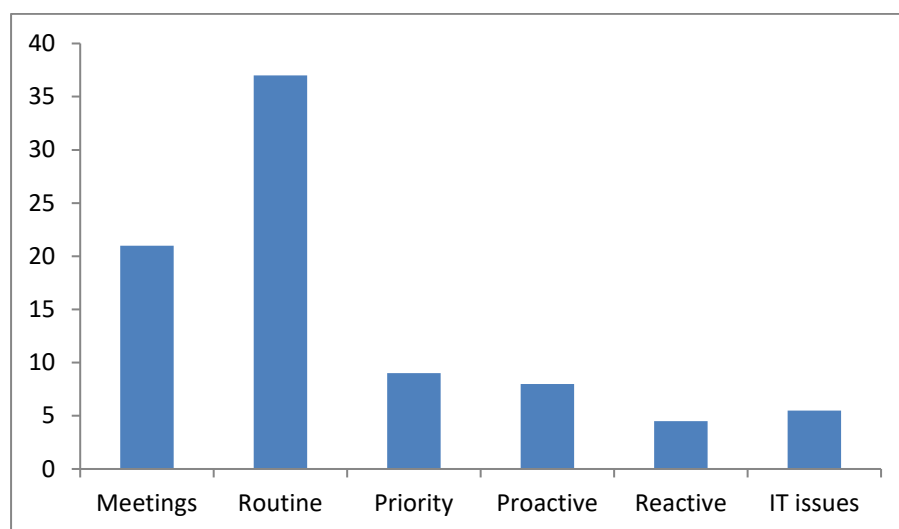
<sup>1</sup> [Reuters Institute Digital News Report 2020 \(ox.ac.uk\)](https://www.reuters.com/insights/digital-news-report-2020/)

### 6.3 Team resources

Current team structure (Web Manager and Community Engagement Manager being recruited):



A time-tracking exercise showed that the team spend 21% of their time in routine/scheduled meetings (not meetings called to advance a particular campaign or project) and 37% on routine work such as media monitoring, moderating social media, updating the website and collating content for established channels. 9% is spent on priority campaigns, 8% on proactive media and 4.5% on reactive media. 5.5% of time is spent handling IT issues/without access to the digital tools necessary to work, equating to around 2 days a week across the team.



### 7. Where we want to be

- We will improve satisfaction with internal communications and engagement to 4.5 out of 5.
- We will increase our followers and engagement across all social media.
- Focus groups and stakeholder engagement will provide qualitative feedback that we have improved.
- Fewer complaints will reference communication as an issue.
- Our priority campaigns will achieve their SMART objectives.

## 8. How we will get there

### 8.1. Foundations: 2021-22

#### *Structure review*

We will review the structure of the communications and engagement team, looking at the skills and experience available, noting any gaps, and ensuring jobs descriptions are consistent and up to date. Where necessary, we will support training and development and make a business case for any additional support. We will put in place Personal Development Plans (PDPs) for each team member, with regular one to ones to ensure these are on track. We will put in place a Service Level Agreement, including a commissioning procedure and communications plan template, in order to maximise the time the team has available for proactive communications.

We are already recruiting a Web Manager and permanent Community Engagement Manager. We will investigate ways to delegate routine tasks, potentially to a more junior team member, with the aim of reducing the proportion of time spent on routine tasks and in meetings.

#### *Consistent channels*

We will refine the channels available based upon the results of the internal communications and engagement survey, focus group feedback, stakeholder feedback and the success of current campaigns. We will minimise all-staff emails and put in place a reliable programme of communications, ensuring there is a feedback option available on all channels. We have already moved non-urgent messages into a single weekly email and set up the NHSH Listening email for feedback. We will investigate ways of improving targeting and readability of emails and support improved cascade communications by line managers, including encouraging feedback, comments and questions from teams.

We will develop a new, accessible and interactive corporate website, and put in place a mobile-accessible solution for colleagues to access information outwith NHS Highland systems. The website should be the focal point for information about NHS Highland and central to communications.

Externally, we will set up a regular drop-in session for journalists, move our recruitment to separate dedicated social media channels, and approach our social media content with a 'quality over quantity' mindset. We have already established a weekly column with the Inverness Courier and are co-producing social media guidelines.

#### *Comprehensive engagement framework*

We will put in place a community engagement framework that supports colleagues to engage proactively, ensuring we not only meet legal requirements for engagement, equalities and accessibility, but also encourage ongoing engagement and relationship building. The framework will include training, templates and examples, and a governance structure that will both enable

colleagues to reach relevant audiences and quality-check engagement projects. We have already carried out research and engagement to produce a draft strategy.

## **8.2. Relations: 2022-23**

### *Upskilling colleagues*

In the second year of this strategy, we will put in place a training programme for colleagues. This will include training in:

- Community engagement
- Plain English
- Accessible information
- Writing for the web
- Social media
- Virtual presenting / video presenting
- Media management and interview techniques
- Gaelic

We will also continue to support members of the communications and engagement team to develop their skills through training, secondments/shadowing, self-teaching, and formal qualifications.

### *Media collaboration*

We will move from informing the media to collaborating, building on the relationships developed in year one. We will pitch material proactively to relevant media, including digital media and tv, and spreading our net wider than the local press to include trade and specialist publications.

### *Local partners*

We will work with local public, private and voluntary sector bodies on joint priorities, leading communications that may span fields other than health, where the outcome aligns with the NHS Highland vision.

## **8.3. 2023-24: Reputation**

### *Content aligned to values*

We will build a content library of stories, case studies and 'day in the life' articles with a focus on multi-media content: video, photography and audio. Our content will span all locations, specialisms and staff groups, and be easily searchable by these, and by the NHS Highland values they demonstrate. We will use this content for both planned and reactive communications to showcase our values and behaviours.

### *Campaigns supporting organisational priorities*



By year three we will have shifted our approach and resources away from reactive, one-way communications and towards collaboration, engagement and campaigns. We will proactively plan communications campaigns with outcomes that support NHS Highland priorities, recording the resources assigned to these in the annual communications and engagement plan and individual PDPs. Our success will be measured by the SMART objectives of these campaigns.

#### *Horizon scanning*

At this point we will be able to start planning further ahead, employing new or existing resources to 'think outside the box', making connections with other organisations, seeking out policy initiatives and innovations, and taking advantage of opportunities to improve our communications, the reputation of NHS Highland, and the health and wellbeing of our population.

## **9. Capacity to deliver**

### **9.1 Staffing**

Early indications show that the current communications and engagement team does not have the capacity to deliver best practice while continuing to support current routine communications requirements and meeting attendance expectations.

The addition of a Web Manager and permanent Community Engagement Manager will support two key projects: the new corporate website and the community engagement framework.

Some capacity may be freed up by revising the media sign-off processes and triaging social media requests. However, this capacity is likely to be used on the additional editing required to ensure all of our channels have an appropriate and consistent tone.

Administration or assistant level support would allow the team to move into years two and three of this strategy by taking on the necessary routine tasks and freeing up communications managers to plan proactive work. Assistant level posts have the added advantage of allowing NHS Highland to grow its own talent, providing career pathways.

The Community Engagement Manager is currently called upon to give direct support to major change or capital programmes, in addition to ensuring engagement across the organisation is consistent and appropriate. The addition of a community engagement officer or assistant would ensure sufficient support for high-profile projects.

A senior communications manager post would give communication managers additional support and expertise to make the shift to being outcome-focussed, and would provide the capacity for increased horizon-scanning.

A Gaelic-speaking member of staff would further enhance the team, allowing for a quicker turnaround of Gaelic material which requires to be translated or proof-read.

### **9.2 Software and hardware**

The team is currently awaiting an order of laptops and audio-visual equipment that will enable us to shoot and edit video quickly and easily, as well as providing more reliable remote access.

It is likely that this equipment will need to be updated periodically every few years as the technology becomes outdated. It would therefore be prudent to include a £3,000 annual budget for hardware of this type.

We are also taking on subscriptions to software and online tools to enable us to edit video, put together animations, and schedule and monitor social media. These are annual subscriptions which will need to be renewed. We therefore need a recurring budget of £3,500 for software licensing.

### **9.3 Business cases**

A business case is under preparation for the development of a new corporate website. This would incur a substantial one-off development cost, followed by a much smaller annual maintenance fee.

E-newsletter packages are being researched as a possible option to ensure email communication is more targeted, engaging and readable. Should such a solution be deemed viable, a business case would be prepared.