

# **2024-27 Communications and Engagement Strategy**

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## **1 Introduction**

NHS Highland has made significant progress in developing its approach to communications and engagement and this has contributed to the improvements the board has achieved in staff engagement, community engagement and impactful communications.

We developed a Communications and Engagement Strategy for 2021-24, and carried out annual action plans for these three years. This included co-creating an Engagement Framework, improving internal communications, and developing and launching a new corporate website. Over the past three years the communications and engagement function has moved away from a predominantly reactive approach to a more planned and proactive way of communicating based around the Together We Care strategy.

As a result, staff survey results and feedback from communities and stakeholders shows that communications and engagement has improved. However, there is always room to do more, and in particular to make use of technology and data to ensure our communications and engagement is as efficient and effective as possible.

The 2021-24 Strategy and progress against it have been reported to the Staff Governance Committee. Having completed the ambitions within the 2021-24 Strategy, we have now produced this Communications and Engagement Strategy for 2024-27. This builds on the work already done and incorporates recommendations from a recent internal audit.

Like other boards, NHS Highland is facing significant financial challenges. This strategy is based on delivering within the capacity of the team, to allow for the optimum balance of investment and impact. Annual action plans will be developed according to the agreed level of resourcing each year.

While there will always be elements of reactive communication required, we are now in a position where we can prioritise campaigns and projects according to the Corporate Strategy (Together We Care: with you, for you) and the Annual Delivery Plan.

The Argyll and Bute Health and Social Care Partnership (HSCP) communications team sit within the NHS Communications and Engagement team for the purposes of professional leadership, and to support resilience in shared services such as the on call rota. However, the priorities and workload of the Argyll and Bute team is directed by the Argyll and Bute HSCP Senior Leadership Team (SLT) and aligned to the HSCP Corporate Strategy, and sits separately to this Strategy. Engagement within the Argyll and Bute HSCP is managed by Public Health.

## **2 Purpose of this document**

NHS Highland has a wide range of stakeholders, including people who use our services, their carers and families, local communities, general public, the third sector, charities, further education, universities, wider public health partners, Members of the Scottish Parliament and other elected representatives. Our colleagues, Staffside representatives and professional bodies are also key stakeholders.

The high level three-year Strategy sets out our long-term approach to achieving effective communications and engagement with all our partners and stakeholders. It will be delivered through

a series of annual action plans which will provide the detail of how the strategy will be delivered, together with an outline of specific actions to be taken to support the organisation achieve its annual business objectives.

Legislation and professional standards supporting effective person-centred communication with patients, including Realistic Medicine and Duty of Candour legislation, are covered elsewhere.

Our overall approach to Community Engagement is covered in the Board's Engagement Framework.

### **3 Reporting and governance**

The Communications and Engagement Strategy is delivered via annual action plans. These incorporate priority campaigns decided in conjunction with Senior Leadership Teams, support for engagement, and development of channels and processes.

Delivery against annual action plans is reported to the Area Partnership Forum and Staff Governance Committee.

The Engagement Framework governs all community engagement across NHS Highland including that carried out by services without support from the corporate team. Updates on the Engagement Framework are reported to the Highland Health and Social Care Committee and Clinical Governance Committee.

### **4 Relevant legislation and guidance**

Legislation set out in the Patients' Rights (Scotland) Act and the Community Empowerment (Scotland) Act state that NHS Boards, as public bodies, have a duty to involve people in the design, development and delivery of the health care services they provide for them. Scottish Government Health Directorate Chief Executive's Letter (CEL) 4(2010) sets out the phases and processes that need to be applied, proportionately, by a Board to any service change they propose. It states that NHS Boards are responsible for ensuring:

- That engagement processes and activities are fully accessible
- That any potential adverse impact on equality groups must be taken into account by undertaking an equality impact assessment
- That where a proposed service change will have a major impact on a patient or carer group, members of equalities communities or on a geographical community, Boards should seek advice from the Scottish Government on whether a service change is considered to be 'major service redesign'
- Major service redesign must include a full public consultation, assured by Healthcare Improvement Scotland and concluding with Ministerial approval.

Boards should also inform potentially affected people, staff and communities of their proposal and detail how they:

- Will involve them in the development and appraisal of options
- Will involve them in a consultation of any agreed options

- Will reach any final decision evidencing the impact public involvement had on this

An Equality Impact Assessment should also be carried out for proposed changes to services.

The NHS Scotland Staff Governance Standard requires all NHS Boards to demonstrate that staff are:

- well informed
- appropriately trained and developed
- involved in decisions

## 5 Principles

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

NHS Highland values	Communications principles
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

## 6 Aims

- Support best practice communications
  - Clear, consistent sources of information internally and externally
  - Creative and effective campaigns
- Support best practice engagement
  - Seeking out hearing, and acting upon diverse voices
  - Enabling all with an interest to take part
  - Building relationships and networks for ongoing conversations
  - Staff engagement to support ongoing culture change
- Explore new technology
- Increase accessibility
- Make use of data

## 7 Our approach

### 7.1 Communications

We use a variety of channels to share information with colleagues and people who use our services.

#### *External channels*

- NHS Highland website. This is a key source of public information. We will keep our website up to date, relevant to public user needs, and easy to use.

- News media, including tv, digital, print and radio. As well as responding to media enquiries we will continue to work with the news media to promote understanding about our work and to proactively supply content.
- Public meetings and events, such as our Annual Review.
- Social Media. We use Facebook, X (Twitter) and Instagram to encourage behaviour change, promote the work of NHS Highland and share wider information from the NHS and other partners.
- Digital engagement. We will continue to evolve to make fuller use of digital engagement as technology develops.
- E-newsletters and briefings. These include the weekly Key Stakeholder Update.

It is important to match channel to audience, ensuring they are accessible (including language ie plain English) and relevant. Our approach is to go where people are wherever possible, using existing well-used media rather than trying to drive people to new channels. We will also focus our efforts on providing the content people want, using customer feedback to inform this.

***Case study: responding to user feedback***

*In April 2024, a member of the public used our contact email address for website feedback to let us know: “It would be helpful if the application form for hearing aid replacement is available online.” The Audiology service was identified as the source of this form, and a contact there was able to provide the form along with some contextual information. This was then published on the site for other users in future to find, download, complete and return – potentially saving on multiple, identical user phone calls or emails to the service with simple requests for the form.*

We need to continue to add more relevant information, including ways to get in touch with services, to our website. To do this, we will use the data we have on terms people are searching for to target services and work with them to update and improve their content.

Much of the communications received by people using our services, however, comes directly from the team delivering that service. In some cases, as with most GP practices, this may be a contractor working independently of NHS Highland.

In these cases, we will showcase best practice and encourage services and contractors to consider how they can adapt their communications to their audience, making use of technology and offering people a choice of ways to communicate wherever possible – bearing in mind we have a duty to be accessible. We will also highlight the patient perspective: people have told us they want reassurance that if they miss a phone call or cannot manage an online appointment their case will still be followed up.

*Internal channels*

- NHSH intranet. This is the main source of information for colleagues. We are working to build a new intranet, with updated content, which is easier to navigate.
- E-newsletters and briefings. These include the Weekly Round Up and occasional urgent all-staff emails. There is also a weekly GP bulletin managed by the Primary Care team. We are

piloting the use of technology to improve targeting of emails and newsletters and potentially reach offline colleagues via smartphone apps.

- Chief Executive's Brief. This new monthly cascade briefing is intended to reach all colleagues, including those without computer access.

Channels such as these listed can be evaluated by measuring readership, views or clicks and by seeking feedback.

But communications is more than simply sending out information. We need to ensure our messages are received, understood, and acted upon. Sometimes – perhaps counterintuitively – repeating messages asking for action can make them less effective. Social media algorithms penalise repeat posting and external links, and audiences are turned off by what can be seen as hectoring. So we need to ensure we balance engaging and entertaining content with important calls to action. For this reason, we ask services to use our online briefing form to request communications services, and to follow guidance on what we need to produce engaging content.

***Case study: creating localised content***

*We trialled boosting a social media post (paying for it to be shown to more people) using the generic national toolkit for Home First. This received 14 comments, of which over half were negative; no shares; 87 reactions, of which three were negative; and reach of 6,294. Sample comment: "How naive are NHS Highland posting this."*

*In contrast, when we created our own content using a photo of a local nurse it received 30 comments, all positive; 65 shares; 509 reactions, all positive; and reach of 27,655 – all without being boosted. Sample comment: "Well done all the staff of CGH! Simply the best."*

*This insight shows localised content performs better, and explains why we need services to help us create more effective messaging.*

We also need to ensure our campaigns are outcome-focussed and that we evaluate the real difference they have made, not just the outputs produced. We ask Senior Leadership Teams (SLTs) to prioritise campaigns in order to give us the time to plan them, including audience research, testing messages, and evaluating success. Campaigns are then prioritised for delivery, with those which could have the most impact assigned more resource. Other campaigns are supported via our standard channels.

## **7.2 Engagement**

### *Support for services*

Services must ensure that they are engaging, involving and consulting with service users, particularly when a change is proposed, but also in an ongoing fashion to incorporate people's lived experience into service delivery.

We support services to carry out engagement and upskill their teams in this area by providing training, templates and guidance. We can also signpost services to interest groups which represent relevant communities for them to engage with, and recommend how and where to engage with people on their own terms, rather than defaulting to formal meetings. Best practice requires

engagement to be embedded, with teams in regular dialogue with the people affected by and using their services, and is likely to include at least some element of face to face engagement to foster ongoing relationships. We can train services in how to use our Customer Relationship Management tool, Engagement HQ, to manage and record engagement activity.

Our intranet page holds a range of resources, including videos, webinars, links and template engagement plans. Services can also contact us for advice, and should notify us of any engagement taking place so that we can record this and report it to committees.

#### *Direct support for key programmes*

We do not currently have the capacity to offer direct support to programmes. Engagement needs to be between people delivering services and those affected: it is not something that can be outsourced. However, expertise can be useful in providing oversight, evaluation and consistency across large-scale programmes. Some programmes may have funding available to engage external support. This might include, for example, oversight of an engagement plan, or facilitation of events and meetings.

## **8 Delivery**

Over the three years, the Communications and Engagement team will deliver the following outputs.

### **8.1 Internal channels**

- Weekly Round Up, including Exec vlog
- Key Stakeholder Update
- Chief Executive's cascade brief
- Development of Viva Engage or other internal social network, moving away from email to more networked communications
- Improve the intranet with training and support for services to make the most of their pages
- Streamline our processes to be more efficient, making it easier for services to provide all that's needed for effective comms, and ensure services stick strictly to deadlines and protocols

### **8.2 External channels**

- Improve reach and engagement on current social media by carrying out the actions of the social media audit
- Develop protocols for frequently encountered change processes, eg GP practice handed back, care home closure, service change
- Develop suites of content for use by the media
- Maintain the website and improve the quality and quantity of published information
- Media handling – proactive and reactive, media monitoring

### **8.3 Community engagement**

- Community contacts network maintained, signposting services to relevant interest groups
- Customer Management System in place to help services manage and report engagement

- Highland 100 Panel supported
- Training, guides and templates available
- Focus on training and upskilling workstream leads for service redesign

#### **8.4 Campaigns**

- 2 major campaigns and 3-4 smaller campaigns delivered each year

#### **8.5 Staff engagement**

- Lead on planned focussed look into engagement themes in 2024 and follow up actions in subsequent years

### **9 Roles and Responsibilities**

All team members, and colleagues making use of Communications and Engagement Services, have important roles to play. Not all roles within the team are currently filled. Where certain team roles are unfilled or unavailable, tasks will be prioritised for delivery. This may mean that team members take on work usually carried out by other roles if necessary.

The Communications team roles set out here cover communication across NHS Highland, including Highland Health and Social Care Partnership, and also cover Argyll and Bute Health and Social Care Partnership. The Engagement team roles set out here cover engagement across NHS Highland only, excluding Argyll and Bute Health and Social Care Partnership, where engagement falls under the remit of Public Health.

The Communications and Engagement Team is not responsible for graphic design and print, translations, telecommunication, feedback and complaints, or websites other than the corporate website.

#### **9.1 Head of Communications and Engagement**

- Strategic oversight: develop an annual action plan based on resources available.
- Work with SLTs to choose priority campaigns quarterly.
- Report progress to relevant committees.
- Line management: support, coach and train team members.
- Sign off evaluation of campaigns.
- Act as the 'scrum manager' in overseeing the process for progressing work.
- Sits on Programme Boards and national groups.
- Budget holder with accountability for the Team budget.

#### **9.2 Communications Managers**

- Media relations for high profiles issues.
- Act as the 'product owner', representing the views and needs of people who use our services.
- Work with Service Leads to increase their knowledge and understanding of communications, advise on best practice, and drive and evaluate campaigns.

- Leads on planning, developing, implementing and evaluating priority and short-life campaigns.
- May attend Project Boards.

### **9.3 Community Engagement Manager**

- Support services to engage well by providing training and resources.
- Manage the Customer Relationship Management (CRM) system to provide oversight of engagement across the organisation.
- Manage the Engagement Framework and report to committees.

### **9.4 Engagement Coordinator**

- Update CRM and support services to use it.
- Update networks and be the visible face of NHS Highland in the community.
- Direct engagement support for agreed service redesign programmes OR for staff engagement.

### **9.5 Communications Officer**

- Proactive and reactive media management.
- Update website and intranet.
- May lead on short-term campaigns.
- Support/cover for Communications and Engagement Assistant.
- Monitor and moderate social media.

### **9.6 Digital Content Creator**

- Make use of national / external social media assets where appropriate, (bearing in mind that this type of messaging can limit social media reach and engagement).
- Produce content including video, vlogs, photos and text which supports NHS Highland core campaigns and messaging through local voices, emotion and storytelling.
- Check, edit and schedule content across our internal and external channels.

### **9.7 Communications and Engagement Assistant**

- Curate and share media monitoring.
- Edit Weekly Round Up and other corporate newsletters.
- Manage databases of contacts.
- Respond to phone, email and social media enquiries.
- Admin (eg organising focus groups, scheduling content, room booking, invites to events).

### **9.8 Web Manager**

- Manages corporate website – services are responsible for their content but Web Manager trains them in content management system, reminds services to check and update content, adds functionality, acts as liaison with web developers and NSS, uses analytics to prioritise areas for improvement.

- Once a new intranet is developed, the Web Manager will also manage this resource.

### **9.9 Executive leads**

- Sign off on priority campaigns, including key messages.
- Act as a spokesperson for high profile issues, undertaking media training where appropriate.
- Work with the Head of Communications and Engagement to agree priority campaigns.

### **9.10 Service leads / managers / contractors delivering an NHS Highland service**

- Seek to keep patients, carers and service users informed and involved, for example by providing service information for the website and following the Engagement Framework. Ensure their work meets statutory requirements for accessibility, community engagement and data protection/patient confidentiality.
- Offer people using our services a choice of ways to communicate.
- Share internal corporate messages with direct reports. This includes ensuring teams have read relevant articles in the Weekly Round Up, cascading and acting upon the monthly Chief Executive's Brief, and printing information for sharing on noticeboards and in staff rooms where teams do not have regular computer access. All managers are expected to meet with their direct reports either in person or virtually at least once a month.
- Link with staff to produce the data needed and set targets, working with Communications Managers to set measurable outcomes.
- Commit to evaluate campaigns against agreed outcomes, and allow the time and resources for this.
- Submit campaigns via SLTs for consideration, allowing sufficient time for them to be properly researched and planned.
- Sign off campaigns once they are ready to run.
- Define and commit to scopes, budgets and timescales for campaigns.
- Make use of the training, templates and guidance available on the Communications and Engagement intranet page in order to upskills themselves and their teams.
- Make use of the online briefing form to submit work requests to the Communications and Engagement Team.

### **9.11 Service teams / frontline staff**

The NHS Scotland Staff Governance Standard requires all staff to:

- Keep themselves up to date with developments relevant to their job within the organisation
- Actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation

In practice, this means they should:

- Access and read or watch internal messaging, knowing where to look for messages and sharing them with colleagues.
- Keep to deadlines for providing information and material needed.
- Provide accurate and timely information, photos, content etc.

- Where appropriate, share their stories, potentially featuring in videos or photos.
- Give feedback which we can use to improve internal communications and staff engagement.
- Proactively seek out and act upon feedback from people using our services.
- Share local knowledge and contacts.
- Make use of the online briefing form to submit work requests to the Communications and Engagement Team.

#### **9. 12 People living in the Highlands and Argyll and Bute**

- Give feedback which all NHS Highland teams can use to improve services and celebrate success.