NHS Western Isles Communications Strategy & Action Plan

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December 2007	March 2009	May 2011	January 2013	Communications Manager

Document Control

Version	Date	Latest changes made by	Status	Reason for change and reviewers
Version 2, approved	Jan 2011	Communications Manager	Reviewed	Changes made to update and review the document.
Version 3 Draft 1	July 2011	Chief Executive/ Associate Chief Operating Officer (Acute)/ HR Director	Draft	Minor changes.

Document Approval – Name(s) of the Individual(s) representing the Approving Committee(s)/Group(s)

Reviewer's Name	Reviewer's Role	Date
Communications Group	Comments/Consultation	Strategy presented to Communications Group 18/8/11
PFPI Committee	Comments/Consultation	Complete, issued 22/8/11
Staff Governance Committee	Comments/Consultation	Complete, issued 22/8/11
Locality Planning Groups/PHN	Consultation	Complete, issued to LPGs 12/8/11 (PHN network under review so unable to circulate)
General Public (via Board website and media)	Consultation	Complete, extensive media coverage – Events, Stornoway Gazette, BBC radio, Hebrides News, NHSWI website, email contact list of local groups 22/8/11
Area Partnership Forum	Consultation/Approval	Circulated to APF members for comment 6/9/11. Approved 13/10/11
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NHS Board	Approval	Approved 26/1/12

Communications Strategy - Contents

VISION

'The best at what we do' - ensuring transparent and timely communication is the thread that runs through every process, policy and part of NHS Western Isles.

1. Introduction

Open, transparent and timely communication should be central to every organisation. Through good quality, effective communication, organisations can manage, motivate, influence, explain and create conditions for change.

The quality of communication and credibility of the person 'spreading a message' can impact on the success of organisational progress or change, as it can influence how effectively an organisation adapts. Good communication is not just data transfer, it is about showing people something that is credible, addresses their concerns and evokes faith in a vision, plan or development. Done well, it improves morale and motivation, which can in turn affect people's likelihood to accept change and progress. Together with leadership, it is the key thread that runs through all successful change projects.

NHS Western Isles is committed to a policy of openness in its communications activities. Trust can only be earned by responsible and transparent communication, promoting a culture of inclusion and understanding, and enabling access to appropriate information which contributes to the ability of people to make informed choices. Communications processes should be pro-active, positive and planned.

NHS Western Isles must continue to progress with a sustained corporate approach to improving communication, bearing in mind that communication is as much about attitude and behaviour as it is about the message.

2. Aims

NHS Western Isles' Communications Strategy supports the Board's Corporate Objectives and the Healthcare Quality Strategy for NHSScotland; aiming to make both high quality internal and external communication integral to all the work carried out within the organisation. This version of the Communications Strategy builds upon the evidenced successes of previous versions, setting out a series of principles, standards and actions to continue to develop and improve communication within the organisation. The strategy sets out a framework to ensure that staff, the public, patients, partners and other stakeholders understand how we propose to communicate.

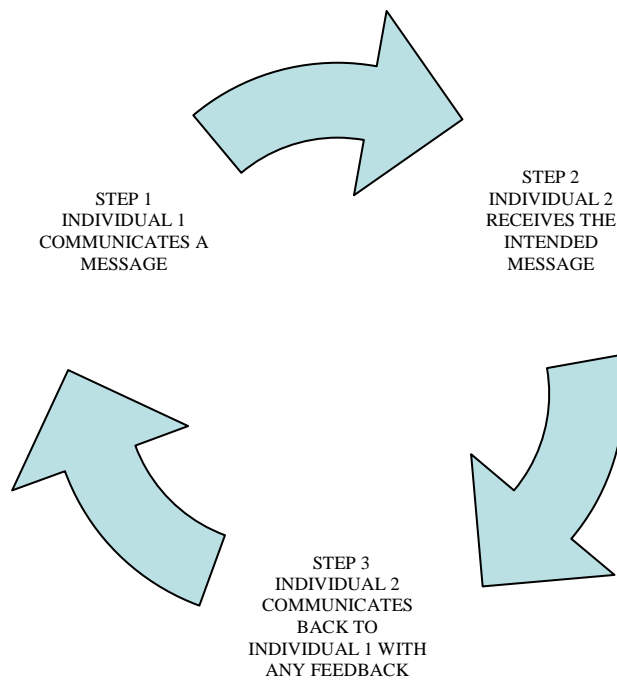The aim is that all communication throughout NHS Western Isles will be:

- Purposeful and timely
- Open and transparent – trust is earned by credible communication
- Clear, in plain language, without jargon and minimal use of acronyms
- Targeted – making sure the right messages reach the right audiences (bearing in mind 'protected characteristics' under the Equality Duty and other 'hard to reach' audiences)
- Planned, proactive and efficient
- Integrated – internal and external communications are consistent and mutually supportive
- Two-way, where possible and practical
- Evaluated – communication activity will be internally and externally evaluated to ensure it adheres to the principles and values of this Communications Strategy

NHS Western Isles will also aim to:
- Use the most appropriate channel of communication – bearing in mind different environments and audiences, and that the more elaborate the means of communication, the less effectively we communicate
- Positively promote the organisation to the public
- Promote healthy lifestyles and health improvement both internally and externally
- Use corporate identity – reflecting a consistent view

Our communication will always take into account the needs of the diverse communities we serve. No-one should be disadvantaged by disability, geography or culture. Communication should also take into account the fact that different groups have different levels of access to technology. Communication should be enabling, accessible and use varied and appropriate media.

The NHS Western Isles' Communications Strategy promotes the analogy of effective communication being like a circle; where one person sends a message, and another person receives the intended message without delay, alteration or interruption. The individual receiving the message should then have the opportunity, through open channels, to communicate back to the sender of the message to ask questions, raise concerns or make suggestions.

STEP 1
INDIVIDUAL 1
COMMUNICATES A
MESSAGE

STEP 2
INDIVIDUAL 2
RECEIVES THE
INTENDED
MESSAGE

STEP 3
INDIVIDUAL 2
COMMUNICATES
BACK TO
INDIVIDUAL 1 WITH
ANY FEEDBACK

Communication fails if the message is not received or if the message is interpreted incorrectly; no matter how well constructed or well-intended the message is. The blocks that cause poor communication can be caused by both the sender and receiver. Therefore ensuring that the message is targeted effectively is equally as important as the content of the message.

2.1 <u>**Barriers to Communication**</u>

NHS Western Isles will consider potential barriers to effective communication, when communicating with all stakeholders. Potential barriers include:

- **Physical barriers** – e.g. caused by physical location or environment, lack of technology, or physical distractions such as background noise or poor lighting which can affect morale and concentration, which will in turn interfere with communication.
- **System design –** e.g. if organisational/community structures are unclear and make it difficult to know who to communicate with, or there is lack of clarity of roles and responsibilities.
- **Attitudinal barriers** – lack of motivation or dissatisfaction resulting in people delaying or refusing to communicate. This can be as a result of insufficient training to enable individuals to carry out specific tasks, or resistance to change due to entrenched ideas and attitudes.
- **Psychological barriers –** An individual's state of mind can impact on communication – e.g. personal/professional worries.
- **Different languages and cultures**
- **Linguistic ability** – jargon, difficult or inappropriate words can prevent understanding and clarity (as can unnecessarily complicated documents)
- **Physiological barriers** – factors such as ill health, poor eye sight or hearing difficulties are barriers to communication that should be

considered particularly when communicating with certain patient groups.

2.2 **<u>Benefits of successfully implementing the Communications Strategy</u>**

By continuing to implement this Strategy, the aim is that a number of benefits will be achieved for NHS Western Isles. In particular, it will help to ensure that services provided by the organisation are known, understood and accessible to everyone in the Western Isles. Full implementation of the Communications Strategy will also ensure that NHS Western Isles staff are well informed, involved, and aware of what is happening within the organisation, with access to high quality information in whatever way they find most appropriate.

Implementing the Strategy will also bring about additional benefits including:

- Ensuring staff have opportunities to feedback and raise issues, so that they feel valued, motivated and respected – and have the opportunity to influence decision-making
- Ensuring staff can perform their role to the highest professional standard
- Bringing people together through good quality communication – even across remote sites
- Promoting and encouraging the involvement of local individuals and communities in decisions affecting healthcare services
- Developing a community that understands and is interested in its own health
- Raising awareness of and explaining NHS Western Isles' decisions, policies and strategies; justifying our actions and responding to criticism
- Promoting and publicizing the good work of NHS Western Isles, providing information and highlighting achievements
- Developing open, effective, two-way communication as the norm - contributing to a culture of openness and transparency, enhancing the organisation's reputation internally and externally and improving staff morale
- Breaking down communication barriers, by eliminating discrimination in our communication and ensuring equality issues are considered.

3. Objectives

The benefits described above will only be realized if NHS Western Isles staff and management fully understand and accept the vital role of communication through every area of work in the organisation, and work together to develop and support a culture of effective communication at all levels.

Objective 1
To ensure the most effective and appropriate channels of communication are used across NHS Western Isles – at strategic and operational levels - putting communication at the centre of everything NHS Western Isles does

- Ensuring the right people get the right message at the right time in the appropriate format. Existing systems and processes must continue to be developed to ensure staff have access to high quality information and are involved, where appropriate, in decision making.
- Continually improving and developing the systems that have proved to be effective for staff.
- Embedding Departmental Communications Plans into the organisation through effective implementation, monitoring and review, so that effective communication takes place across the board.
- Strengthening the commitment to improve communication at the highest level of the organisation.

Objective 2
To develop and promote consistent messages to make sure staff feel part of one organisation, which is progressing and developing

- Strengthening the organisation's corporate identity.
- Raising awareness of the Quality Strategy and local programmes/services which are delivering quality healthcare.
- Ensuring all staff are aware of the Board's key priorities and 'vision'.

Objective 3
To increase public understanding and awareness of developments, issues and decision-making, which will enhance and protect the reputation of NHS Western Isles and demonstrate that we are a listening and responsive organisation

- Effective working with the media.
- Ensure information about the Board is transparent and as accessible as possible.
- Make use of new and existing communication channels to share information.
- Encourage public involvement and participation.
- Strengthen links with Gaelic media services to ensure widespread coverage of developments/updates.

Objective 4

To improve and enhance existing methods and styles of communication, and make use of appropriate technology to improve the targeting and timing of communications

- Use of technology (e.g. intranet and website) to ensure information is easily accessible, with appropriate training to be made available for staff where required.
- Development of a high-quality corporate website as a key priority.
- Development of good practice guidelines for the use of email.
- NHS Western Isles' approach to making information available, on request, in varied formats and to people for whom English is not their first language, will be reviewed, taking into account the Board's Gaelic Language Plan.
- Working with partners to make use of existing communications channels (where appropriate and possible).

Objective 5

To develop networks internally and externally to share good practice, promote effective communication at all levels and build good working relationships

- Focus on fostering positive and effective working relationships with the media, local politicians, partner agencies and NHS Scotland.
- Continued process of reviewing and improving upon Departmental Communications Plans ensure processes are in place to meet the different needs of different staff groups.
- Building local networks to ensure that key information reaches members of the public.

Objective 6

To promote and raise awareness of healthy lifestyles, which highlights NHS Western Isles as a health promoting organisation

- Develop effective networks with colleagues in public health and promote vital health promotion messages to the media.
- Exploring innovative techniques to improve communication, interaction and understanding.

> **Objective 7**
> **To ensure that equality issues are proactively considered in all communications outputs and activities from NHS Western Isles**
> - Meeting the requirements of the new Equality Duty and tackling inequality.
> - When planning and publicising consultation or information-sharing events, NHS Western Isles will pay due regard to the needs to eliminate discrimination, advance equality and foster good relations across a range of 'protected characteristics'.

4. Why we need a Communications Framework

"The organisation that can't communicate can't change, and the corporation that can't change is dead." (Nido Qubein)

NHS Western Isles' Communications Strategy responds to national policy and guidance, the Healthcare Quality Strategy for NHSScotland, local policy and standards, the findings of the 2008 and 2010 Staff Surveys, the results of Better Together patient surveys, and feedback from local surveys/polls/questionnaires on communications-related topics (e.g. the Staff Magazine). The Strategy is supported by an Action Plan, a full set of organisational Departmental Communications Plans, a Media Policy and an Information Screens Policy, as well as a suite of guidance documents. Specific Communications and Engagement Strategies for NHS Western Isles projects will be developed as required (e.g. Clinical Strategy, Dental Teach and Treat, GP Service Change), which will support the objectives detailed in the Board's Communications Strategy.

The Communications Strategy covers both internal and external communication due to the inextricable relationship between the two. Internal communication can impact on external communication and vice versa. For example, positive or negative publicity can have a subtle, but serious impact on public confidence and staff morale.

4.1 **The National Context**

4.1.1 *Better Health, Better Care Action Plan*
There is a strong recognition within the national policy context that the NHS must increase patient, carer and community involvement in the delivery of local health services, and improve the quality, consistency and accessibility of the information we provide to patients and carers (Better Health, Better Care Action Plan).

The Better Health, Better Care Action Plan also states:

"We heard from the citizens of Scotland about the importance of communication, participation, being listened to and having the opportunity to play a stronger part within the NHS. For staff the key issues were about feeling valued and there was a strong sense that we seemed to be heading in broadly the right direction."

4.1.2 ***The Healthcare Quality Strategy for NHSScotland***

The Quality Strategy is a development of *Better Health, Better Care* and focuses on three things:
- Putting people at the heart of the NHS; meaning that the NHS will listen to people's views, gather information about their perceptions and personal experience of care and use that information to further improve care.
- Building on the values of the people working in and with NHSScotland and their commitment to providing the best possible care and advice compassionately and reliably by making the right thing easier to do for every person, every time.
- Making measurable improvement in the aspects of quality of care that patients, their families and carers and those providing healthcare services see as really important.

Communication is a 'key component' of the Quality Strategy, not just in terms of raising awareness about the ambitions of NHSScotland, but as a major driver to motivate and inspire everyone across Scotland to take appropriate action to make their contribution to achieving the shared vision for NHSScotland. The key aims with regard to communication are therefore to:
- Raise awareness, both internally and externally, of the Scottish Government's vision for NHSScotland to ensure that the quality of healthcare services delivered by NHSScotland is recognised by the people of Scotland as amongst the best in the world.
- Inspire staff and the public to appreciate and understand the role they play in delivering the Quality Strategy's vision; and
- Highlight national and local programmes/services which are helping deliver quality healthcare.

In order to achieve the communication aims, the Quality Strategy sets out the following actions:
- Position and frame the Quality Strategy's purpose and vision in a more accessible way which gives meaning and understanding to the public;
- Use all available approaches (events, publications, campaigns and digital communication) to engage with all stakeholders throughout Scotland at a national and local level (i.e. the public; NHS staff, Scottish Government, third sector, etc) informing them of the vision for NHSScotland and what it means for them;

- Promote and inform people working within NHSScotland and the public of existing and new services which are delivering the vision for NHSScotland at a national and local level;
- Equip and support the people working in and with NHSScotland with information about what they can do to help NHSScotland with information about what they can do to help NHSScotland become a world leader in delivering quality healthcare; and
- Inspire and motivate staff and public to play an active role in achieving the vision for NHSScotland.

4.1.3 *The Participation Standard*

The national Participation Standard focuses on ensuring that members of the public are able to play their full part as owners of the NHS. The Scottish Health Council took the lead role in developing the standard, and information is collected on how successfully NHS Boards are involving people and developing services that best meet their needs and wishes.

The Standard covers three aspects of participation - patient focus, public involvement and corporate governance. The Standard builds on and consolidates a number of existing standards, such as the National Standards for Community Engagement; Informing, Engaging and Consulting People in Developing Health and Community Care Services; and NHS Quality Improvement Scotland's Clinical Governance and Risk Management Standards.

4.1.4 *Informing, Engaging and Consulting People in Developing Health and Community Care Services*

The above Chief Executive's Letter (CEL) was issued to Health Boards in 2010. The paper sets out NHS Boards' responsibilities with regard to public involvement and informing the public.

The guidance states:
"To fulfill their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance.
"Public consultation about a service change should grow naturally out of a Board's everyday communication and dialogue with the people it serves...As soon as a Board is aware of a need to consider a change to a service, it should develop an involvement and communication plan which details how the engagement process will be carried out."

The guidance also recommends that members of the public are informed about changes to management or organisational structures, even if they do not directly affect service users.

4.1.5 *HIS Clinical Governance and Risk Management Standards/ Draft Healthcare Quality Standard*

The Healthcare Improvement Scotland (HIS) Standards for Clinical Governance and Risk Management (Standards 2C and 3C) reinforce the importance of embedding a Communications Strategy into the organisation (internal and external) and reviewing the effectiveness of systems in place. The draft Healthcare Quality Standard (which is set to replace the CGRM Standards) promotes the engagement of staff, patients and other key stakeholders; as well as promoting an improvement focused culture. Clearly, effective communication is a vital stand of this work.

4.1.6 *The Staff Governance Standard (Third Edition)*

This standard requires that NHS systems ensure that staff are well informed, involved in decisions which affect them, and regularly receive relevant and appropriate information about their organisation.

All staff must:

- Regularly receive accessible information about their organisation;
- Have access to communication channels which offer the opportunity to give and receive feedback on organisational issues at all levels; and
- Have access to communications systems – and any necessary training to utilize them.

Employers must:
- Engage with staff to ensure that they are involved in decisions that affect them.

4.2 **The Local Context**

NHS Western Isles covers a group of islands, eleven of which are inhabited (and the majority of which are joined by causeways or landmass). The island groups stretch approximately 130 miles from the Butt of Lewis in the north to Barra in the south and are separated by two stretches of water. The 2004 mid year population census estimated the population of the Western Isles as 26,260, with approximately 8,000 people living in or around the main town of Stornoway and the remainder scattered around the islands in 280 townships. A number of communications methods are therefore required to reach the entire population – and different channels and techniques are required to communicate with different groups or individuals in different situations.

A widely dispersed staff of around 1,000 work for NHS Western Isles in a range of different locations, with varying access to email and an intermittent mobile phone service. Many of the staff work a variety of shifts and this, together with the geographical difficulties, presents challenges for staff communication. A common problem across the NHS

generally is staff and partner agencies reading about key relevant issues in the press, before hearing it from the organisation. As one of the largest employers in the Western Isles, staff could be influenced by media coverage, gossip and anecdote and this has the potential to affect motivation, morale and affiliation.

This issue continues to be effectively tackled by NHS Western Isles through specific actions in the NHS Western Isles Communications Strategy. Since the Communications Strategy was originally developed in 2007, there has been a commitment within the Strategy to ensure that staff are provided with information judged to be in their specific interest prior to the information being circulated to the media. Press Releases are also displayed on the NHS Western Isles website at the point that they are issued to the media.

Evaluation of the effectiveness of the Communications Strategy and Media Policy has evidenced a significant decrease in the number of 'leaks' to the press (as evidenced in annual Media Coverage Reports), a significant increase in the number of staff who feel 'well informed', and a notable increase in the number of staff who would recommend NHS Western Isles as a good place to work (both evidenced in NHSScotland Staff Surveys).

4.2.1 *Western Isles Staff Survey 2010*

With regard to internal communication, Staff Surveys in 2006 and 2008 highlighted a number of areas for improvement. In 2006, only 12 per cent of respondents felt 'well informed about what is happening' in NHS Western Isles and 68 per cent were clear about their duties and responsibilities. Since that time, as a result of the continued implementation and review of the Board's communications actions detailed within the Communications Strategy, there has been a substantial improvement in responses from staff (in communications-related areas), with NHS Western Isles exceeding the majority of national results in the 2010 Staff Survey:

I am kept well informed about what is happening in my Board:
> 2006 – 12%
> 2008 – 39%
> **2010 – 61%**
> **2010 national average – 58%**

I am clear what my duties and responsibilities are:
> 2006 – 68%
> 2008 – 73%
> **2010 – 86%**
> **2010 national average – 85%**

Positive results were also demonstrated in the following new questions in the 2010 Staff Survey:

My line manager communicates effectively with me:

NHSWI 2010 – 63%
2010 national average – 62%

When changes are made at work, I am clear how they will work out in practice:

NHSWI 2010 – 45%
2010 national average – 41%

I understand how my work fits into the overall aims of the Board:

NHSWI 2010 – 76%
2010 national average – 76%

The Communications Manager, as the NHS Western Isles Staff Survey Lead in 2010, is a member of the Board's Staff Survey Working Group which is chaired by the Chief Executive, and will ensure that there is a focus on areas related to communication when considering further work and development. Communications-related actions developed by the Staff Survey Working Group have also been taken into account as part of the review of the Communications Strategy.

4.2.2 ***Staff and Public Communications Surveys***

Staff and Public Communications Surveys were carried out in February and March 2009 to assess how well people felt communicated with, how they thought communication could be improved and what methods of communication were working well for them.

The Staff Communications Survey was available on the Intranet, emailed to all members of staff (with the ability to complete online) and was also available in hard copy in Slàinte magazine.

The Public Survey was printed in a local newspaper, sent to Locality Planning Groups, the People's Health Network, Comhairle nan Eilean Siar (Western Isles Council) staff and other partners. It was also emailed to local contacts.

There were nearly 150 responses in total.

Staff: 13.5 per cent felt extremely well informed; 54.2 per cent felt well informed and 32.3 per cent felt poorly informed.

Public: 11.1 per cent felt extremely well informed; 44.4 per cent felt well informed and 44.4 per cent felt poorly informed.

The results from both surveys were developed into action plans which were monitored by the Board's Communications Group, with certain actions delegated to different committees/members of staff. Outstanding actions have been considered by the Communications Group for inclusion into the Communications Strategy Action Plan or to be

escalated to Executive Directors or the Board's Single Operating Division for action.

To further build upon the information generated from the public and staff communications surveys, the Communications Manager will conduct semi-structured interviews with staff and members of the public during 2012, to gain an insight into how to improve communication, both internal and external.

4.2.3 *Advocacy Western Isles*

The 'stand up for yourself self advocacy group' for clients with learning disabilities provided feedback to NHS Western Isles on healthcare services in June 2011.

Members of the group delivered presentations to healthcare staff, and provided feedback on a number of areas, including communication.

Key feedback included the following:
- People with learning disabilities like to receive communication that they can make sense of themselves.
- Big print and diagrams help illustrate information and communication materials.
- When communicating face to face with a person with learning disabilities, talk to them directly as well as their parent/carer.

4.2.4 *Communications Walkrounds*

Communications Walkrounds were introduced by NHS Western Isles as an innovative concept to audit communication at a departmental level, and they regularly provide valuable information to further improve communication systems. Communications Walkrounds are undertaken by the Communications Manager and Employee Director (with administrative support) on a monthly basis and different areas of the organisation are visited on each walkround.

Communications Walkrounds give staff the opportunity to provide feedback on communication (including what works well and what requires improvement or does not work), and they also provide an opportunity for the Communications Manager and Employee Director to audit the effectiveness of Departmental Communications Plans and the wider Board Communications Strategy.

A Terms of Reference for Communications Walkrounds was developed in November 2009 (approved by the Communications Group) and guide questions have been agreed to ensure consistency at each walkround. Walkround notes and actions are presented to members of the Communications Group and Corporate Management Team for information and/or action. The overall Action List is presented to the Communications Group on a bi-monthly basis.

4.2.5 *Departmental Communications Plans*

The Communications Strategy is supported by individual Departmental Communications Plans developed (and reviewed every two years) by Department Managers in consultation with their staff, with support from the Communications Manager

Departmental Communications Plans, first developed in 2008, are based on the principles contained in the Board Communications Strategy and demonstrate a commitment to effective communication between managers and staff at a departmental level (including opportunities for staff to provide feedback and input into decisions which affect them), as well as an intention to improve inter-departmental communication and communication with external stakeholders.

The full set of plans was reviewed during 2009 and 2010, and a second review of all plans will take place over 2011 and 2012. To ensure that plans are jointly owned by department managers and staff, managers have been asked to review plans in consultation with their teams, and each reviewed plan must now also be signed-off by a member of staff within each department. As Departmental Communications Plans are developed in partnership, they allow different departments to target areas identified as important specifically to them.

A number of plans contain innovative communication techniques and examples of best practice which can be rolled out to the wider organisation to further improve systems.

The Departmental Communications Plans promote a 'Reciprocal Model' of communication and information sharing, where all staff within each department proactively take responsibility for effective communication and dissemination of information. This model promotes peer to peer exchange of information and opens up more effective communication channels, as opposed to the 'Dissemination Model' of information-sharing, which places all responsibility on one person for communicating 'down' to staff, and is less effective and inclusive.
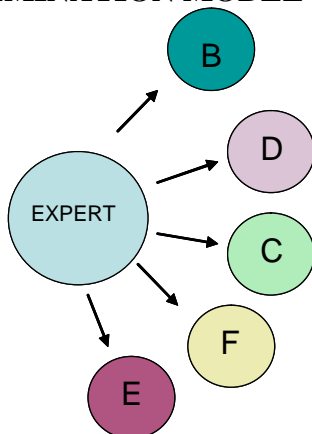
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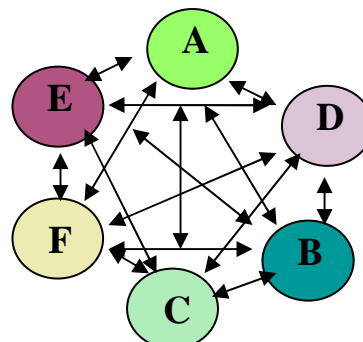
4.2.6 *Sounding Board*

A staff 'Sounding Board' was introduced both on the Intranet and as a hard copy feedback form. The facility provides a mechanism for staff to ask questions or raise concerns anonymously and to receive a response (where appropriate). The Employee Director acts as the 'Sounding Board Manager'.

Feedback or issues related to communication is assessed by the Communications Group and considered as part of the review process for the Communications Strategy.

4.2.7 *Slàinte Magazine*

Online and/or hard copy feedback forms are included on a regular basis in Slàinte magazine to give readers the opportunity to feedback comments on content, layout, design, and overall effectiveness. As Slàinte is one of the most popular channels of communication with staff (and other stakeholders), its continued development is one of the key actions in the Communications Strategy.

4.2.8 *Chief Executive's Open Staff Meetings*

The NHS Western Isles Chief Executive holds open staff meetings throughout the organisation on a monthly basis, at which members of staff are invited to attend and ask questions, raise concerns or provide observations or feedback. Items for discussion at each meeting are based solely on the issues raised by those in attendance which means that topics on the 'agenda' are generated by staff in attendance.

The meetings both open up channels of communication between all staff and the Board's most senior member of staff and demonstrate the Chief Executive's 'open door policy' and willingness to discuss any areas of concern/issues or questions with staff (within reason) in an open forum.

Feedback received through the above channels reinforces the message that there is always room to improve communication – both internal and external.

Direct feedback from staff enables the organisation to effectively target areas important to staff and to make improvements in response to issues on the ground.

5. Who is responsible for Communication?

The Communications Manager is responsible for ensuring there is a strategic and consistent approach by taking the lead in developing, implementing and reviewing the Board's Communications Strategy and Action Plan. However, communication is part of everyone's role and

therefore it must be acknowledged that the full implementation of the Communications Strategy will be dependent upon three things:

- The ownership by all staff in NHS Western Isles
- The support of the Board, Executive Directors and Senior Management
- The workload of the Communications Manager against the scale of the targets within the Communications Strategy.

5.1   **All Staff**

Communication is a two-way process and does not just involve disseminating information. Communication is also about listening and responding. This involves encouraging and valuing input, taking feedback into account, and changing behaviour where appropriate. Every member of the organisation is individually responsible for communicating effectively, as well as a role in shaping, upholding and managing the reputation of NHS Western Isles.

Every member of staff within NHS Western Isles has a part to play in ensuring that appropriate and accurate information is distributed throughout (and out with) the organisation.

Promoting a culture of shared responsibility will be key to improving communications processes, as every time an individual member of staff speaks to somebody externally about NHS Western Isles, they are effectively marketing the organisation. Therefore, even informal external communication is important and can potentially have a significant impact on the Board's reputation. Ensuring that communications channels internally are open and that staff have opportunities and feel safe to ask questions, contribute to decision-making and raise issues will have an impact on staff's perceptions of the organisation and ultimately how they portray NHS Western Isles externally.

All members of staff should be encouraged, and feel comfortable, to engage in two-way communication with managers and colleagues. The staff Sounding Board has been developed to support and promote feedback on any issues that staff may feel uncomfortable raising directly with line managers.

5.2   **Managers**

Managers across NHS Western Isles are required to ensure effective communication with their staff, including providing opportunities for two-way communication and input into decision-making. This is why each individual Departmental Communications Plan is fundamental to the successful implementation of the Communications Strategy. The plans demonstrate the commitment of managers across the organisation to promote effective communication.

Managers (and their teams) are encouraged to proactively highlight new developments, good news stories or service change information to the Communications Manager for internal and/or external publication, (or to nominate a member of staff within their Department to do so), as detailed in their Departmental Communications Plans.

Managers should also highlight any issues that could potentially require sensitive communication (internally or externally) to the Communications Manager so any that these can be managed proactively.

Taking on board feedback from the national Staff Survey 2008, a commitment has also been given that Executive Directors and Senior Managers will have a specific commitment to improving communication in their formal objectives, which demonstrates a commitment to effective organisation-wide communications at top-level. (The positive impact of this development is demonstrated in the 2010 Staff Survey results, when 63 per cent of respondents said that their line manager communicates effectively with them, compared to a national average of 62 per cent).

5.3   **Communications Manager**

The Communications Manager will lead on the development, implementation and review of the Communications Strategy and Media Policy and will support each department within NHS Western Isles to develop, implement and review Departmental Communications Plans.

The Communications Manager will advise on and provide support to managers on the development of specific project communications and engagement plans (project leads will be responsible for the effective implementation of project specific communications and engagement plans once plans are in place).

Where a project is a Board priority or deemed to be strategically significant (Clinical Strategy, Dental Teach and Treat, Hospital Modernisation), the Communications Manager will lead on the development of a communications and engagement plan and will support the implementation of the plan.

The Communications Manager provides an internal and external communications service, including public relations and news management from 9am until 5.30pm, Monday to Friday. The Communications Manager is a recognised source of expertise and advice and an authoritative point of reference for all communication issues and will be an ambassador for effective communication throughout the organisation. The Communications Manager also provides advice, guidance and support for staff developing reports/documents for circulation to the public.

The Communications Manager works together with managers, staff, the public, our partners and the media to continually improve internal and external communication.

Our external partners include:
- All other NHS bodies
- The Scottish Government Health Department
- Other Emergency Services
- Comhairle nan Eilean Siar
- Voluntary sector organisations (in the Western Isles and beyond)
- University of the Highlands and Islands
- Private organisations (e.g. O2 Health)
- Other organisations and public groups related to health and social care, both in the Western Isles and nationally

The media includes:
- Local, national and international press, including professional publications
- Local, national and international broadcast media, television and radio (Gaelic and English)
- Local, national and international press agencies
- News Media online (e.g. websites).

5.3.1 *Media Enquiries – during business hours*

The Communications Manager provides a single point of contact for all press releases, comments to the media and media enquiries during business hours. All media enquiries must be directed to the Communications Manager. Any telephone media enquiries received by staff should be referred to the Communications Manager immediately, using the Media Form of Words below. The Media Form of Words should be available at every telephone in each department.

'All our media enquiries must go through the Communications Manager. I can transfer you through directly, or I can provide you with contact details for our Communications Manager'

When the Communications Manager is unavailable during business hours, press enquiries will be taken by staff in the Chief Executive's Office and details of the enquiry will be recorded on a Media Enquiries Proforma (available on the intranet or from the Chief Executive's Office).

The enquiry will then either be passed on to the Communications Manager, or to the appropriate Executive Manager on Call (in the absence of the Communications Manager) for a response. The response provided, and date and time of the response should be recorded on the Media Enquiries Proforma.

5.3.2 *Media Enquiries – out of hours*

Under normal circumstances, the Executive Manager on Call will take responsibility for out of hours press enquiries. When enquiries are not urgent and could be held until the Communications Manager is available, the Executive Manager on Call should fill in a Media Enquiries Pro-forma (available to them on the intranet or as a hard copy in the Executive Manager on Call folder) and return this to the Communications Manager as soon as possible (normally the following working day). When urgent press enquiries are received, the Executive Manager on Call should provide a brief response (for multiple enquiries on the same issue, a consistent response should be given), which should be communicated to the Communications Manager at the earliest time possible.

The Communications Manager will take on an 'on call' role under emergency circumstances, when risk is deemed as high. Risk will be determined by the Communications Manager or Executive Manager on Call, depending on the situation at that time.

For example, risk will be deemed as high when situations:
a) are likely to result in extensive media coverage (locally, regionally or nationally);
b) could potentially result in serious reputational damage to the Board; or
c) relate to a public health incident, major emergency or pandemic.
(the above list only illustrates examples; risk should be assessed depending on individual situations)

This will ensure that in certain serious situations, when it is vital that a consistent message is delivered to the press, the Communications Manager will field all press enquiries. In these instances, press often refer to 'a spokesperson' and it is vital that the Communications Manager is the single point of contact and is responsible for all external messages communicated to the press.

The arrangements described above ensure that a 24 hour media service is provided seven days a week.

5.3.3 *Extraordinary Circumstances*

There will be instances when external matters will be communicated to public bodies or the media by others within the organisation, which are not managed by the Communications Manager; namely responses to Freedom of Information requests and written responses to questions raised by politicians and other public representatives.

With regard to Freedom of Information requests, as a large number of these are likely to appear in the media, the Communications Manager

must be made aware of all intended responses **prior** to release. This will ensure that the Communications Manager will have sufficient notification of information that could be published or broadcast – and allows time to draft an appropriate accompanying statement, if required.

The Communications Manager must also have sight of any responses drafted to questions or matters raised by public representatives (including politicians, MPs, MSPs, councillors, etc), relating to Board activity, as these matters can be referred to in the public arena. Responses should be communicated to the Communications Manager **prior** to the information being submitted/ sent to the individual/body that has raised the request.

5.3.4 *Communication during a Major Emergency or Pandemic*

For communications arrangements during a major emergency or pandemic, please refer to the Board's Major Emergency Plan (Annex E) or Pandemic Flu Communications Plan (respectively). Both plans are available on the NHS Western Isles Intranet.

6.   Equality in Communication

6.1   Equality Duty/Healthcare Quality Strategy

The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010, and specific duties which are imposed by secondary legislation. The general equality duty came into force on 5 April 2011.

Under the general duty, public authorities are required to pay due regard to the need to eliminate discrimination; advance equality; and foster good relations across the range of protected characteristics (further specific duties for Scottish public authorities are expected to be developed by the Scottish Government).

These three requirements apply across the 'protected characteristics' of age; disability; gender reassignment; pregnancy and maternity; race; religion and belief; sex and sexual orientation. The new duty replaces the three previous duties relating to race, disability and gender equality (Interim guidance for Scottish public authorities on 'Meeting the public sector equality duty in Scotland').

NHS Western Isles will ensure that it will proactively consider equality issues when organising communications activities and when communicating key information to the public.

The Healthcare Quality Strategy for NHSScotland also sets out a commitment to equality, highlighting that care must not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status. The NHS Western Isles

Communications Strategy is committed to ensuring that the quality of communication and accessibility of information will not vary as a result of personal characteristics.

6.2 **Accessible Information**

NHS Western Isles also has, under the current Equality Duty, a requirement to have accessible information available for people who are not fluent in English or who have difficulty reading English. We also have a duty to provide information which is understandable to people with sensory impairments. To achieve this, an Accessible Information Policy is being developed. The Policy will be published on the NHS Western Isles website, once approved.

At present, NHS Western Isles has access to British Sign Language (BSL) and Braille through the Western Isles Sensory Project in Stornoway, and NHS Western Isles is working in partnership with the project to develop improved communications systems for those with sensory impairment.

NHS Western Isles is also launching a new support service to improve communication through 'Sign on Screen'. Through two new netbooks and a webcam, an online BSL interpretation service will be provided by the organisation for those with hearing impairment.

6.3 **Learning Disabilities**

The Quality Improvement Scotland 'Best Practice Statement (February 2006) on promoting access to healthcare for people with a learning disability' specifies three important principles, the second of which relates to communication – i.e. that people with a learning disability are more likely than the rest of the population to have an impairment to communication and therefore require special consideration.

Through the Communications Strategy, NHS Western Isles will ensure that, where appropriate, consideration will be given to providing specific information for people with learning disabilities. The development of suitable information/ways to share information will also be actively considered during consultation processes. Whilst the Communications Strategy does not cover patient information specifically, it does recommend the development of specific patient information materials for people with learning disabilities to improve communication, understanding and patient care.

7. **Implementation Plan**

All managers and staff have a role to play in contributing to the successful implementation of the Communications Strategy – however the Communications Manager will lead on the implementation of the Strategy.

It must be acknowledged that the Communications Strategy sets out a 'gold standard' and that full implementation will depend upon the full support of Executive Directors and managers, and the cooperation of staff.

8. Monitoring

NHS Western Isles must be able to demonstrate that the Communications Strategy is effective and the aims and objectives are being achieved. However, measuring effective communication is not a precise and simple task. How do we measure how well members of staff within a Department communicate with each other, or accurately assess how well a community feels informed about health services?

Monitoring will therefore be ongoing and carried out in the following ways:

8.1 **Internal**

- Staff will have opportunities to feed back issues about communication at regular Chief Executive's Open Staff Meetings.
- Communications Walkrounds will assess the effectiveness of communications methods, as well as Departmental Communications Plans.
- Future national Staff Survey results should show an increase in the number of staff feeling well informed.
- Staff Survey Working Groups will undertake detailed analysis of Staff Survey results – including the 'Well Informed' section, and will develop an Action Plan to address areas for improvement.
- Feedback opportunities – the staff magazine, Slàinte, will regularly include a feedback mechanism.
- Communications Group assessment of communication – informal (e.g personal experiences) and formal (e.g. assessment of Communications Strategy Action Plan) opportunities.
- Staffside feedback via Employee Director and Staffside representatives.
- Achievement of Level 4 in Section 2c (Communication) in the Clinical Governance and Risk Management Standards, which demonstrates the highest level of communication systems.
- Semi structured interviews with members of staff to assess effectiveness of communication.
- Feedback via the Sounding Board – issues relating to communication or misinformation should be minimal and responses communicated by managers should be timely.

8.2　**External**

- Positive press coverage should increasingly outweigh negative press coverage, and annual Press Coverage Reports should demonstrate effective news management.
- Reduction in the number of patient complaints about communication.
- Details of media enquiries and response times will be recorded.
- Regular surveys and questionnaires.
- Achievement of a Level 4 in Section 3c (External Communication) in the Clinical Governance and Risk Management Standards.
- Patient Comment Cards should increasingly praise, rather than criticize, communications.
- Positive results with regard to communication and information sharing in national Better Together surveys.

9.　Review

The Communications Manager, on behalf of the Chief Executive, will monitor progress of the Communications Strategy and the Strategy will be reviewed in January 2013 by the Communications Manager, in consultation with key stakeholder groups.

Review of the Communications Strategy will continue to take place biennially to ensure that systems are continually adapted and improved in response to developments and feedback.

10. NHS Western Isles Communications Action Plan

Objective 1:

To ensure the most effective and appropriate channels of communication are used across NHS Western Isles at strategic and operational levels; putting communication at the centre of everything NHS Western Isles does

OBJECTIVE 1				
Channel and Action	**Outcome/Evidence**	**Audience**	**Timescale**	**Owner**
1. FINGER ON THE PULSE (FotP) FotP Bulletins will be emailed out to all staff with regular updates by the Communications Manager. This is a single source of timely and accurate information which is circulated widely. For staff who do not have access to emails; Department Heads must ensure that the information is cascaded to all staff within each Department (as outlined, where necessary, in Departmental Communications Plans).	NHS Western Isles' internal email bulletin was found to be the second most popular method for communicating information to staff about what is happening within NHS Western Isles (in a local staff communications survey). This system will continue to be developed and used to communicate key information to staff.	Staff	Introduced, February 2007 Distributed as required	Communications Manager (cascaded where required by Department Managers)
Only information deemed as relevant to the majority of staff will be issued as FotP bulletins.	Ensuring only key information is distributed as bulletins will result in a more robust system, recognised by staff as relevant information.	Staff	Ongoing	Communications Manager
Development of a protocol to specify criteria for all mail users emails.	Creating a protocol for 'All Mail User' emails will ensure that there is consistency in what is being circulated to all staff. It will also ensure that only appropriate information is circulated via the 'All Mail Users' facility. Other mechanisms to be utilized to communicate general information.	Staff	October 2011	Communications Manager

OBJECTIVE 1				
Channel and Action	**Outcome/Evidence**	**Audience**	**Timescale**	**Owner**
2. SLÀINTE STAFF MAGAZINE All staff to have the opportunity to contribute to their magazine by sharing developments, updates, news and achievements. Email bulletins to remind staff of deadline dates for submissions.	Slàinte was considered to be the most popular method for staff to find out information about what is happening within NHS Western Isles (NHS Western Isles Staff Communications Survey, 2009). It was highly commended in the PPA National Magazine Awards 2009, and it is also a key tool to communicate with other stakeholders and the public.	Staff Public Partners Media	Introduced, Spring 2007 Published quarterly	Editorial Group, led by Communications Manager
The magazine will continue to be developed and the Editorial Team will be reviewed at least biennially.	Membership of the Editorial Group includes staff from across the Western Isles, from a wide range of Departments to ensure relevant information is published in Slàinte.	Staff Public Partners Media	Next review, January 2012	Communications Manager
3. DEPARTMENTAL COMMUNICATIONS PLANS Second review of Departmental Communications Plans to include sign-off by staff members as well as Department Head, Communications Manager and an Executive Director.	Departmental Communications Plans were developed in 2008/2009 and were reviewed in 2009/2010 (and due to be reveiewed again in 2011/2012). The national Staff Survey results (2010) indicate that Plans are having a positive impact on internal communication. Inviting staff members to sign-off plans encourages joint ownership and responsibility for communication and information sharing at a Departmental level.	Staff Managers	Second review to be completed of all Plans by February 2012	All Department/ Ward Managers – supported by Communications Manager
4. INFORMAL TEAM BRIEFINGS On a weekly basis, Executive Directors meet with the Chief Executive to discuss current issues. Executive Directors must take responsibility for cascading relevant information to senior staff - who are then tasked with briefing their teams. A	The Informal team brief method offers a two-way interactive process which ensures relevant information reaches all staff, with the opportunity for two-way communication.	Staff	Ongoing	Executive Directors/ Chief Executive

OBJECTIVE 1				
Channel and Action	**Outcome/Evidence**	**Audience**	**Timescale**	**Owner**
commitment to cascade relevant information is included within Communications Plans.				
5. STRATEGY/SERVICE CHANGE/PROJECT COMMUNICATION & ENGAGEMENT PLANS At the start of all service development projects, a communications and engagement plan will be developed to address the internal and external communications and engagement issues.	Requirement under CEL (2010) 4 for major service change and also recommended as good practice for service development. By developing a communications plan/communications and engagement plan at the outset of a project, the chances of successfully achieving project aims will significantly increase. Ensures all relevant audiences are communicated with and involved in/aware of the project.	Staff Patients Public Partners Media	As required, at start of each process	Project Lead/ Communications Manager
6. PLAIN ENGLISH Promote and use, in all communications, plain English, without jargon (support in the development of information materials can be provided from the Communications Manager)	Information easily understood and readily accepted.	Staff Patients Public Partners/ Media	Ongoing	Communications Manager/ All Staff
7. COMMUNICATIONS WALKROUNDS Annual schedule of monthly walkrounds to be developed.	To ensure regular walkrounds in different areas of the organisation; which provides opportunities for staff in different areas to highlight issues and enables effective monitoring of Departmental Communications Plans.	Staff	Ongoing	Personal Assistant to the Chief Executive
Walkround notes to be circulated (confidentially) to Communications Group and Corporate Management Team (CMT) for information and/or action.	Issues highlighted to the Communications Group for inclusion on an Action Plan and brought to the attention of the CMT for further consideration and action where appropriate.	Communications Group Corporate Management Team	Ongoing	Communications Manager

OBJECTIVE 1 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
Action Plan to be developed from walkrounds, to be monitored by the Communications Group.	Focus on improvement.	Communications Group	January 2012	Communications Manager
8. WHISTLEBLOWING POLICY To be developed and agreed by the Staff Survey Working Group	To address issues raised in the Staff Survey 2010 about how to raise concerns. Opens up channels of communication and opportunities to speak up.	Staff	December 2011	Staff Survey Working Group
9. SUPPORT FOR MANAGER/STAFF COMMUNICATIONS Employee Director and Communications Manager to continue to scope two-way communications issues within the service via Walkrounds and offer individualized support or advice where required.	The 2008 Staff Survey revealed a low proportion of staff feel communications between management and staff is effective (21%). By 2010, 63% of staff said their line manager communicated effectively with them, which indicates a marked improvement. Action to continue from previous version of Strategy.	Staff	Ongoing	Employee Director/ Communications Manager
10. EXECUTIVE DIRECTOR/ SENIOR MANAGER OBJECTIVES A commitment to regular informal and formal communications with staff to continue to be included in Executive Directors' and Senior Managers' objectives.	A commitment to improving communication at the highest level within the organisation (to be filtered down into team members' objectives).	Staff	2011/12 objectives 2012/13 objectives	Chief Executive
11. SOUNDING BOARD Continue to promote the use of the Sounding Board appropriately.	Vehicle developed on Staff Intranet and hard copy to enable staff to raise concerns/ask questions anonymously. The Sounding Board Manager (Employee Director) with support from the Communications Manager is responsible for responding to issues.	Staff	Ongoing	Employee Director
Develop a protocol for the Sounding Board.	To ensure only appropriate postings are authorized and that a response is issued where	Staff	December 2011	Communications Group

OBJECTIVE 1				
Channel and Action	**Outcome/Evidence**	**Audience**	**Timescale**	**Owner**
	possible.			
12. NON EXECUTIVE DIRECTOR INFORMATION Regular updates to Non Executive Directors to keep them informed at an early stage of press stories or major developments.	To ensure Board members are briefed effectively.	Non Executive Directors	Ongoing	Communications Manager
All Press Releases will also be circulated to Non Executive Directors at the time they are issued to the media.	To ensure that Non Executive Directors are aware of developments/achievements that will be reported on publically.	Non Executive Directors	Ongoing	Communications Manager
13. POSTERS/LEAFLETS/ NOTICE BOARDS National and local posters and leaflets of relevance to NHS staff will be displayed throughout the Western Isles on notice boards highlighting relevant information to staff	Staff can visit notice boards for information as and when they feel it is necessary.	Staff	Ongoing	Communications Manager/ Health Promotion/ All Departments
Political posters and leaflets should not be displayed in NHS premises.	Political posters considered inappropriate in an NHS setting.	N/A	Ongoing	Communications Manager
Where posters/leaflets are 'non-NHS', guidance should be sought from the manager responsible for the premises about whether or not to display.	Inappropriate posters should not be displayed.	Staff Public Patients	Ongoing	Relevant Managers
14. ORGANISATIONAL FRAMEWORKS All staff should have the opportunity for periodical face to face communication with their managers to ask questions, raise concerns, etc. This should be included in	The structure of the organisation and its business must include the facilitation of effective two-way communication throughout all levels of the organisation. Each department and structure is required to evidence adherence to the Staff Governance	Staff	Completed – in Departmental Communicati ons Plans Ongoing in	All Department Managers/ Line Managers

OBJECTIVE 1 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
Departmental Communications Plans.	Standard.		review of Plans.	
15. COMMUNICATIONS GROUP Communications Group to continue to work to deliver communications improvements internally and externally.	Process of continuous improvement.	All groups impacted, internal and external	Ongoing	Communications Group
Communications Group Terms of Reference to be reviewed.	To ensure appropriate membership and focus.	Communications Group	January 2012	Communications Group
16. COMMUNICATIONS AND ENGAGEMENT PLANS A guidance document for developing communications and engagement plans to be developed	Communications and Engagement Plans should be developed by Project Leads at the outset of a development/service change project.	Different stakeholders – internal and external	July 2012	Communications Manager/ relevant project lead

Objective 2:

To develop and promote consistent messages to make sure staff feel part of one organisation, which is progressing and developing

OBJECTIVE 2 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
1. MISSION STATEMENT AND CORPORATE OBJECTIVES Board Mission Statement to appear on Board documents and objectives to be promoted	Staff and public become aware of the Board's key aims and objectives.	Staff Public Patients Partners Media	Ongoing	Business Manager
2. NHS WESTERN ISLES TEMPLATES All staff should have access to the same templates on the intranet	Standard templates available for all written communications – promoting a sense of corporate identity	Staff	Complete – available on intranet	Communications Group

OBJECTIVE 2 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
3. NHS SCOTLAND CORPORATE IDENTITY GUIDELINES Ensure guidelines are available on the intranet	Staff made aware of NHSScotland Corporate Identity Guidelines – and the guidelines are available to all staff	Staff	Complete	Communications Manager
4. ORGANISATIONAL CHART An up to date organisational chart should be developed and available to staff	To ensure staff are aware of structures within the organisation.	Staff	TBC	Chief Executive/ Nurse Director/Chief Operating Officer
5. TIMELY MEETINGS & PAPERS Protocol for timelines set out in Code of Corporate Governance for each Board sub-committee.	Details of meetings to be communicated in a timely manner to ensure maximum attendance. Papers circulated to allow time to read material	Staff	Approved February 2011 Ongoing	Director of Finance
6. MINUTES OF MEETINGS Minutes of Board Meetings, Board Statutory Committees, to be included on intranet (and website).	Where appropriate, approved minutes of meetings should be available to staff to view on the intranet (as well as on the website for members of the public).	Staff Public Media	In line with website development	Business Manager
7. BOARD BULLETINS A Board Bulletin to be issued to Staff after Board meetings, outlining what was discussed/ decided at the meeting.	To update staff on corporate issues and decisions.	Staff	Ongoing	Communications Manager
8. AREA PARTNERSHIP FORUM BULLETIN APF Bulletin to be circulated after each meeting to all mail users.	To ensure staff are aware of issues discussed and decisions made in partnership.	Staff	Ongoing	Communications Manager
9. GIVE RESPECT, GET RESPECT Campaign materials to be reviewed and promoted to all staff.	Action from Staff Survey 2010, to promote the message of mutual respect.	Staff	March 2012	Staff Survey Working Group
10. HOW TO HAVE YOUR VIEWS HEARD Document to be produced for circulation to staff to ensure they are aware of how to raise	Action from Staff Survey 2010, to improve opportunities for staff to have their views heard, and hence improve two-way communication. 54% of staff said they had opportunities to have	Staff	October 2011	Staff Survey Working Group

OBJECTIVE 2 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
concerns or input into decision making.	their views heard in 2010.			
11. FOCUS ON OUTCOMES IN SERVICE CHANGE/ DEVELOPMENT NHS Western Isles staff should ensure, as a standard of good practice, that communication about service change should always focus on outcomes. Section to be included in Communications and Engagement Plan Guidance.	Action from Staff Survey 2010. Areas for improvement included opportunities for staff to put forward ideas, and how effectively they are consulted about change. The relevance of change projects should be set out and explicit from the outset, which will increase understanding and could encourage participation and cooperation.	Staff Other stakeholders – e.g. public, partners.	July 2012	Communications Manager Service Change Project Leads
12. QUALITY STRATEGY Awareness raising of the Quality Strategy vision via internal and external publicity and events	Government priority – raising awareness of the Quality Strategy is key to its implementation and impact.	Staff Public	Ongoing	Chief Executive/ Communications Manager/ Quality Strategy Champions
Highlight local quality healthcare services, referencing the Quality Strategy.	Demonstrating achievement of government agenda and raising the profile of NHS Western Isles services.	Staff Public Media	Ongoing	Communications Manager/ Executive Directors

Objective 3

To increase public understanding and awareness of issues and decision-making, which will enhance and protect the reputation of NHS Western Isles, and demonstrate that we are a listening and responsive organisation

OBJECTIVE 3 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
1. PRESS RELEASES, PRESS INTERVIEWS, FEATURES, BROADCAST INTERVIEWS AND MEDIA BRIEFINGS Above mechanisms to be used regularly (as appropriate) to promote the work of the organisation and highlight any achievements/ developments/changes of interest to the public in a proactive way. Also to respond to questions/issues as they arise.	Responsible, open, honest and timely coverage. Communications are proactive, controlled and planned. Published evidence of services provided and achievements. Public feel adequately informed and trust is built. Strengthened relationship with the media. Decision makers are accessible and accountable and willing to take responsibility for decisions and explain how decisions were reached.	Staff Patients Public Partners Media	As required, but timely. Press releases to be distributed on a weekly basis, and features promoted as frequently as possible.	Communications Manager
Development of a pool of Gaelic speaking staff to potentially take part in media interviews (where appropriate).	61% of the Western Isles population speak Gaelic and a further 11% understand the language. Outside of Stornoway, very high numbers speak Gaelic (up to 91% in Seilebost). With Gaelic media developing rapidly, every effort should be made to ensure that key issues can be covered in Gaelic.	N/A	Ongoing, but core group to be identified by January 2012.	Communications Manager
Contact to be made with potential Gaelic-speaking interviewees prior to circulating press releases to maximize potential for securing a Gaelic interview.	As above.	N/A	Ongoing basis	Communications Manager
Consideration to be given to	Increased confidence in taking part in media interviews	Gaelic speaking	March 2012	Communications

OBJECTIVE 3 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
providing media training for Gaelic speakers (dependant on funding from Bord na Gaidhlig).	may result in more staff willing to participate.	staff		Manager/ Strategic Diversity Lead
Board's Media Policy to be reviewed for the second time.	To ensure the Policy is up to date and effective.	Media Staff	Completed - June 2011	Communications Manager
Media Training to be organised for key senior staff who are likely to undertake media interviews (dependent on funding).	To ensure staff are able to convey appropriate and effective messages to the media and are confident to undertake interviews. Staff feel more of an ownership of the organisation if they are chosen to represent it.	Senior Staff/Executive Directors	March 2012	Communications Manager
Informal media support and guidance to be offered to staff who occasionally take part in media interviews.	To ensure staff are able to convey appropriate and effective messages to the media.	Staff	Ongoing, as required.	Communications Manager
Media Interview Guidance document to be reviewed.	To ensure that issued raised during interviews are taken into account.	Staff	December 2011	Communications Manager
2. FACEBOOK Explore the use of Facebook as a communication tool via a health promotion pilot.	New social media opportunities should be embraced by NHS Western Isles to reach wider audiences (including younger age groups).	All stakeholders (particularly young age groups)	August 2011	Health Information and Resources Officer
Report on Facebook pilot to be presented to Communications Group.	Communications Group should assess the benefits and threats of using Facebook and recommend to the Corporate Management Team whether the use of Facebook should be rolled out.	Communications Group	December 2011	Health Information and Resources Officer
Development of a Facebook Policy	Dependent upon above recommendation.	Staff	May 2012	Communications Group

OBJECTIVE 3 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
3. NEWS MANAGEMENT Advice on media issues should be given to staff, together with potential risks of decisions/changes.	To ensure that communications strategies can be appropriately planned and managed.	Staff	As required, ongoing	Communications Manager
Proactively working with media in an open, co-operative and transparent manner.	Resulting in well-balanced articles, more positive coverage and confidence maintained in the services provided by NHS Western Isles.	Media Public	Ongoing	Communications Manager
Staff encouraged to highlight issues to the Communications Manager which could be picked up by the media and reported in a negative manner.	Contained within Departmental Communications Plans. Ensures issues can be proactively managed.	Staff Media Public	Included in completed Communications Plans review,	Department/ Ward Managers Executive Directors
Press Release Guidance for staff to be reviewed.	To ensure staff can proactively promote good news stories/developments from within their area of working.	Staff Media Public	June 2012	Communications Manager
4. COMMUNICATIONS AWARENESS SESSIONS General communications awareness sessions to be developed. Consider working in conjunction with the Learning Disabilities Collaborative Programme and PFPI Development Officer for wider training needs.	To provide staff with a basic understanding of good practice in communication, body language and pitfalls, as well as techniques to communicate with members of the public with learning disabilities. Effective method to target key area of complaint to the Board.	Staff	December 2012	Communications Manager/ Employee Director/ Quality Assurance Manager/PFPI Coordinator
5. LANGUAGES AND FORMATS As far as possible, documents and strategies will be made available in different formats suitable for different needs.	Information is accessible to all irrespective of disability. Compliance with Gaelic Language Act. Compliance with Equality Duty.	Patients Public Media Partners	As required	Responsible Department

OBJECTIVE 3 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
6. MEETINGS Board meetings held in public in a central location, with appropriate notification in local press/public notice Boards/Board website.	Members of the public are aware of opportunity to attend Board meetings. Openness and transparency in decision-making by the Board.	Public	At least one week before each Board meeting	Business Manager/ Communications Manager
7. STAFF AMBASSADORS Staff to be conscious of how they portray NHS Western Isles externally, and how this can impact on the overall reputation of NHS Western Isles.	All staff are ambassadors for NHS Western Isles and all effectively 'market' the organisation in some way when they have a conversation with someone about NHS Western Isles/local healthcare. As such, all staff have the power to influence public and patients' perceptions of the service and the organisation.	All stakeholders	Ongoing – to be included in Departmental Communications Plans review during 2012.	All Staff Communications Manager Department Managers
8. HANDLING COMPLAINTS Basic protocols to be available to all staff and the Complaints Procedure will be published on the intranet. Public made aware of how to complain – details to be included on website.	Knowledge of handling complaints is essential for all staff who may encounter a complaint - directly or indirectly. To ensure the public are aware of how to make a complaint.	Staff Public	TBC Complete	Quality Assurance Manager Quality Assurance Manager
9. PUBLIC CONSULTATION DOCUMENTS To include detailed section on how members of the public and other stakeholders will be informed throughout the process, from option development to decision.	CEL (2010) 4 Informing processes are key to successful consultation with staff and the public (including an effective consultation document and information leaflet updates, etc).	Public and other stakeholders (varied depending on the service change)	Ongoing	Project Lead with support from the Communications Manager

OBJECTIVE 3 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
10. LAY REPRESENTATIVES Lay representatives on committees to be provided with sufficient information, training and support as well as contact points for further information. (To be referred to in the Volunteering Policy).	To ensure volunteers are able to make valuable contributions to different groups and committees.	Public	See below	Committee Chair/ PFPI Development Officer
Volunteering Policy approved.	To ensure a process is in place for volunteers to be able to contribute effectively.	Staff	(In line with HRF timescales)	PFPI Development Officer
11. WEBSITE NEWS SECTION Key decisions and news to be contained on the website homepage.	To ensure that relevant information is readily available to the public.	Public Media Staff	In place and ongoing	Communications Manager, supported by Webmaster
12. INFORMATION SCREENS Information screens to be regularly updated with information of relevance to public, patients and staff.	To ensure relevant information is on display.	Public Patients Staff Visitors	Process agreed	Communications Manager, with support from Webmaster
Development of Information Screens Policy	To set up an agreed working process.	Staff	Achieved, December 2010	Communications Manager
13. ANNUAL REPORT Board Annual Report to be developed and made available to the public in line with national guidelines	To showcase developments and achievements, complaints information and outcomes of Board Annual Reviews on an annual basis.	Public Staff Media Patients SGHD NHS Scotland Health Boards	Annually (timescales in line with national guidance)	Communications Manager

Objective 4

To improve and enhance existing methods and styles of communication, and make use of appropriate technology to improve the targeting and timing of communications

OBJECTIVE 4 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
1. INTRANET Develop, use and promote the staff intranet as a key internal channel for communication.	Staff members must have relevant information at their fingertips. Intranet provides an easy to use, accessible and up to date source of information.	Staff	Ongoing	Communications Group
All staff to work with the Webmaster to ensure that the Intranet is kept up to date and current.	The intranet should be updated to ensure that it includes easy access to up to date information/news, and a feedback facility. Staff must ensure that any information provided by them for the Intranet is kept up to date.	Staff	Ongoing	All Staff
Guidance on use of intranet as required	To ensure information on the Intranet is accessible by all staff.	Staff	As required	Webmaster
2. WEBSITE New website development required to include improved document management system and design.	The website was found to be the second most popular way for the public to receive information (NHS Western Isles Communications Survey, Feb/March 2009)	Staff Patients Public Partners Media	January 2013	Medical Director
Communications Group to input into development of website design and layout – with input from lay representatives.	To ensure that communications issues are taken into account, as website development cannot be solely an IT/eHealth development. Lay representatives can feedback on usability of website.	Communications Group/ Lay representatives	January 2012 – January 2013	Employee Director/ Communications Manager

OBJECTIVE 4 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
The website must be kept up to date and include easy access information/news and clear and easy access to public consultations on the homepage.	To ensure that relevant important information is available easily to the public.	Staff Patients Public Partners Media	Ongoing	Communications Manager/ Webmaster
Know Who To Turn To website developed.	Government priority – to signpost members of the public to appropriate services.	Patients Public	Complete- May 2011	Communications Manager/ Webmaster
3. EMAILS Targeted emails at appropriate staff groups depending on issue to be communicated.	Staff will receive communications on items that affect them (the facility to create, for example, WIH/OUaB specific email addresses for use by staff is not available as part of NHSnet, therefore staff are encouraged to create individual address lists).	Staff Groups	As required	Individual Staff
Development of 'email etiquette' guidelines	To set out expectations for professional business conduct and 'dos and don'ts' of emails; to better streamline communication and ensure the appropriate use of this communication channel.	Staff	February 2012	Communications Group
4. INVITING STAFF VIEWS Intranet polls set up with questions for staff to feed back on, as appropriate/required.	Staff involvement in decisions that affect them/feedback on current issues.	Staff	As required	Communications Group
5. PHONE/FAX All fax and phone numbers within the organisation should be kept up to date to ensure communications channels remain open as far as possible.	Back-up measures to the emails/intranet/internet communications will be required in the event that these methods fail.	Staff	Ongoing	Support Services Manager

OBJECTIVE 4 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
6. TEXT MESSAGING Test messaging via NHSnet to be used for targeted information to groups of staff/individuals where this is appropriate.	Facility to highlight brief messages or to be used to communicate short messages to targeted groups.	Staff	As required	All Staff
7. V/C TECHNOLOGY Use of videoconferencing and/or Side by Side to be promoted to open up communication channels where geography is an issue.	Whilst face to face communication is preferable in certain circumstances, the use of videoconferencing or similar technology can be used as an alternative, and also supports the Board's vision to become a 'world leader' in the application of telehealth. Side by Side pilot study found this technology to be effective for communication and information sharing.	Staff Patients	As required	Executive Team

Objective 5

To develop networks internally and externally to share good practice, promote effective communication at all levels and build good working relationships

OBJECTIVE 5 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
1. THE MEDIA Further develop networks of media contacts – including community newspapers – and build on existing relationships with local press.	Members of the public identified the media as the preferred way to receive information about NHS Western Isles (NHS Western Isles Public Communications Survey, Feb/March 2009). Good relationships will encourage the media to ask questions, respect decisions, and will generate more positive and balanced press coverage.	Media	Ongoing	Communications Manager

OBJECTIVE 5 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
A pool of Gaelic speakers and those willing to be interviewed across the organisation identified.	Chance to put our views across in interviews and compliance with the Gaelic Language Plan.	Media/ Public	As required	Communications Manager
2. MSP Regular meetings between the Chief Executive of NHS Western Isles and MSP – annual schedule to be agreed.	Politicians kept up to date and are kept in the loop. Reduces instances when politicians approach the press instead of the Board.	MP/MSP	Ongoing	Personal Assistant to the Chief Executive
3. COMHAIRLE CEO/ CONVENER Regular meetings between the Chief Executive/ Chair of NHS Western Isles and Comhairle Convener/ Chief Executive – schedule to be arranged.	Promotes partnership working – potentially reduces negative press coverage when there is misunderstanding between organisations.	Convener/Chief Executive, Comhairle nan Eilean Siar	Ongoing, as scheduled	Personal Assistant to the Chief Executive
4. SENIOR STAFF MEETINGS – HEALTH AND SOCIAL CARE Regular meetings to take place between the Nurse Director/Chief Operating Officer, Medical Director and key Social Care staff within the Comhairle to ensure progress in key areas (e.g. Change Fund, Delayed Discharges)	Effective partnership working – potentially reduces negative press coverage when there is misunderstanding between organisations.	Comhairle Lead Officers	Ongoing on a regular basis	Nurse Director/ Chief Operating Officer
5. COMHAIRLE COMMUNICATIONS Improve links with Comhairle Communications Department to facilitate joined-up communications and promotion of joint initiatives.	Promote and improve understanding of joint initiatives and boost partnership working between the two organisations.	Public Staff	As required	Communications Manager

OBJECTIVE 5 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
Update the Comhairle Communications Officer when press issues that relate to both organisations emerge.		Comhairle Communications Officer	As required	Communications Manager
6. OPEN STAFF MEETINGS Regular staff briefing meetings led by Chief Executive, open to all staff. Opportunities for staff to ask questions or raise concerns at the highest level.	Face to face methods of communication—widely recognised as the most successful for the exchange of information. Corporate information and communications disseminated throughout the organisation. Staff get the right message at the right time and are 'well informed'.	Staff	Ongoing	Communications Manager
Schedule of Open Staff Meetings to be circulated annually with reminders issued prior to each meeting.	To ensure that staff are aware of Staff Meetings.	Staff	Ongoing	Personal Assistant to the Chief Executive
7. NHS SCOTLAND COMMUNICATIONS Communications Manager should attend meetings as frequently as possible (making use of videolink where possible).	Communications Manager up to date with national issues and key links with other Boards established	N/A	Monthly	Communications Manager
8. LOCAL NETWORKS Building on strong existing networks such as Locality Planning Groups, People's Health Network and Scottish Health Council (SHC) to ensure these groups are effectively communicated with and receive appropriate information.	Strengthening local networks will be essential to reach patients/public in all areas of the Western Isles. Ensuring these groups have appropriate information will increase awareness of healthcare services and developments and will ensure they can effectively participate in consultation activities.	Public Patients	Ongoing	Associate Chief Operating Officer (Primary Care)
	Ensures the SHC is aware of potential change/development and can provide advice/support on consultation/engagement arrangements.	SHC	Ongoing	PFPI Coordinator

OBJECTIVE 5 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
9. EMERGENCY PLANNING NETWORKS The Communications Manager to maintain networks with the emergency planning communications groups	To ensure best practice with regard to communication is shared between Boards.	N/A	Ongoing	Communications Manager

Objective 6

To promote and raise awareness of healthy lifestyles and inequalities, which highlights NHS Western Isles as a health promoting organisation

OBJECTIVE 6 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
1. PRESS RELEASES, INTERVIEWS, FEATURES, BROADCAST INTERVIEWS & MEDIA BRIEFINGS	To highlight and promote messages about healthy lifestyles and inequalities. Key health promotion messages should be drafted to ensure the healthy living agenda is maximized. Proactive public health messages.	Staff Patients Public Partners Media	Ongoing	Communications Manager
2. EVENTS COLUMN	Monthly column in Events to be used on a frequent basis to promote healthy lifestyles.	Public	Monthly	Communications Manager/ Health Promotion Manager
3. JOINT WORKING WITH PUBLIC HEALTH COLLEAGUES Network with colleagues in the Health Promotion Department & Public Health	Opportunities maximized to promote healthy lifestyle messages.	Staff	Ongoing	Communications Manager
4. OPEN DAYS/PUBLIC OR	Outcome from Staff Survey 2010 (ensure staff are	Patients	As required	Department involved

OBJECTIVE 6 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
STAFF EVENTS Key messages communicated in an informal manner to increase interest and raise awareness and understanding.	invited to healthy living/health promotion events).	Public Staff Media		
5. HEALTH INFORMATION PROJECT/ NHS INFORM Patients to be consistently directed to these two points of patient information.	Approved information to ensure patients have access to quality assured information.	All stakeholders	Ongoing	All Staff/ Health Information and Resources Officer
6. SOCIAL MARKETING Social marketing techniques to be explored to improve communication and engagement with the public.	Developing innovative ways to target hard to reach groups, to deliver key public health messages.	Public	Ongoing	Health Promotion staff/ Communications Manager/Communications Group

Objective 7
To ensure that equality issues are proactively considered in all communications outputs and activities from NHS Western Isles

OBJECTIVE 7 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
1. ACCESS TO INFORMATION FOR THOSE WITH LEARNING DISABILITIES Targeted communications methods to be used where appropriate in external communications.	In line with the recommendation from Quality Improvement Scotland in the Best Practice Statement – Promoting Access to Healthcare for People with a Learning Disability. In external communications from NHS Western Isles, consideration must be given to the target audience when developing information materials. In some cases, this may require the development of communication tools suitable specifically for those with learning disabilities. Also in response to feedback from Advocacy Western Isles (2011).	Patients Public Visitors	As required.	Communications Manager/ Learning Disabilities Collaborative Programme Manager/ Staff members as required.
2. CONSULTATION WITH PEOPLE WITH LEARNING DISABILITIES The development of suitable information/ways to share information – e.g. easy to read materials, and choice boards, during consultation processes.	Those with learning disabilities can be overlooked during consultation processes. NHS Western Isles will ensure that consideration of how to inform and engage with 'hard to reach' groups, including those with learning disabilities is part of the communications and engagement planning process for service change. Specific feedback in 2011 from Advocacy Western Isles revealed that clients would prefer the use of large print documents with pictures and diagrams.	Patients Public	As required	Project Lead. With support where required from Learning Disabilities Collaborative Programme Manager/ Communications Manager/ PFPI Development Officer/
3. PROTECTED CHARACTERISTICS Consideration to be given as to how to target the above group when disseminating information externally.	To ensure the Board is meeting its requirements under the Equality Duty. To ensure that 'hard to reach' groups obtain relevant information.	Public	As required	All Staff, supported by Strategic Diversity Lead

OBJECTIVE 7 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
Specific consideration should be given to groups classed as 'protected characteristics' when developing Communication and Engagement Strategies for consultation processes.	To ensure that all groups have the opportunity to be informed of and involved in consultation processes about the development of health services.	Public	As required	Project Lead, supported by Communications Manager/ PFPI Development Officer
4. LEADERSHIP AND KEY MESSAGES Executive Directors and Senior Managers will communicate clear and consistent messages about the importance of considering equality issues and legal requirements.	Ensures that the Equality Duty is given an appropriate profile and emphasis. Ensures that staff are aware of legislation and requirements. Building the capacity of staff to understand and promote equality.	Staff	Ongoing	Executive Directors and Senior Managers
5. EQUALITY IMPACT ASSESSMENTS (EQIA) or FAIRNESS ASSESSMENTS Ensuring that EQIAs or Fairness Assessments are completed on communications-related policies, procedures and decisions.	Provides an assessment on the implications of decisions/policies on different groups of people, to: • tackle inequality • develop a better understanding of the community you serve • target resources efficiently • adhere to the transparency and accountability element of the Public Sector Equality Duty	All	As required	Communications Manager, with support as required from the Strategic Diversity Lead

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