

# NHS Western Isles Communications Strategy & Action Plan

<b>Author</b>	<b>Maggie Jamieson Head of Communications, Claims and Patient Information</b>
<b>Lead Executive</b>	<b>Chief Executive Gordon Jamieson</b>

<b>Development of Policy</b>	<b>Strategy Reviewed</b>	<b>Next review due date</b>	<b>Reviewers/ review team</b>
<b>December 2007</b>	<ul style="list-style-type: none"> <li>• March 2009</li> <li>• May 2011</li> <li>• January 2013</li> <li>• January 2015</li> <li>• February 2024</li> </ul>	<b>April 2026</b>	<b>Head of Communications, Claims and Patient Information</b>

## Document Control

Version	Date	Latest changes made by	Status	Reason for change and reviewers
6	Jan/Feb/ March 2024	M Jamieson	Draft	Update of policy
		M MacLennan	Draft	Formatting updates. Update Health Promotion to Health Improvement Correct USA spelling Change Patient Information to Patient and Carer Information Updating Objective 4 Adding reference to SSD and EIDO Adding reference to LanguageLine

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

Reviewer's Name	Reviewer's Role	Date
Communications Department	Comments/Consultation	February/March 2024
Staff Governance Committee	Comments/Consultation	March 2024
General Public (via Board website, Facebook and Twitter)	Comments/Consultation	March 2024
Area Partnership Forum	Comments/Consultation	11 April 2024
Corporate Management Team	Consultation/Approval	21 May 2024
NHS Board	Approval	29 May 2024

# **Communications Strategy - Contents**

<b>1. Introduction</b>	<b>Page 4</b>
<b>2. Aims</b>	<b>Page 4</b>
<b>2.1 Barriers to Communication</b>	<b>Page 7</b>
<b>2.2 Benefits of successfully implementing the Communications Strategy</b>	<b>Page 7</b>
<b>3. Objectives</b>	<b>Page 8</b>
<b>4. Why we need a Communications Framework</b>	<b>Page 11</b>
<b>4.1 The National Context</b>	<b>Page 12</b>
<i>4.1.1 Better Health Better Care Action Plan</i>	<b>Page 12</b>
<i>4.1.2 The Healthcare Quality Strategy for NHSScotland</i>	<b>Page 12</b>
<i>4.1.3 2020 Vision</i>	<b>Page 13</b>
<i>4.1.4 Health &amp; Social Care – Planning with people Guidance</i>	<b>Page 13</b>
<i>4.1.5 Patient Rights (Scotland) Act</i>	<b>Page 13</b>
<i>4.1.6 Staff Governance Standard</i>	<b>Page 14</b>
<b>4.2 The Local Context</b>	<b>Page 15</b>
<b>5. Who is responsible for Communication?</b>	<b>Page 16</b>
<b>5.1 All Staff</b>	<b>Page 16</b>
<b>5.2 Managers</b>	<b>Page 17</b>
<b>5.3 Head of Communications, Claims and Patient Information</b>	<b>Page 18</b>
<i>5.3.1 Media Enquiries</i>	<b>Page 19</b>
<i>5.3.2 Extraordinary Circumstances</i>	<b>Page 19</b>
<i>5.3.3 Communication during Resilience Emergencies/a Major Emergency</i>	<b>Page 20</b>
<i>5.3.4 Communication through website/social media</i>	<b>Page 20</b>
<b>6. Equality in Communication</b>	<b>Page 21</b>
<b>6.1 Equality Duty/ Healthcare Quality Strategy</b>	<b>Page 21</b>
<b>6.2 Learning Disabilities</b>	<b>Page 21</b>
<b>7. Implementation Plan</b>	<b>Page 22</b>
<b>8. Monitoring</b>	<b>Page 22</b>
<b>9. Review</b>	<b>Page 23</b>
<b>10. Action Plan</b>	<b>Page 24</b>
<b>11. Appendix 1 – Tips for Cross Cultural Communication</b>	<b>Page 51</b>
<b>12. Contact details</b>	<b>Page 53</b>

## VISION

*‘The best at what we do’ - ensuring transparent, proactive 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 and development.

The quality of communication and credibility of the person ‘delivering the 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 promotes faith in a message, vision, plan or development**. Done well, it improves morale and motivation, which can in turn affect people’s likelihood to accept the message. Together with effective leadership, it is the key thread that runs through all successful projects.

NHS Western Isles is committed to continually 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 Values and Objectives ([Corporate-Values-and-Objectives-2023-25-the-best-at-what-we-do-09.05.23.pdf](#). [scot.nhs.uk](#); the [Staff Governance Standard 4<sup>th</sup> edition \(Well Informed and Involved in Decisions\)](#)), the Staff Governance Standard, the 2020 Vision for NHSScotland, 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, which in turn supports the ongoing delivery of high quality healthcare. 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. 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, avoiding jargon and minimal use of acronyms

- Targeted and accessible – 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, practical and appropriate
- Evaluated – communication activity will be internally and externally evaluated to ensure it adheres to the principles and values of this Communications Strategy

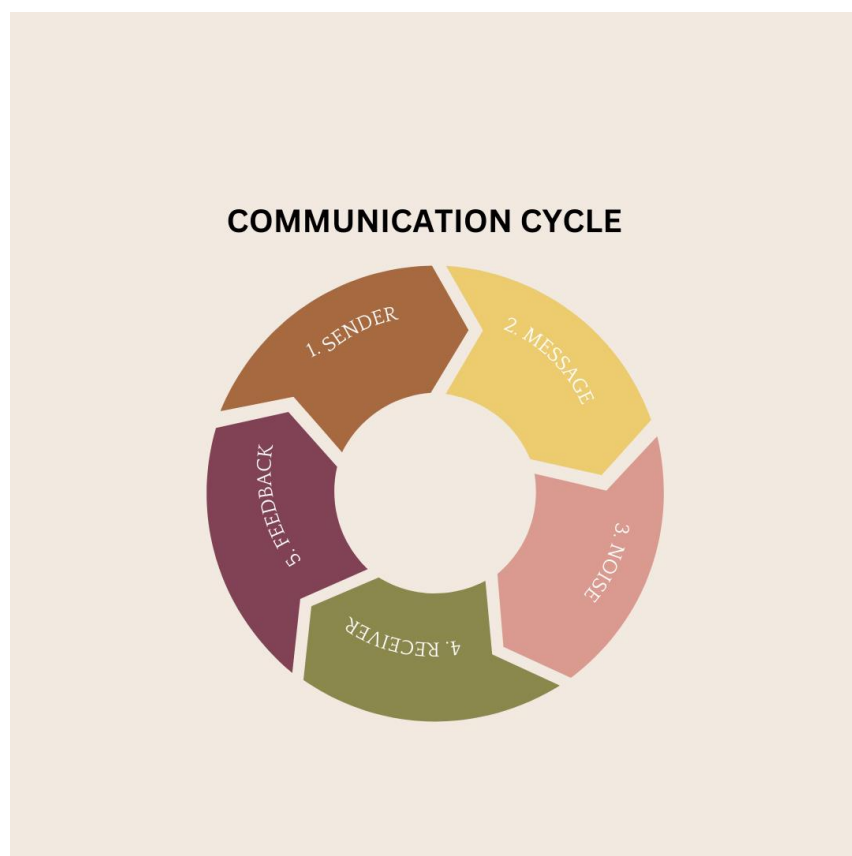
**NHS Western Isles will also aim to:**

- 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 and raise awareness of the organisation to the public in an open and transparent manner
- Promote healthy lifestyles and health improvement both internally and externally
- Use corporate identity – reflecting a consistent, trusted and recognised 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, and comfort with, the use of 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/people receives the intended message without delay, alteration or interruption. The individual/s 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. The effectiveness of the communication cycle requires an understanding and awareness of potential ‘transmission and noise’ (see Diagram 1)

DIAGRAM 1



Communication fails if the message is not received, if the message is interpreted incorrectly or is too late, or if too much ‘noise’ gets in the way (e.g. distractions of any sort that mean that the message was not received effectively) no matter how well constructed or well-intended the message is. The blocks or barriers that cause poor communication can be caused by both the sender and receiver (see Table 1).

For these reasons, the NHS Western Isles Communications Strategy embraces the concept of ‘co-production’<sup>1</sup> and specifically the vital contribution made by the people receiving a message/information in a communications process. The co-production concept highlights that outcomes not only depend on the clarity of a message communicated, but also on the attitudes and behaviours of the recipients. For example, if patients are unwilling to listen or accept a message for any reason, the effectiveness of the message will clearly be very limited.

Involving service users in the formulation of key messages aimed at other service users will help NHS Western Isles ensure that messages are effectively formulated and targeted, and will support social marketing

<sup>1</sup> Co-production for this purpose is defined as a process of active dialogue and engagement between people who use the services and those who provide them...It aims to draw on the knowledge and resources of both to develop solutions to problems and improve interaction between citizens and those who serve them.

approaches. For example, including messages and personal experiences in the Board’s communications (such as Press Releases, the website and social media), where appropriate and possible, will strengthen both the message and its relevance to the intended audience.

## 2.1 **Barriers to Communication**

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

**TABLE 1**

<b>Physical barriers</b>	Caused by physical location or environment, lack of technology, or physical distractions, which can affect morale and concentration, which will in turn interfere with communication. Physical barriers can also include things like desk and office dividers, closed office doors and ‘team territories’ The rise in home working has added further communication barriers, which has given rise to a wealth of online collaboration tools to help people feel more connected – e.g. Microsoft Teams. Nevertheless, there are concerns that an inability to collaborate can directly affect creativity and innovation.
<b>System design</b>	If organisational/community structures are unclear and make it difficult to know who to communicate with or how messages will be cascaded, or there is lack of clarity of roles and responsibilities.
<b>Attitudinal barriers</b>	Lack of motivation or ‘change averse’, resulting in people delaying or refusing to communicate, or communicating the wrong/mixed messages. This can be as a result of resistance to change due to entrenched ideas and attitudes. Disinterest or belief that communication/engagement is not genuine (that decisions have already been reached) can also result in resistance.
<b>Psychological barriers</b>	An individual’s state of mind can impact on communication – e.g. personal/professional worries. Anger and fear are two of the most powerful emotions, whether directed outwardly or inwardly. When we experience these emotions intensely, we are less able to process what goes on around us rationally. Things become framed in our anger or fear.
<b>Linguistic ability</b>	Jargon, difficult or inappropriate words can prevent understanding and clarity (as can unnecessarily complicated documents).
<b>Different languages and cultures</b>	As with linguistic ability, lack of understanding, or misunderstanding due to language barriers, can create significant issues. Language causes communication barriers if you use words that other people are unfamiliar with. As soon as you introduce these words, you begin to exclude others. Bear in mind this includes expressions, buzzwords and jargon. Always be sympathetic to other people as they may not recognise the technical terms, acronyms and colloquialisms you use on a daily basis. Furthermore, be careful how you react as people may simply be using the wrong word to express themselves. (See Appendix 1 for Tips on Cross Cultural Communication)
<b>Physiological barriers</b>	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 **Benefits of successfully implementing the Communications Strategy**

By continuing to implement this Strategy, the aim is that a number of benefits will be achieved for NHS Western Isles and our stakeholders. 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 Action Plan 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 Communications Strategy will also result in 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 contribute to and influence decision-making at the right stage in the process. (Research strongly suggests that levels of satisfaction and wellbeing among NHS staff have a direct impact on patients' experiences of healthcare).
- Ensuring staff can perform their role to the highest professional standard.
- Bringing people together through good quality communication – including 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, so that local communities have confidence and pride in the local service.
- Developing open, effective, two-way communication and engagement 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.
- Achievement of the 'Well Informed' and 'Involved in Decisions' elements of the Staff Governance Standard.
- Ensuring communities and staff understand problems and challenges facing the service.
- Ensuring information is effectively received and understood by each intended audience.

### **3. Objectives**

The benefits described above will only be realised if all NHS Western Isles staff fully understand and accept the vital role of effective communication through every area of the organisation, and work together to develop and maintain 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 effective, timely and proactive communication at the centre of everything NHS Western Isles does.**

- Ensuring staff are **Well Informed and Involved in Decisions** in line with the Staff Governance Standard 4<sup>th</sup> Edition.
- Ensuring the right people get the right message at the right time in the appropriate format. Existing systems and processes must continue to be monitored and reviewed 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.
- Maintaining the commitment to continually improve communication at the highest level of the organisation.

### **Objective 2**

**To develop and promote consistent messages to make sure staff feel part of a healthy organisation, which they are involved in progressing and developing.**

- Strengthening the organisation's corporate identity.
- Continually developing a sense of pride in NHS Western Isles as an organisation, through excellence in service and care.
- Raising awareness of national healthcare strategies and local programmes/services which are delivering quality healthcare.
- Ensuring all staff are aware of (and have the opportunity to be involved in developing) the Board's key priorities and 'vision'.
- Ensuring opportunities to promote best practice and achievements are available to all staff.

### **Objective 3**

**To ensure public awareness and understanding of developments, information of relevance, and consultation in change, which will enhance and protect the reputation of NHS Western Isles, promote public confidence, and demonstrate that we are a listening, inclusive and responsive organisation.**

- Effective working with the media.
- Ensure information about the Board is transparent and as accessible as possible and as appropriate.
- Encourage and value public involvement and participation and develop ways to assist people to participate.

#### **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 communication.**

- Embrace opportunities to further develop and make use of digital communications, in addition to more traditional forms of communication.
- Use of technology (e.g. web, Near Me/Microsoft Teams and social media) to ensure information is easily accessible, with appropriate training to be made available for staff where required.
- Encourage and support pilot studies to improve communication with staff and patients.
- Investigate and test additional methods to share information, communicate and engage, e.g. through animation, Easy Read, etc.
- Working with partners (and through health and social care integration opportunities) to make use of existing communications channels (where appropriate and possible).
- Consideration of Loop system (part of eRostering) and assessment of what aspects of the system could be adopted to improve internal communication.

#### **Objective 5**

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

- Focus on fostering (and maintaining) 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 and departments.
- Strengthen relationships, and share best practice, experience, knowledge and resources with Comhairle nan Eilean Siar and the Integrated Joint Board.

#### **Objective 6**

**To promote and raise awareness of healthy lifestyles and illness prevention, which highlights NHS Western Isles as a health improvement organisation.**

- Proactively and regularly communicate health improvement and illness prevention messages and information.
- Maintain effective communication with colleagues in public health and promote vital health improvement messages to the media.

- Work with colleagues in health promotion to support local and national marketing campaigns, embracing a co-production approach to messages.
- Explore 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’.
- Ensure that communications-related strategies and policies are Fairness Assessed.
- Consider Tips for Cross Cultural Communication when communicating messages to the wider public (see Appendix 1).

## **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, local policy and standards, and local feedback from staff, service users and members of the public.

The Strategy also takes an approach considered by NHS Western Isles to be fundamental to any successful and healthy organisation – a steadfast commitment to effective communication.

The Strategy is supported by an Action Plan, a full set of organisational Departmental Communications Plans, a Media and Social Media Policy, a Strategic Intent document for Digital Communication, a Website Content and Development Policy, a COVID-19 Communications Strategy and Outbreak Policy, and a Personal Use of Social Media Policy by Staff, , as well as a suite of guidance documents. Specific Communications and Engagement Strategies for NHS Western Isles projects are developed as required, which will align to 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 both 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 Scotland 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 ***2020 Vision***

The 2020 Vision provides the strategic narrative and context for taking forward the implementation of the Quality Strategy.

Effective and proactive communication will be essential, not only to ensure that the person is at the centre of all decisions, but to deliver the message of a new direction of travel in terms of healthcare delivery, to patients, the public and staff.

#### 4.1.4 ***Health & Social Care – Planning with People guidance***

Planning with People guidance sets out the responsibilities NHS Boards, local authorities and Integration Joint Boards have to community engagement when health and social care services are being planned, or when changes to services are being considered, and supports them to involve people meaningfully.

‘Planning with People – Community engagement and participation guidance’ (Planning with People) represents a new approach to engagement. It promotes consistency, culture change, and true collaboration, while encouraging creativity and innovation, based on best practice. It places people and communities at the centre of care service design and change, to deliver the best results. ‘Planning with People’ applies when decisions are being made about the planning or development of all care services, including temporary service change. From large-scale plans to local initiatives, it can be applied in any context where community engagement might inform service planning.

#### 4.1.5 ***The Patient Rights (Scotland) Act 2011***

The Patient Rights (Scotland) Act 2011 aims to improve people’s experiences of using health services, and to enable them to become more

involved in their health and decisions about their health care. It supports the NHSScotland Quality Strategy ambition for a person-centred NHS, with mutually beneficial partnerships between patients, their families and those delivering health care services.

With regard specifically to Communication and Participation, the Patient Rights Act stipulates that patients have the right to be informed and involved in decisions about health care and services.

This relates to ensuring effective and clear communication between clinical staff and their patients about care and treatment, having access to clear information about health conditions and information about local health services, and being involved in decisions about your care, and changes to services.

#### 4.1.6 *The Staff Governance Standard (Fourth Edition)*

In terms of communication and engagement, 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. The Standard also requires all staff to actively participate in discussions on issues that affect them, either directly or via their trade union/professional organisation.

NHS Western Isles will ensure that staff:

- Regularly receive accessible, accurate, consistent and timely information about NHS Western Isles;
- Have access to communication channels which offer the opportunity to give and receive feedback on organisational and service delivery issues at all levels; and
- Have access to a range of communications systems – and any necessary training to utilise them.

Staff, meanwhile, should ensure that:

- They keep fully up to date with all developments affecting the organisation, their employment and their day to day duties;
- They take time to engage and contribute their views, ideas and experience so that the organisation, working practices and quality of care can improve;
- They make full use of the communication systems made available to them, and seek and undertake training as appropriate.

The mutual responsibility for ensuring effective communication between the organisation and staff contained in the latest version of the Staff Governance Standard aligns well with NHS Western Isles' promotion of a 'Reciprocal Model' of communication and information sharing.

## 4.2 **The Local Context**

The Communications Objectives have been developed to support the NHS Western Isles aim to be ‘the best at what we do’. Clearly, in a remote and rural island setting, where staff and members of the public are diversely located, and members of staff work shifts or work from home, there are challenges that must be considered to ensure that communication reaches the right person at the right time, in the most appropriate format.

The development and implementation of an effective Communications Strategy was, and continues to be, crucial to achieving national and local priorities.

There is clear evidence that there have been significant improvements with regard to communication since the Communications Strategy was first developed in 2007.

Staff and service user satisfaction rates, in terms of communication, have demonstrated evidence of success:

### **iMatter National Results 2023:**

- The most recent iMatter National Report (2023) shows that NHS Western Isles has improved its score for the ‘Well Informed’ section by four points from 76 in 2022 to 80 in 2023.
- The largest movement in the ‘Involved in decisions’ strand is 3 points: NHS Western Isles has improved 3 points from 70 to 73.
- ‘I get the information I need to do my job well’, up 6 points to 84 in 2023
- 88% of staff are clear about duties and responsibilities
- 76% feel involved in decisions relating to their job.

### **Inpatient Patient Experience Survey:**

- In 2014 - 93% of patients said that doctors discussed their care and treatment in a way they could understand (up 3 percentage points since 2012) and 94% said that nurses discussed their care and treatment in a way they could understand (up 7 percentage points).

However, communication can always be improved, as new and improved channels and technologies emerge, and as feedback provides valuable detail of what does and does not work effectively. Where there is scope for improvement in how we communicate; there is a need for a Communications Strategy and a commitment by all staff to own and achieve the Communications Objectives.

## 5. Who is responsible for Communication?

The Head of Communications, Claims and Patient Information 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 responsibility, and every staff member has a responsibility for communication contained within their job description. 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, and acceptance of the Reciprocal Model, where everyone accepts responsibility for effective communication (see section 5.1).
- The support and buy-in of the Board, Executive Directors and Senior Management.
- The workload of the Communications Department against the scale of the targets within the Communications Strategy.

### 5.1 All Staff

As NHS employees, all staff have a 'duty of care' to communicate effectively.

Communication is a two-way process and does not just involve disseminating information. This involves providing opportunities, encouraging and valuing input, taking feedback into account, and changing behaviour where appropriate.

Every member of the organisation is individually responsible for:

- communicating effectively and appropriately with colleagues, service users, the public and partners (bearing in mind that all staff have a role in shaping, upholding and managing the reputation of NHS Western Isles, and what/how they communicate can influence this significantly);
- listening to understand, rather than solely listening to reply;
- taking time to engage, participate and exchange information;
- accepting and digesting the information communicated to them (and asking questions with regard to information they do not understand);
- making use of the communication systems made available to them; and
- treating others without discrimination, and respecting the rights of others and different opinions and views.

#### *Departmental Communications Plans*

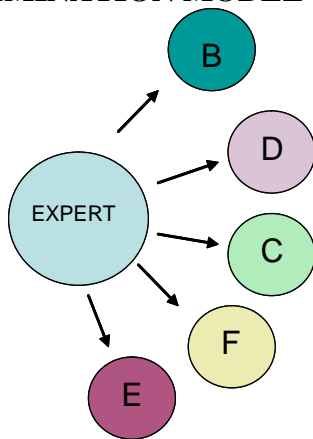
Vital to ensuring effective communication throughout the organisation, from departmental level, is the ongoing implementation and review of individual Departmental Communications Plans developed (and reviewed every two years) by Department Managers in consultation with their staff, with support as required from the Head of Communications, Claims and Patient Information.



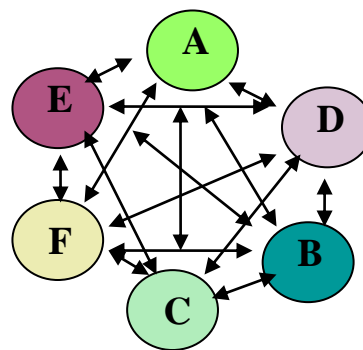
Departmental Communications Plans, first developed in 2008 and owned by individual departments, are based on the principles contained in the Board’s Communications Strategy and demonstrate a commitment to effective communication between managers and staff at a departmental level, as well as actions to improve inter-departmental communication and communication with external stakeholders.

The Departmental Communications Plans, in line with the Communications Strategy, 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, where communication is two-way (or more) and where individuals listen attentively and respond (if necessary) thoughtfully. This 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.

**DISSEMINATION MODEL**



**RECIPROCAL MODEL**



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 decisions that affect them. Staff should feel confident and empowered to raise issues with their line managers, and all managers should promote an open-door policy. 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 Department 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 be alert to and highlight any issues that could potentially require sensitive communication (internally or externally) to the Communications Department so that these can be managed proactively.

Following on from feedback in the national Staff Survey 2008, an assurance has also been given that Executive Directors and Senior Managers will have a specific commitment to improving communication/a behavioural objective in their formal objectives, which demonstrates a commitment to effective organisation-wide communications at the highest level.

In addition, all new Job Descriptions now contain a commitment to complying with the Board's Communications Strategy.

### 5.3 **Head of Communications, Claims and Patient Information and Communications Department**

The Head of Communications, Claims and Patient Information will lead on the development, implementation and review of the Communications Strategy and associated policies, and will provide advice and guidance to each department within NHS Western Isles to develop, implement and review Departmental Communications Plans.

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

Where a project is deemed to be significant strategic priority, the Communications Department will lead on the development of a communications and engagement plan and will support the implementation of the plan. It is however vital that project teams accept ownership for the approval, monitoring and delivery of the communications and engagement plan – as full delivery cannot be achieved by the Communications Department alone without wider commitment and input.

The Communications Department provides an internal and external communications service, including public relations and news management, from 9am until 5.30pm, Monday to Friday. The Head of Communications, Claims and Patient Information provides an out of hours service. The Communications Department 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

Department also provides advice and guidance for staff developing reports/documents for circulation to the public.

The Communications Department 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 and Social Care Directorate
- MPs/MSPs
- Other Emergency Services
- Integrated Joint Board
- Comhairle nan Eilean Siar
- Police Scotland
- UHI (North, West and Hebrides)
- Voluntary sector organisations (in the Western Isles and beyond)
- 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***

(Please refer to the Board's Media and Social Media Policy for information on how media enquiries are managed both during business hours and out of hours.)

### 5.3.2 ***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 Department; specifically 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 highly likely to appear in the media, the Head of Communications, Claims and Patient Information must be made aware of all intended responses **prior** to release (responsibility for ensuring the Head of Communications Claims and Patient Information has sight of draft responses rests with the Information Governance Manager). This will ensure that the Communications Department will have sufficient

notification of information that could be published or broadcast – and allows time to draft an appropriate accompanying statement, if required.

The Head of Communications, Claims and Patient information 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 shared with the Communications Department **prior** to the information being submitted/ sent to the individual/body that has raised the request. Responsibility for this rests with the Executive Assistant to the Chief Executive.

### 5.3.3 *Communication during a Resilience Emergencies/a Major Emergency*

In terms of a Resilience Emergency, the Head of Communications, Claims and Patient Information (or deputy) will attend as a member of the Resilience Group to advise on the situation and to establish suitable internal and external communications arrangements, under the leadership of the Chair.

With regard to a major emergency, please refer to the Board's Major Emergency Plan, which is available on the Intranet.

### 5.3.4 *Communication from NHS Western Isles through Website/ Social Media*

A modern NHS Western Isles website has been developed to provide information for members of the public and patients. A Website Content and Development Policy has been approved to ensure that only approved pages are included on the new website, and that information is clear, jargon-free and easy to understand. Stand alone websites will not be permitted. Information intended for staff will be included on the staff intranet (not available to the public).

In terms of the use and management of social media accounts (Instagram, 'X', Facebook, etc), the Media and Social Media Policy covers the management of organisational accounts.

The Policy on the Personal Use of Social Media by Staff sets out the organisation's policy on what is written/posted/streamed/shared on personal social media sites by staff during work hours and also during periods when the employee is not at work or on a rest break.

The website and social media will increasingly be used by NHS Western Isles to share information and encourage interaction and engagement, to complement existing traditional communication channels and methods.

## **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. Where required, a Fairness Assessment will be completed.

The Healthcare Quality Strategy for NHS Scotland 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 Patient Rights (Scotland) Act 2011 also reiterates that the NHS will treat you with dignity and respect, regardless of your age, disability, sex, or sexual orientation, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religious or political belief.

The NHS Western Isles Communications Strategy sets out a commitment to ensure that the quality of communication and accessibility of information will not vary as a result of personal characteristics.

### **6.2 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. This is in line with findings from the NHS Western Isles Learning Disabilities Programme.

## **7. Implementation Plan**

All managers and staff have a role to play in contributing to the successful implementation of the Communications Strategy – however the Head of Communications, Claims and Patient Information, supported by the Communications Department, 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 all staff.

## **8. Monitoring**

NHS Western Isles must be able to demonstrate that the Communications Strategy is effective and the associated 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. The Chief Executive will highlight any relevant issues to the Head of Communications, Claims and Patient Information.
- Future iMatter survey results should show an increase in the number of staff feeling well informed. This will be monitored via the Communications Department.
- iMatter results should demonstrate high satisfaction rates in terms of involvement in decisions that affect staff.

- Feedback opportunities – the staff newsletter, Team Brief, will annually include a feedback mechanism, and results will be monitored.
- Communications Department 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.
- Feedback via the Sounding Board – issues relating to communication or misinformation should be minimal and responses communicated by managers should be timely. This will be monitored by the Communications Department .

## 8.2 **External**

- Proportion of neutral press coverage should be high, demonstrating ongoing general information sharing/dissemination.
- Positive press coverage should consistently outweigh negative press coverage.
- Reduction in the number of patient complaints about communication.
- Details of media enquiries and response times will be recorded, and any themes relating to issues with communication/misinformation will be monitored by the Communications Department.
- Website feedback mechanism to be introduced in terms of content.
- Care Opinion and website feedback forms should increasingly praise, rather than criticise, communications.
- Positive and improved results with regard to communication and information sharing in Patient Experience surveys.
- Ongoing oversight and monitoring of comments posted on the organisation’s social media sites.

## 9. **Review**

The Head of Communications, Claims and Patient Information, on behalf of the Chief Executive, will monitor progress of the Communications Strategy and the Strategy will be reviewed in March 2026 by the Head of Communications, Claims and Patient Information, in consultation with key stakeholders.

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 effective, timely and proactive communication at the centre of everything NHS Western Isles does.**

<b>OBJECTIVE 1 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<p><b>1. FINGER ON THE PULSE (FotP)</b></p> <p>FotP Bulletins (important information of relevance to a large number of staff) will be emailed out to all staff as and when required with regular updates by the Communications Department. 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.</p>	<p>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.</p>	<p>Staff</p>	<p>Introduced, February 2007 Distributed as required</p>	<p>Communications Department (cascaded where required by Department Managers)</p>
<p><b>2. TEAM BRIEF</b></p> <p>All staff to have the opportunity to contribute to their weekly newsletter by sharing developments, updates, news and achievements. Email bulletins to remind staff of deadline dates for submissions.</p>	<p>The Team Brief was established as a weekly newsletter for staff, to include items of interest, staff achievements, retirements and new starts, recruitment and training information. Feedback on the Team Brief continues to be positive and staff are encouraged on a regular basis to contribute.</p>	<p>Staff</p>	<p>Issued weekly</p>	<p>Communications Department</p>



<b>OBJECTIVE 1 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<p><b>3. DEPARTMENTAL COMMUNICATIONS PLANS</b></p> <p>2024 review of Departmental Communications Plans to ensure information is included on arrangements for staff to raise concerns under ‘business as usual’ processes, to help prevent the need for formal whistleblowing. All plans to be signed-off by staff members as well as Department Head, and the Head of Communications, Claims and Patient Information</p>	<p>Departmental Communications Plans were developed in 2008/2009 and plans are now reviewed on a two-year cycle. 62% of staff reported that their line manager communicates effectively with them (Staff Survey 2014) compared to 54% in 2006.</p> <p>iMatter results relating to communication and involvement are consistently showing improvement.</p>	<p>Staff Managers</p>	<p>Review to be completed (of all Plans) by July 2024</p>	<p>All Department/ Ward Managers – supported by Head of Communications, Claims and Patient Information</p>
<p><b>4. INFORMAL TEAM BRIEFINGS</b></p> <p>On a weekly basis, Executive Directors meet with the Chief Executive to discuss current issues (Q1 meetings). Executive Directors must take responsibility for cascading relevant information to senior staff - who are then tasked with briefing their teams, and offering opportunities for two-way communication. A commitment to cascade relevant information is included within Communications Plans.</p>	<p>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.</p>	<p>Staff</p>	<p>Ongoing</p>	<p>Executive Directors/ Chief Executive</p>

OBJECTIVE 1 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
<p><b>5. STRATEGY/SERVICE CHANGE/PROJECT COMMUNICATION &amp; ENGAGEMENT PLANS</b></p> <p>At the start of <b>all</b> service development projects, a communications and engagement plan must be developed (using the approved guidance document) by the project lead to address the internal and external communications and engagement issues.</p>	<p>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.</p> <p>Ensures all relevant audiences are communicated with at the earliest opportunity and involved in/aware of the project.</p> <p>Communications and Engagement Plans should be signed off by the Head of Communications, Claims and Patient Information.</p>	<p>Staff Patients Public Partners Media</p>	<p>As required, at start of each process</p>	<p>Project Lead/ Head of Communications, Claims and Patient Information (depending on specific project)</p>
<p><b>6. PLAIN ENGLISH</b></p> <p>Promote and use, in all communications, plain English, without jargon (advice on the development of information materials can be provided from the Head of Communications, Claims and Patient Information)</p>	<p>Information easily understood and readily accepted.</p>	<p>Staff Patients Public Partners/ Media</p>	<p>Ongoing</p>	<p>Head of Communications, Claims and Patient Information/ All Staff</p>
<p><b>7. PATIENT INFORMATION LEAFLETS</b></p> <p>Review Terms of Reference for Patient and Health Information Group.</p>	<p>Patient and Health Information Group reviews and approves all new and reviewed inhouse-produced patient and carer facing materials (including webpages) and will ensure that appropriate public consultation has been carried out.</p>	<p>Patients</p>	<p>December 2024</p>	<p>Head of Communications, Claims and Patient Information</p>

<b>OBJECTIVE 1 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<p>Review of Patient and Health Information Policy, in line with approved timescales.</p> <p>Ensure a range of inhouse-produced patient information leaflets are approved in line with the Patient and Health Information Policy, and made widely available and accessible via the website.</p> <p>Re-establish Patient Information Walkrounds to ensure that only approved patient information materials are being used.</p>	<p>Policy underpins the work and objectives of the Patient and Health information Group.</p> <p>Approved and up to date information in the correct format will be available to patients for a range of topics.</p> <p>To ensure the quality of information materials available to patients and the public.</p>	<p>Patients</p> <p>Patients</p> <p>Patients</p>	<p>December 2024</p> <p>Ongoing</p> <p>December 2024</p>	<p>Web, Graphics and Media Specialists</p> <p>PHIG</p> <p>Web, Graphics and Media Specialists/PFPI Officer</p>
<p><b>8. SUPPORT FOR MANAGER/STAFF COMMUNICATIONS</b></p> <p>Head of Communications, Claims and Patient Information offers individualised communications support or advice where required, based on iMatter feedback.</p>	<p>iMatter was introduced during 2015 to scope individual departments’ performance against the Staff Governance Standard. Where poor ‘Well Informed’ or ‘Involved in Decisions’ outcomes are evident and teams would benefit from support, this will be made available.</p>	<p>Staff</p>	<p>As required</p>	<p>Communications Department</p>
<p><b>9. EXECUTIVE DIRECTOR/ SENIOR MANAGER OBJECTIVES</b></p> <p>A commitment to regular informal and formal communications with staff/a behavioural objective to continue to be included in Executive Directors’ and Senior Managers’ objectives.</p>	<p>A commitment to improving communication at the highest level within the organisation (to be filtered down into team members’ objectives).</p>	<p>Staff</p>	<p>2024/25 Objectives</p> <p>2025/26 Objectives</p>	<p>Chief Executive</p>

<b>OBJECTIVE 1 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<p><b>10. SOUNDING BOARD</b></p> <p>Continue to promote the use of the Sounding Board appropriately, to raise issues anonymously.</p>	<p>Vehicle developed on Staff Intranet to enable staff to raise concerns/ask questions anonymously. The Communications Department is responsible for alerting managers to issues and encouraging them to respond.</p>	<p>Staff</p>	<p>Ongoing</p>	<p>Communications Department</p>
<p><b>11. NON EXECUTIVE DIRECTOR INFORMATION</b></p> <p>Updates to Non Executive Directors on particular issues to keep them informed at an early stage of press stories or major developments.</p> <p>All Press Releases will also be circulated to Non Executive Directors at the time they are issued to the media.</p>	<p>To ensure Board members are briefed effectively.</p> <p>To ensure that Non Executive Directors are aware of developments/achievements that will be reported on publicly.</p>	<p>Non Executive Directors</p> <p>Non Executive Directors</p>	<p>Ongoing</p> <p>March 2024</p>	<p>Communications Department</p> <p>Communications Department</p>
<p><b>12. POSTERS/LEAFLETS/ NOTICE BOARDS</b></p> <p>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</p> <p>Political posters and leaflets must not be displayed in NHS premises.</p>	<p>Staff can visit notice boards for information as and when they feel it is necessary.</p> <p>Political posters considered inappropriate in an NHS setting.</p>	<p>Staff</p> <p>N/A</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Relevant Department leading the project/campaign</p> <p>Premises Manager</p>

<b>OBJECTIVE 1</b>				
<b>Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
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
<b>13. ORGANISATIONAL FRAMEWORKS</b>  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 Departmental Communications Plans.	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 Standard.	Staff	Ongoing in review of Plans.	All Department Managers/ Line Managers
<b>14. COMMUNICATIONS DEPARTMENT</b>  Communications Department to continue to work to deliver communications improvements internally and externally.	Process of continuous improvement.	All groups impacted, internal and external	Ongoing	Communications Department
<b>15. COMMUNICATIONS AND ENGAGEMENT PLANS</b>  Guidance document for developing communications and engagement plans to continue to be made available as required.	Communications and Engagement Plans should be developed by Project Leads at the outset of a development/service change project.	Different stakeholders – internal and external	As required	Head of Communications, Claims and Patient Information / relevant project lead
<b>16. CHIEF EXECUTIVE’S OPEN STAFF MEETINGS</b>	Meetings hosted by the Chief Executive held on a regular basis and advertised in the Team Brief, where any staff can attend and ask question in an open forum.	Staff	Monthly	Chief Executive

<b>OBJECTIVE 1</b> <b>Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>17. RESILIENCE/EMERGENCY SITUATIONS - COMMUNICATIONS</b>	Effective and timely communication during emergency situations is vital to ensure all stakeholders are aware of an incident and of any action that needs to be taken. Communications arrangements will be established, tailored to and depending on each individual incident, to ensure that internal and external communications are effective, proactive and helpful. The Board's Major Emergency Plan will be utilised as required.	Staff/Public	As required	Head of Communications, Claims and Patient Information

**Objective 2:**

**To develop and promote consistent messages to make sure staff feel part of a healthy organisation, which they are involved in progressing and developing.**

<b>OBJECTIVE 2</b> <b>Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>1. MISSION STATEMENT AND CORPORATE OBJECTIVES</b>  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	Corporate Business Manager
<b>2. NHS WESTERN ISLES TEMPLATES</b>  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	Ongoing	Corporate Business Manager
<b>3. NHS SCOTLAND CORPORATE IDENTITY GUIDELINES</b>  Ensure guidelines are available on the	Staff made aware of NHSScotland Corporate Identity Guidelines – and the guidelines are available to all staff	Staff	Reminders in the Team Brief ongoing	Communications Department

<b>OBJECTIVE 2 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
intranet				
<b>4. WEBSITE DESIGN</b>	Web, Graphics and Media Specialists to ensure attractive, corporate and accessible design of website, taking on board any feedback.	Public	Ongoing	Web, Graphics and Media Specialists
<b>5. ORGANISATIONAL CHART</b>  Up to date organisational charts should be developed and available to staff	To ensure staff are aware of structures, staff and departments within the organisation.	Staff	Approved and ongoing	Corporate Business Manager
<b>6. TIMELY MEETINGS &amp; PAPERS</b>  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 and ongoing	Director of Finance
<b>7. MINUTES OF MEETINGS</b>  Minutes of Board Meetings, appropriate 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	Ongoing	Corporate Business Manager
<b>8. CORPORATE OBJECTIVES</b>	Feature on Corporate Objectives to be included in the Team Brief once a year, encouraging staff and teams to consider how their role fits into the organisational objectives.  Corporate Objectives to regularly be included as a screensaver on all NHSWI accounts.	Staff  Staff	January 2024 – complete for 2024  Ongoing	Head of Communications, Claims and Patient Information  Communications Department

<b>OBJECTIVE 2 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>9. BOARD BULLETINS</b>  A Board Bulletin to be issued to staff after Board meetings, outlining key issues discussed/ decided at the meeting.	To update staff on corporate issues and decisions.	Staff	Re-established April 2024	Head of Communications, Claims and Patient Information
<b>10. AREA PARTNERSHIP FORUM BULLETIN</b>  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	Re-established April 2024	Head of Communications, Claims and Patient Information
<b>11. OBJECTIVE SETTING</b>  Staff to be given the opportunity to participate in developing organisational objectives.	Involvement at objective development stage will help create ownership amongst staff.	Staff	During each objective setting process	Chief Executive
<b>12. FOCUS ON OUTCOMES IN SERVICE CHANGE/ DEVELOPMENT</b>  NHS Western Isles staff should ensure, as a standard of good practice, that communication about service change should always focus on outcomes. Section included in Communications and Engagement Plan Guidance.	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.	Ongoing	Head of Communications, Claims and Patient Information  Service Change Project Leads
<b>13. NATIONAL HEALTHCARE STRATEGIES</b>  Awareness raising of national NHS healthcare strategies via internal and external publicity and events	Government priority – raising awareness of the national strategy is key to its implementation and impact.	Staff Public	Ongoing	Head of Clinical Governance and Professional Practice  Head of



<b>OBJECTIVE 2 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
Highlight local quality healthcare services, referencing national Strategy.	Demonstrating achievement of government agenda and raising the profile of NHS Western Isles services.	Staff Public Media	Ongoing	Communications, Claims and Patient Information/ Executive Directors
<b>14. HEALTH &amp; SOCIAL CARE INTEGRATION</b>  Ensure wider staff involvement in the development of the Health and Social Care Integration Strategic Plan, and that staff are effectively informed about and involved in progress.	Development of a Communications and Engagement Plan to ensure involvement and engagement throughout the process.	Staff Public Partners	TBC	Chief Officer, IJB
<b>15. ENSURE OPPORTUNITIES TO PROMOTE ACHIEVEMENT ARE CLEAR TO STAFF</b>	Use of Team Brief, Finger on the Pulse bulletins, Staff Facebook page and other internal channels to promote opportunities, including: <ul style="list-style-type: none"> <li>• Scottish Health Awards</li> <li>• Other awards opportunities</li> <li>• NHSScotland poster exhibition</li> <li>• Team Brief ‘thanks a million’</li> <li>• Press articles/columns</li> </ul>	Staff Public Patients NHSScotland	Ongoing	Communications Department
<b>16. COMMUNICATIONS AND MARKETING SUPPORT FOR RECRUITMENT</b>	The Communications Department has specific marketing expertise which has proven to be extremely successful in developing certain NHS Western Isles recruitment marketing campaigns.  Where additional support is required for key posts, the Communications Department will consider providing this assistance.	HR/Public	As required	Head of Communications, Claims and Patient Information

### Objective 3

**To ensure public awareness and understanding of developments, information of relevance, and consultation in change, which will enhance and protect the reputation of NHS Western Isles, promote public confidence, and demonstrate that we are a listening, inclusive and responsive organisation.**

OBJECTIVE 3 Channel and Action	Outcome/Evidence	Audience	Timescale	Owner
<p><b>1. PRESS RELEASES, PRESS INTERVIEWS, FEATURES, BROADCAST INTERVIEWS AND MEDIA BRIEFINGS</b></p> <p>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.</p> <p>All PRs to be included on the website news page and on social media.</p> <p>Maintain an up to date pool of Gaelic speaking staff to potentially take part in media interviews (where appropriate).</p>	<p>Responsible, open, honest and timely coverage. Communications are proactive, controlled and planned.</p> <p>Published evidence of services provided and achievements.</p> <p>Public feel adequately informed and trust is built.</p> <p>Strengthened relationship with the media.</p> <p>Decision makers are accessible and accountable and willing to take responsibility for decisions and explain how decisions were reached.</p> <p>The 2011 Census showed that 61.2% of people aged three and over in the Western Isles had some sort of Gaelic language ability, representing 16,489 out of 26,929 people. With Gaelic media developing rapidly, reasonable effort should be made to ensure that key issues can be covered in Gaelic.</p> <p>As above.</p>	<p>Staff Patients Public Partners Media</p> <p>Public</p>	<p>As required, but timely.</p> <p>Ongoing basis</p>	<p>Communications Department</p> <p>Communications Department</p>

<b>OBJECTIVE 3 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
Contact to be made with potential Gaelic-speaking interviewees prior to circulating press releases to maximise potential for securing a Gaelic interview.	To ensure the Policy is up to date and effective.	Public	Ongoing	Communications Department
Board's Media Policy to be reviewed for the sixth time, and to incorporate business use of social media.	To ensure staff are able to convey appropriate and effective messages to the media.	Media Staff	April 2024	Head of Communications, Claims and Patient Information
Informal media support and guidance to be offered to staff who occasionally take part in media interviews.	To ensure that issues raised during interviews are taken into account.	Staff	As required	Communications Department
Media Interview Guidance document to be reviewed.	As above	Staff	December 2024	Head of Communications, Claims and Patient Information
<b>2. SOCIAL MEDIA</b>				
Continue to make use of corporate Facebook account as a communication tool.	Social media opportunities should be embraced by NHS Western Isles to reach wider audiences (including younger age groups).	All stakeholders (particularly young age groups)	Ongoing	Communications Department
Continue to make best use of corporate 'X' account as an additional communication tool.	As above.	Public/Staff/Patients/Partners	Ongoing	Communications Department

<b>OBJECTIVE 3 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
Continue to make best use of corporate Instagram account. Review Policy on the Personal Use of Social Media by Staff	As above	All stakeholders	Ongoing	Communications Department
Review Website Content and Development Policy	To ensure new channels are used effectively and appropriately.	Public/Staff/Patients/ Partners	April 2024	Web, Graphics and Media Specialists
	To ensure systems are fit for practice.	Public/Staff/Patients/ Partners	April 2024	
<b>3. NEWS MANAGEMENT</b>				
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 Department
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 Department
Staff encouraged to highlight service issues to the Communications Department.	Contained within Departmental Communications Plans. Ensures issues can be proactively managed.	Staff Media Public	Included in completed Communications Plans	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	December 2024	Communications Department
<b>4. COMMUNICATING EFFECTIVELY WITH</b>	To facilitate effective communication between staff and public/patients.	Staff	December 2024	Head of Communications,

<b>OBJECTIVE 3 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>PATIENTS &amp; CARERS</b>  Document reviewed to be made available to wider staff.				Claims and Patient Information
<b>5. LANGUAGES AND FORMATS</b>  As far as possible, and where appropriate, 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
<b>6. MEETINGS</b>  Board meetings held in public in a central location, and/ or via Microsoft Teams with appropriate notification on Board website and on social media	Members of the public are aware of opportunity to attend Board meetings.  Openness and transparency in decision-making by the Board.	Public	Ongoing.	Corporate Business Manager/ Head of Communications, Claims and Patient Information
<b>7. STAFF AMBASSADORS</b>  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 (includes conduct on Social Media sites, and conduct in line with Professional Codes of Conduct) as well as issues around	All staff are ambassadors for NHS Western Isles and all effectively represent 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	All Staff Communications Department Department Managers

<b>OBJECTIVE 3 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
confidentiality.				
<b>8. HANDLING COMPLAINTS</b>  Public made aware of how to complain – details to be included on website.	To ensure the public are aware of how to make a complaint, and are aware of the complaints process and how complaints are used to drive improvement.	Public	Complete	Complaints Officer
<b>9. PUBLIC CONSULTATION DOCUMENTS</b>  To include detailed section on how members of the public and other stakeholders will be informed throughout the process, from option development to decision.	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 Communication Department
<b>10. HEALTH &amp; SOCIAL CARE INTEGRATION</b>  Ensure public and wider stakeholder involvement in this important agenda in the Western Isles, in particular in the development of a Strategic Plan.	A wide range of stakeholders have been identified and must be involved to ensure plans meet public expectations.	Public and other stakeholders	Ongoing	Chief Officer, H&SC

<b>OBJECTIVE 3 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>11. LAY REPRESENTATIVES</b>  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	As required	Committee Chair/ PFPI Development Officer
<b>13. WEBSITE NEWS SECTION</b>  Key decisions and all 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 Department
<b>14. INFORMATION SCREENS</b>  Information screens to be reviewed, providing information to the public, patients and staff.	To ensure relevant information is on display.	Public Patients Staff Visitors	December 2024	Web, Graphics and Media Specialists  Head of IT
<b>15. PARTICIPATION, WHERE APPROPRIATE, IN HEALTH-RELATED DOCUMENTARIES &amp; AWARENESS-RAISING PROGRAMMES</b>	Assists in public awareness and promotion of health-service, showcases services and staff, and builds effective relationships with the media.	Public	As required	Communications Department
<b>16. ANNUAL REVIEW</b>	Take steps to encourage public attendance and media coverage of the Annual Review, to help raise public awareness of achievements and challenges. Consideration of accessibility of venue, format, time, electronic links, publicity and advertising.	Public	Annually	Corporate Business Manager/ Communications Department

<b>OBJECTIVE 3 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
	Where applicable, video recording of Annual Review to be available after public event.			
<b>17.USE OF ANIMATION &amp; VIDEO</b>	Increase use of animation and video on social media to capture attention of younger age groups in important topics (e.g. how to access services, vaccination, winter illnesses, etc)	Public	Ongoing	Communications Department

#### 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 communication**

<b>OBJECTIVE 4 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>1. INTRANET</b>  IT Department manages the Intranet. Staff must ensure information contained that relates to their Department is up to date and accurate.	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	IT Department
<b>2. WEBSITE</b>  Continued external website development and expansion.  The website must be kept up to date and include easy access	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). It is important to ensure information required by the public is available and easily accessible on the website.  To ensure that relevant important information is available easily to the public.	Staff Patients Public Partners Media  Staff Patients	Ongoing  Ongoing	Web, Graphics and Media Specialists  Web, Graphics and Media



<b>OBJECTIVE 4 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<p>information/news and clear and easy access to public consultations on the homepage.</p> <p>Ongoing development and improvement of the new website to ensure all relevant information is included.</p> <p>Review of Website Content Development Policy</p>	<p>To ensure all information is available in an accessible format to the public and patients.</p> <p>To ensure processes are clear and up to date.</p>	<p>Public Partners Media</p> <p>Patients Public</p> <p>Staff Public</p>	<p>Ongoing</p> <p>April 2024</p>	<p>Specialists Web, Graphics and Media Specialists</p> <p>Web, Graphics and Media Specialists</p> <p>Web, Graphics and Media Specialists</p>
<b>3. MAINTAIN ONLINE COMMUNICATIONS CHANNELS (E.G. YOUTUBE, VIMEO)</b>	To maintain a wide range of information available to the public and staff.	Patients Public Staff	Ongoing	Communications Department
<b>4. EMAILS</b>				
<p>Targeted emails at appropriate staff groups depending on issue to be communicated.</p> <p>Review and circulation of ‘email etiquette’ guidelines</p>	<p>Staff will receive communications on items that affect. Staff are encouraged to create individual address lists).</p> <p>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.</p>	<p>Staff Groups</p> <p>Staff</p>	<p>As required</p> <p>December 2024</p>	<p>Individual Staff</p> <p>Communications Department</p>

<b>OBJECTIVE 4 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
Appropriate titling of emails to ensure staff know the purpose of the email (as contained within the Email Etiquette Guidance.	E.g. FOR INFO, STAFF BULLETIN, REQ, URG helps colleagues to understand the status of an email.	Staff	Staff	All staff
<b>5. INVITING STAFF VIEWS</b>  Intranet polls set up with questions for staff to feed back on, as appropriate/required.  Survey Monkey – Communications Department to hold a corporate license for Survey Monkey.	Staff involvement in decisions that affect them/feedback on current issues.  Staff and public surveys can be carried out of all staff on specific issues, as and when required.	Staff  Staff	As required  Annual	Communications Department  Communications Department
<b>6. PHONE/FAX</b>  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	Reception Manager
<b>7. MS TEAMS</b>  Use of MS Teams (and Near Me for patients) 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 Teams can be used as an alternative, and also supports the Board’s vision to become a ‘world leader’ in the application of telehealth.	Staff Patients	As required	Executive Team
<b>8. SOCIAL MEDIA</b>	Given the growing use of social media, ensure that the opportunities are used to best effect to communicate information and advertise vacancies. Ensure Media and Social Media Policy and Policy on the Personal Use of Social Media for Staff is kept up to date	Staff Public	March 2024	Head of Communications, Claims and Patient Information

## Objective 5

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

<b>OBJECTIVE 5 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>1. THE MEDIA</b>  Further develop networks of media contacts – including community newspapers – and build on existing relationships with local press.  A pool of Gaelic speakers and those willing to be interviewed across the organisation maintained.	Good relationships will encourage the media to ask questions, respect decisions, and will generate more positive and balanced press coverage.	Media	Ongoing	Communications Department
	To ensure the organisation’s position can be communicated in interviews, where appropriate.	Media/ Public	As required	Communications Department
<b>2. LINKS WITH EDUCATION DEPARTMENT</b>  Maintain and enhance links with the local Education Department to assist with sharing messages with schools and parents/guardians.	Links with the Education Department during the pandemic were extremely effective to enable key messages to be shared. This has continued post-pandemic, sharing messages and campaigns on a wide range of topics, from head lice to winter planning.	Education Department/ Schools, parents and children	Ongoing	Communications Department
<b>3. MSP</b>  Regular meetings between the Chief Executive of NHS Western Isles and MSP – annual schedule to be agreed.  MSP to be included in Press Release distribution list.	Politicians kept up to date and are kept in the loop. Reduces instances when politicians approach the press instead of the Board.	MSP	Ongoing	Executive Assistant to the Chief Executive
	To ensure the MSP is aware of developments/issues being communicated to the media.	MSP	Ongoing	Communications Department

<b>OBJECTIVE 5 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<p><b>4. COMHAIRLE CEO/ CONVENER</b></p> <p>Regular meetings between the Chief Executive &amp; Chair of NHS Western Isles and Comhairle Convener/Leader &amp; Chief Executive – schedule to be arranged.</p>	<p>Promotes partnership working – potentially reduces negative press coverage when there is misunderstanding between organisations.</p>	<p>Convener/Chief Executive, Comhairle nan Eilean Siar</p>	<p>Ongoing, as scheduled</p>	<p>Executive Assistant to the Chief Executive</p>
<p><b>5. SENIOR STAFF MEETINGS – HEALTH AND SOCIAL CARE</b></p> <p>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. Delayed Discharges).</p>	<p>Effective partnership working – potentially reduces negative press coverage when there is misunderstanding between organisations.</p>	<p>Comhairle Lead Officers</p>	<p>Ongoing on a regular basis</p>	<p>Nurse Director/ Chief Operating Officer</p>
<p><b>6. COMHAIRLE COMMUNICATIONS</b></p> <p>Maintain links with Comhairle Communications Department to facilitate joined-up communications and promotion of joint initiatives (including any health and social care integration issues).</p>	<p>Promote and improve understanding of joint initiatives and boost partnership working between the two organisations.</p> <p>Update the Comhairle Communications Officer when press issues that relate to both organisations emerge.</p> <p>Share details of vaccination opportunities open to social care staff and wider groups as appropriate.</p>	<p>Public Staff</p> <p>Comhairle Communications team/wider Comhairle staff</p>	<p>As required</p> <p>As required</p> <p>As required</p>	<p>Communications Department</p> <p>Head of Communications, Claims and Patient Information</p>
<p><b>7. OPEN STAFF MEETINGS</b></p> <p>Regular staff briefing meetings led</p>	<p>Face to face methods of communication—widely recognised as the most successful for the exchange of information.</p>	<p>Staff</p>	<p>Ongoing</p>	<p>Chief Executive</p>

<b>OBJECTIVE 5 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<p>by Chief Executive, open to all staff. Opportunities for staff to ask questions or raise concerns at the highest level.</p> <p>Schedule of Open Staff Meetings to be circulated annually with reminders issued prior to each meeting.</p>	<p>Corporate information and communications disseminated throughout the organisation. Staff get the right message at the right time and are 'well informed'.</p> <p>To ensure that staff are aware of Staff Meetings.</p>	Staff	Ongoing	Executive Assistant to the Chief Executive
<p><b>8. NHS SCOTLAND COMMUNICATIONS</b></p> <p>Head of Communications, Claims and Patient Information will attend national meetings as frequently as possible (making use of Teams).</p>	Head of Communications, Claims and Patient Information up to date with national issues and key links with other Boards established	N/A	Monthly	Head of Communications, Claims and Patient Information
<p><b>9. LOCAL NETWORKS</b></p> <p>Building on strong existing networks such as Locality Planning Groups, local cancer groups, Advocacy and Scottish Health Council (SHC) to ensure these groups are effectively communicated with and receive appropriate information.</p>	<p>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.</p> <p>Ensures the SHC is aware of potential change/development and can provide advice/support on consultation/engagement arrangements.</p>	<p>Public Patients</p> <p>SHC</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Communications Department</p> <p>PFPI Coordinator</p>
<p><b>10. EMERGENCY PLANNING NETWORKS</b></p> <p>The Head of Communications, Claims and Patient Information to</p>	To ensure best practice with regard to communication is shared between Boards.	N/A	Ongoing	Head of Communications, Claims and Patient Information

<b>OBJECTIVE 5</b> <b>Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
maintain networks with the emergency planning communications groups				

### Objective 6

**To promote and raise awareness of healthy lifestyles and illness prevention, which highlights NHS Western Isles as a health improvement organisation.**

<b>OBJECTIVE 6</b> <b>Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>1. PRESS RELEASES, INTERVIEWS, FEATURES, BROADCAST INTERVIEWS &amp; MEDIA BRIEFINGS</b>	To highlight and promote messages about healthy lifestyles and inequalities. Key health promotion messages should be drafted to ensure the healthy living agenda is maximised. Proactive public health messages.	Staff Patients Public Partners Media	Ongoing	Communications Department
<b>2. EVENTS COLUMN</b>	Monthly column in Events to be used on a frequent basis to promote healthy lifestyles and health-relates services and information	Public	Monthly	Communications Department
<b>3. ADVERTISING FEATURES</b>	Use of paid-for advertising or advertising features to be considered to promote key messages – consideration of publications across the Western Isles to get important messages communicated.	Public	Ongoing	Communications Department/ Health Improvement Manager
<b>4.SOCIAL MEDIA</b>  Use of Social Media Channels to highlight health improvement messages.	Using all available channels to share important information.	Public	As required	Communications Department/Health Improvement
<b>5. HOOTSUITE ACCESS</b>	Providing Hootsuite access to Health Improvement and other teams as required to scheduling approved content	Public	As required	Head of Communication,

<b>OBJECTIVE 6 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
	on NHSWI social media.			Claim and Patient Information
<b>6. JOINT WORKING WITH PUBLIC HEALTH</b>  Network with colleagues in the Health Promotion Department & Public Health	Opportunities maximised to promote healthy lifestyle messages.	Staff	Ongoing	Communications Department
<b>7. OPEN DAYS/ ROADSHOWS/ INFORMATION STANDS/ PUBLIC OR STAFF EVENTS</b>  Key messages communicated in an informal manner to increase interest and raise awareness and understanding.	Ensuring as wide a range of options as possible for people to access information.	Patients Public Staff Media	As required	Department involved
<b>8. NHS INFORM, SSD &amp; EIDO</b>	Approved information to ensure patients have access to quality assured information.  Patients to be consistently directed to the NHS Inform for general patient information. Scotland's Service Directory (SSD) for health and social care information, and EIDO for approved and validated patient condition leaflets.  The EIDO contract is managed by the Communications team and staff who would benefit from access can contact the Communications Department for login details.	All stakeholders	Ongoing	Communications Department
<b>9. SOCIAL MARKETING</b>	Developing innovative ways to target hard to reach groups, to deliver key public health messages.	Public	Ongoing	Health Improvement

<b>OBJECTIVE 6 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
Social marketing techniques to be used to improve communication and engagement with the public, linking in to national campaigns (e.g. Detect Cancer Early) for maximum exposure.				staff/ Communications Department
<b>10. PUBLIC HEALTH ‘FRESH’ APPROACH</b>	To ensure both public and media interest in public health campaigns (in particular ongoing annual campaigns), steps should be taken to introduce a ‘fresh’ approach on an annual basis – e.g. new photo shoots, competitions, ‘Days of Action’, ‘pop ups’, flashmobs, etc.	Public Media	As required	Health Promotion/ Public Health/ Communications Department

### Objective 7

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

<b>OBJECTIVE 7 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>1. ACCESS TO INFORMATION FOR THOSE WITH LEARNING DISABILITIES</b>  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.	Staff members as required.
<b>2. CONSULTATION WITH</b>	Those with learning disabilities can be overlooked	Patients	As required	Project Lead. With



<b>OBJECTIVE 7 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
<b>PEOPLE WITH LEARNING DISABILITIES</b>	<p>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 from Advocacy Western Isles revealed that clients would prefer the use of large print documents with pictures and diagrams.</p> <p>Any patient information intended for those with learning disabilities will go out for appropriate consultation, working in partnership with the Stand Up For Yourself Advocacy Group.</p>	<p>Public</p> <p>Patients Public</p>	As required	<p>support where required from / Communications Manager/ PFPI Development Officer</p> <p>PHIG</p>
<b>3. PROTECTED CHARACTERISTICS</b>				
<p>Consideration to be given as to how to target the above group when disseminating information externally.</p> <p>Specific consideration given to groups classed as ‘protected characteristics’ when developing Communication and Engagement Strategies for consultation processes (section contained within template plan).</p>	<p>To ensure the Board is meeting its requirements under the Equality Duty. To ensure that ‘hard to reach’ groups obtain relevant information.</p> <p>To ensure that all groups have the opportunity to be informed of and involved in consultation processes about the development of health services.</p>	<p>Public</p> <p>Public</p>	<p>As required</p> <p>As required</p>	<p>All Staff, supported by Strategic Diversity Lead</p> <p>Project Lead, supported by Communications Department/ PFPI Development Officer</p>
<b>4. LEADERSHIP AND KEY MESSAGES</b>	<p>Ensures that the Equality Duty is given an appropriate profile and emphasis. Ensures that staff are aware of legislation and</p>	Staff	Ongoing	Executive Directors and Senior Managers

<b>OBJECTIVE 7 Channel and Action</b>	<b>Outcome/Evidence</b>	<b>Audience</b>	<b>Timescale</b>	<b>Owner</b>
Executive Directors and Senior Managers will communicate clear and consistent messages about the importance of considering equality issues and legal requirements.	requirements. Building the capacity of staff to understand and promote equality.			
<b>5. FAIRNESS ASSESSMENTS</b>  Ensuring that 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: <ul style="list-style-type: none"> <li>• tackle inequality</li> <li>• develop a better understanding of the community you serve</li> <li>• target resources efficiently</li> <li>• adhere to the transparency and accountability element of the Public Sector Equality Duty</li> </ul>	All	As required	Communications Manager, with support as required from the Strategic Diversity Lead
<b>6. ACCESSIBILITY OF INFORMATION TO BE INCLUDED IN DEPARTMENTAL COMMUNICATIONS PLANS REVIEW</b>	To ensure nobody is excluded from information or communications at a departmental level.	Staff	December 2024	Heads of Department/Head of Communication, Claims and Patient Information
<b>7. LANGUAGE LINE</b>	Where staff need to access translation services or information in a language other than English, they can access Language Line via the Equality and Diversity Team.	Staff	Ongoing	Strategic Diversity Lead
<b>8. CONSIDERATION OF CROSS-CULTURAL COMMUNICATION GUIDANCE TO BE USED AS APPROPRIATE</b>	To ensure individuals from other cultures and countries are not disadvantaged in terms of communication, staff should consider using the guidance in Appendix 1 as appropriate.	Public	As required	All staff

## APPENDIX 1 – TIPS FOR CROSS-CULTURAL COMMUNICATION

Cross-cultural communication cannot be entered into lightly or without a certain degree of preparation. Otherwise, you run the risk of causing misunderstandings that damage the very relationship you are trying to build.

Here are some simple tips to improve your cross-cultural communication skills, and build better relationships with people of other nationalities and cultures.

### *Slow Down*

Even if English is the common language, it may not be the other person's first language. Slow down and concentrate on your pronunciation so you are speaking clearly.

### *Take Turns to Talk*

Talking when other people are speaking can be confusing at the best of times, so imagine the problem for someone who isn't speaking their most familiar language. In a cross-cultural communication, take turns to talk by making a point and then listening to the response before you reply.

### *Use Plain English*

Even those who speak the language fluently are unlikely to be familiar with the broad range of slang, idioms and sayings that a language can contain. Stick to Plain English to minimise the risk of misunderstandings or having to explain what you mean.

### *Check Understanding*

If you or your listener misunderstand a key sentence early on in a cross-cultural communication, then anything that follows is likely to be misunderstood as well. Be an active listener and summarise key points to ensure you both have the same understanding of what is being said. To minimise the risk of misunderstandings, take a moment to learn about the seven barriers to communication.

### *Write it Down*

If you are unsure whether something has been understood correctly, write it down and get the other person to confirm it is correct. This can be particularly useful in a cross-cultural communication about complex concepts and figures.

### *One Question At a Time*

Natural speakers of a language can handle complexities such as combining questions, such as “Do you want to carry on or shall we stop here?” This is harder for a non-native speaker to understand, so let your listener answer one question at a time.

### *Avoid Negative Questions*

Similarly, negative questions are a language complexity that may be lost on someone who isn't used to speaking it. For example, “Are you not coming?” It's best to keep your sentence structure simple to ensure the listener understands, and so you can be sure about the meaning of their response.

### *Watch The Humour*

In many cultures, business is taken very seriously, so bear in mind that the use of humour may not be appropriate. Even if you do consider using humour in a cross-cultural communication, bear in mind that sense of humour varies from country to country. For example, British sarcasm can come off rude if the listener comes from a culture that doesn't use it much.

### *Maintaining Etiquette*

Many cultures have social customs when communicating, which is why cross-cultural communication training is always advisable. At the very least, you need to research the culture you will be interacting with to gather insights that steer your dialogue.

*Be Supportive*

Lack of confidence about a language can cause people to hold back, which makes cross-cultural communication even harder. Encourage your listener to carry on regardless of mistakes. You'll both get there in the end.

NHS Western Isles Head of Communications, Claims and Patient Information	Contact Details
Maggie Jamieson	Tel: 01851 708060 Mob: 07810527457 Email: <a href="mailto:maggie.jamieson@nhs.scot">maggie.jamieson@nhs.scot</a>