

Stakeholder Communications and Engagement Strategy

2020 - 2023



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1. Introduction

By listening and learning from the public experience of health we can understand what really matters to people. Engagement that takes place routinely helps to develop trust and fosters mutual understanding, making it easier to identify sustainable service improvements. It also helps us to identify local needs and priorities and target resources more effectively.

In November 2019, NHS Greater Glasgow and Clyde was escalated to Stage 4 in the NHS Board Performance Escalation Framework by the Scottish Government for infection prevention and control and engagement and information with patients and families. A key theme to emerge from the experience of families was the need for greater transparency from the Board.

As a Board, we are fully committed to continually improving the ways in which we communicate and engage with people and communities and we have been working with Scottish Government over the past year to deliver improvements in our communications and engagement.

This strategy seeks to build on this and sets out how we will continue to improve and strengthen relations with our communities and create ongoing, continuous approaches to inform, listen to and involve all of our stakeholders.

In recent months, our lives have been transformed as we combat a global health emergency. In these turbulent times effective engagement with patients, public and other stakeholders has never been more important.

Research on responses to public health emergencies has shown that people are more likely to work together to achieve common goals through approaches involving collaboration and co-production. The task of establishing a two way dialogue to ensure that advice to communities is relevant and helpful falls not only to national governments but also to individual health and social care organisations. In response to COVID-19, there is an immediate and ongoing need to listen and engage with communities to develop approaches to support individuals to comply with the public health measures that are required.

Effective community engagement is also critical to ensure that our services are fit for purpose. In response to the pandemic, new models of service delivery have had to be set up swiftly. This has been accompanied by a rapid digital healthcare transformation with a move from face to face to virtual consultations significantly increasing. These new ways of working, together with our plans for remobilising activity suspended in response to the pandemic, are set out in the Board's **Remobilisation Plan**. The **Stakeholder Communications and Engagement Strategy** will make a significant contribution to the delivery of this Plan.

Beyond 2020 and the response to COVID-19, the Board is committed to delivering its long term clinical strategy, **Moving Forward Together**. As we implement new ways of working in both the short and longer term, meaningful and effective engagement will ensure that our health and care services are fit for purpose and lead to better outcomes for people.

The delivery of the Board's Public Health Strategy, **Turning the Tide on Prevention**, will also be achieved through listening to and working with our communities and patients to understand their needs, priorities and views about improvements and by developing approaches that "build on our relationships with communities and community planning partners creating a multi-agency public health workforce to address our shared priorities."

The six Integration Joint Boards (IJBs) within the Greater Glasgow and Clyde area have each developed their Strategic Plans setting out their priorities for the next three years in delivering integrated health and social care services to their communities. We will work in partnership with the IJBs as they transform the way integrated services are delivered, to support people to remain in their homes for as long as they can, lead healthy lives, and be supported as far as possible within community settings.

This strategy sets out how, over the next three years, we will deliver a planned and sustained approach to communications and engagement to support the delivery of our organisation's goals and build collaborative, trusted relationships between the Board, our patients, their carers, and our communities, based on honesty, openness and transparency.



2. Purpose of this Document

NHSGGC has a wide range of stakeholders external to the organisation including patients, their carers and families, local communities, general public, the third sector, charities, further education, universities, wider public health partners, MSPs and other elected representatives.

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

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

While staff, public and patient engagement are inextricably linked, to effectively manage a focus on external audiences, the Board's approach to staff communication and engagement is covered by a separate strategy.

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



3. Legislation, Standards and Guidance

Legislation set out in the Patients' Rights (Scotland) Act and the Community Empowerment (Scotland) Act state that NHS Boards, as public bodies, have a duty to involve people in the design, development and delivery of the health care services they provide for them.

Also, this Strategy recognises and adheres to the guidance and principles set out in Scottish Government Health Directorate CEL 4(2010).

The CEL 4(2010) sets out the phases and process that need to be applied, proportionately, by a Board to any service change they propose. It states that NHS Boards are responsible for ensuring:

- That engagement processes and activities are fully accessible
- That any potential adverse impact on equality groups must be taken into account by undertaking an equality impact assessment.

The guidance also sets out how Boards should take forward major service change. This states that in circumstances where a proposed service change will have a major impact on a patient or carer group, members of equalities communities or on a geographical community, Boards should seek advice from the Scottish Government on whether a service change is considered to be major. In such cases NHS Boards must carry out a full public consultation with local communities and Healthcare Improvement Scotland to quality assure this process. The final decision on the way forward needs Ministerial approval.

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



Will involve them in the development and appraisal of options



Will involve them in a consultation of any agreed options



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

The Scottish Government and COSLA are currently consulting on new participation and community engagement guidance, which will provide an overarching framework for engagement to apply across health and social care bodies. This guidance, which is expected to replace Informing, Engaging and Consulting People in Developing Health and Community Care Services (CEL 4, 2010), is due to be published in January 2021.

The strategy also complies with the following legislation, standards and guidance:

- Freedom of Information (Scotland) Act 2002
- General Data Protection Regulation and Data Protection Act 2018
- Equality Act 2010
- Community Empowerment (Scotland) Act 2015
- NHS Reform (Scotland) Act 2004
- The Gunning Principles (R v London Borough of Brent ex parte Gunning 1985)
- National Standards for Community Engagement (Scottish Development Community Centre) (2015/16)
- Fairer Scotland Duty 2018
- Healthcare Improvement Scotland Community Engagement Participation Toolkit
- NHS Greater Glasgow and Clyde Corporate Social Media Policy
- NHS Greater Glasgow and Clyde Guidance on Personal Use of Social Media
- NHS Greater Glasgow and Clyde Accessible Information Policy.

4. Our Principles and Values

In planning and delivering communication and engagement, we will:



Be collaborative and inclusive in our approaches. By working collaboratively we will share ideas, recognise expertise and use our resources and our networks effectively. We will build and maintain connections with partner organisations, in particular our six Health and Social Care Partners, the voluntary and community sector and community leaders. We will encourage inclusive participation and co-production and actively seek out the voices of those communities who face health inequalities and from potentially excluded and disadvantaged groups.



Be open, honest and transparent in all our communications and engagement activity. By fostering a listening culture where feedback from our patients, the public and our stakeholders is proactively sought, heard and taken into consideration in our commissioning decisions. We will explain clearly and transparently how decisions are made and feedback to the public and our stakeholders about how they have made a difference. Importantly, when we get things wrong, we will be honest about this. We will acknowledge when mistakes are made and learn from them, including our obligations to fulfil the legal duty of candour.



Communicate in a professional, easily understood and jargon-free way. Information will be written in a way that is appropriate to the audience and mindful of language and other communication barriers exploring how to overcome these barriers in partnership. We will provide information that people need, delivered in a way that they wish to receive it.

Our communications and engagement will be:

- Early, visible, open and transparent
- Accurate and sensitive
- Two-way, with listening of equal importance to informing
- Person centred and tailored to the needs of individuals
- Timely
- Collaborative and consultative, involving those affected in the planning, design and delivery of engagement processes
- Mindful of the need to acknowledge perceptions as well as facts.

Our engagement will always adhere to the NHS Scotland and NHSGGC set of values:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork.

5. Strategic Context

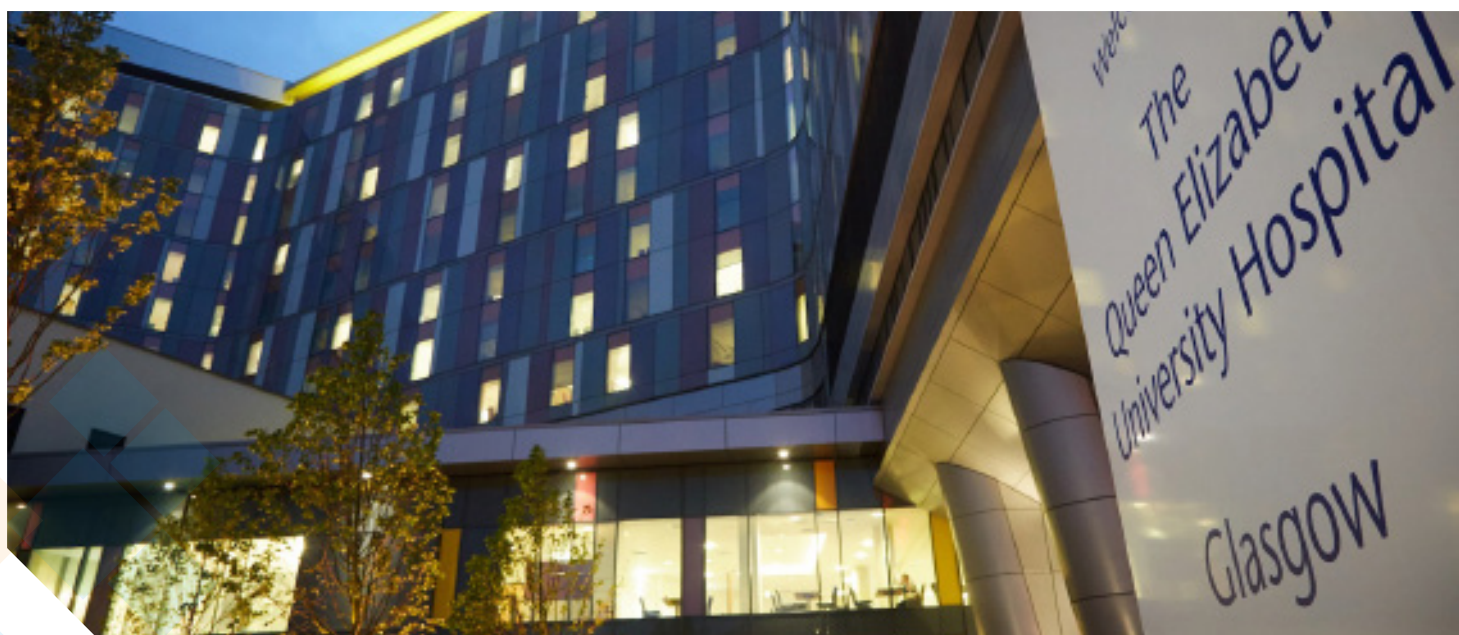
a. Queen Elizabeth University Hospital and the Royal Hospital for Children

In light of a number of issues in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, the Scottish Government escalated NHSGGC in November 2019 to Stage 4 for infection prevention and control and engagement and information with patients and families. This brought direct oversight and engagement from Scottish Government to the operation of Queen Elizabeth University Hospital and Royal Hospital for Children. An Oversight Board, reporting to the Chief Executive Officer (CEO) of NHS Scotland and chaired by the Chief Nursing Officer, was set up to ensure improvements to the systems, processes and governance in relation to infection prevention, management and control and to ensure improvements to the associated communication and public engagement issues.

The Board and its senior officers continue to work with the Oversight Board and families to enhance and strengthen our communications and engagement. The recommendations from the communications and engagement sub-group of the Oversight Board will be acted on as part of the implementation of the Board's overall Stakeholder Communications and Engagement Strategy.

The Interim Report of the Oversight Board is due to be published by the end of December 2020. In relation to communications and engagement, a number of findings and recommendations have already been shared with the Board.

When reviewing how the Board responded to the unfolding circumstances of infections, the Oversight Board noted evidence of improvement already at work within the Health Board. They also noted that communication to patients and families individually at the point of care was undertaken with compassion, care and support by the relevant staff, especially in the Schiehallion Unit. However, while the Oversight Board recognised that the Board has strived to learn from the unique situation it faced, it found that "there remains a continuing need for improvement in how communication, engagement and information provision takes place". This strategy sets out the high level actions that will be taken to move the organisation forward from this position and to build and improve our communications and engagement with patients, their families and all our stakeholders.



Development of closed Facebook page for parents of haemato-oncology ward patients

The Paediatric Haemato-Oncology Facebook Group was set up one year ago to support the patients of Ward 6A and their families. The group provides a mechanism by which to communicate with the families and patients, receive feedback and share information. Specifically, share important announcements, good news stories, provide updates and gain feedback.

The page is available to previous and current patients of Ward 6A and their families and is intended to supplement the face to face engagement that is received from those providing care on the ward.

The 6A page was created as an engagement gap had been identified between NHSGGC and haemato-oncology families. In order to ensure that families had a mechanism by which to raise questions as well as an information portal for important announcements, it was agreed that a closed Facebook page would be set-up, enabling all users to have the opportunity to post information and interact with messages from the team on the ward.

The Facebook page was utilised through the Independent Review of the QEUH and RHC to share NHSGGC statements and information from the Scottish Government. However, more laterally, it has also been used to share photographs of current and former patients going back to school after lockdown and poll parents and patients about food on the ward.

The page enables immediate feedback, allows us to track trends and sentiment from users as well as provide the opportunity to have a direct channel of communication with individual users of the page.

With now almost 200 members, it has been a welcome addition to the engagement tools utilised to reach this group.

b. Response to the Global COVID-19 Pandemic

On 23rd March 2020, the UK went into lockdown in response to the COVID-19 pandemic, announced twelve days previously by the World Health Organisation. Over the following months, the four nation governments put the country on an emergency footing, with significant restrictions on movement and on social interaction to disrupt and suppress the virus.

In May 2020 the Scottish Government published its route map through and out of the crisis setting out a phased approach to easing lockdown restrictions while still suppressing coronavirus (COVID-19) including a plan to re-mobilise health and social care services.

The Scottish Government document entitled '**Responding to the Re-mobilisation, Recover and Re-design Framework**' sets out three core tasks:

1

Delivering as many normal services as possible, as safely as possible

2

Creating and protecting the capacity to deal with the continuous presence of COVID-19

3

Preparing health and care services for winter

In her letter to Board Chairs dated 25th June 2020 the Cabinet Secretary for Health and Sport highlighted the requirements to engage with people during significant changes in service delivery including during COVID-19:



I recognise that many NHS Boards have had to rapidly reconfigure their services in light of this pandemic and that changes needed to be quickly implemented to protect the people of Scotland. I understand that the urgency of the situation did not allow organisations to involve or consult the public as they would normally be expected to.

However, the statutory duty to involve people remains as important as ever during the pandemic, even though the methods for doing this will have to be fully considered. I appreciate that the engagement will need to take account of the continually changing environment in which we are operating and may require different engagement approaches to be deployed. ”

In July 2020, Healthcare Improvement Scotland – Community Engagement published guidance to inform the approaches Boards should take to deliver effective community engagement moving forward including evidencing how engagement has informed re-mobilisation plans during the early stages and in moving towards March 2021.

During this next phase of the pandemic, and throughout the period of recovery, engagement with patients and users will be an important element to support the delivery of NHSGGC's Remobilisation Plans to help us understand and build on the benefits brought by changes during the initial phase and have these informed by people who are using services.

Whilst we are resuming services as quickly and safely as possible, it is important that patients with the greatest need are prioritised. This will mean that some patients will have a longer wait than is ideal for their treatment and it will be important to communicate effectively with patients to ensure they have a clear and realistic expectation of when they will receive treatment that is clinically appropriate to their individual circumstances.

c. Moving Forward Together

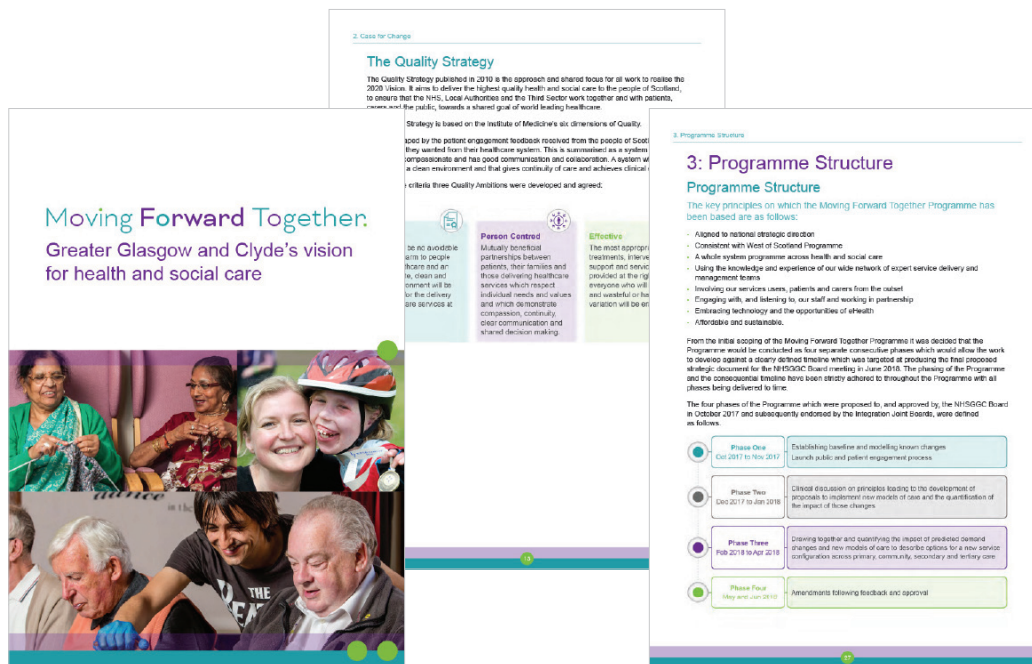
The blueprint for the future delivery of health and social care services in Greater Glasgow and Clyde was approved by the NHS Board in June 2018.

The Moving Forward Together (MFT) strategy sets out how primary, community and acute health and social care services will work together to support people to live longer, healthier lives in their own homes and communities and to promote self-management and independence. The strategy seeks to maximise the number of people who are supported to live at home in good mental and physical health for as long as possible.

It describes how care shall be delivered as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community.

A whole system approach will be taken to achieve this in which services are delivered by a network of integrated teams across primary, community and specialist hospital-based care, working seamlessly around the needs of the person.

To support our response to the COVID-19 pandemic, many strands of work aligned to MFT have continued to deliver important and necessary change for the organisation and indeed, a number of workstreams have been vastly accelerated. The COVID-19 pandemic has reinforced the objectives and practical assumptions set out within MFT and associated strategies. Effective communications and engagement will be key to the successful delivery of MFT.



d. Turning the Tide Through Prevention

The Board's first Public Health Strategy, **Turning the Tide Through Prevention**, was approved by the NHS Board in August 2018. The 10 year public health strategy aims to accelerate the improvement in healthy life expectancy (HLE) and life expectancy (LE) and narrow the gap in HLE/LE within Greater Glasgow and Clyde and between Greater Glasgow and Clyde and the rest of Scotland for both men and women by 2028.

The strategy sets out six core programmes of work which relate directly to agreed national public health priorities. These six programmes comprise:

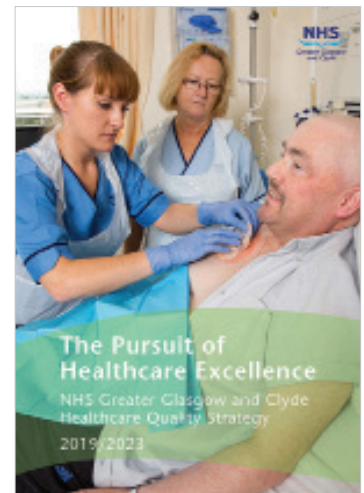
- 1 Understanding the needs of the population
- 2 Tackling the fundamental causes of poor health and of health inequalities and mitigate their effects
- 3 Applying a life-course approach, recognising the importance of early years and healthy ageing
- 4 Intervening on the intermediate causes of poor health and health inequalities
- 5 Improving the quality of services
- 6 Protecting the public's health.

The impact of the pandemic extenuates many of the themes within our Public Health strategy 'Turning the Tide Through Prevention'. Our response will require specific elements to go further, faster. The Public Health Directorate will still be dealing with the pandemic especially in relation to Test and Protect, outbreak management and vaccination. A planned review of the action plan attached to 'Turning the Tide Through Prevention' may require further conversations, engagement and involvement of communities to prioritise areas of work likely to have maximum impact over this period.

e. 'The Pursuit of Healthcare Excellence'

The Board's Quality Strategy was approved by the Board in February 2019. The strategy outlines how we intend to continuously improve the quality of care to our patients, carers and communities and provide care that is responsive to individual personal preferences, needs and values, and ensuring that these guide all decisions about care and treatment.

Key to this is the encouragement of patient, carer and visitor feedback as part of the quality improvement cycle. The Quality Strategy sets out various mechanisms in place within NHSGGC to enable us to gather feedback on patients' experiences and to encourage learning from these experiences to shape care and services.



f. HSCP Participation and Engagement Strategies

Each of the six health and social care partnerships in the Greater Glasgow and Clyde area have Partnership and Engagement Strategies. These set out the approaches within each area to engage with their localities.

The key themes of all strategies mirror those set out in our strategy; that of openness, transparency, inclusivity and a strong local focus on participation and engagement activity.



6. Why is it Important to Engage With People?

As part of the Charter of Patient Rights and Responsibilities, people have the right to be involved in decisions about their own care and treatment, and to be meaningfully involved in developing and co-designing local health and care services.

Aside from our legal requirements and policy drivers, as an organisation we are committed to ensuring that the voices of patients, families, carers, staff and our communities, can influence and shape the design, development and delivery of our services. Person centred care can only be delivered by listening to patients and carers and finding out what matters to them.

This also sits with our Corporate Values to be open and honest, provide a caring and compassionate environment and treat people with dignity and respect. Working with all our stakeholders helps ensure we are held to these values and can work together to continually improve quality.

Research has also shown a number of benefits to engaging and involving people, including:

- **Empowering people to make decisions that affect their health and wellbeing**, increasing people's involvement and management of their own health and care which can lead to better healthcare outcomes
- **Improving quality and safety** of care provided by organisations
- **Improving communication and information provision about services**, public health and how people and communities can stay healthy
- **Improving health inequalities** across a wide range of health and wellbeing conditions, by empowering people to feel ownership of their own health service
- **Improving an organisation's accountability** amongst the public and improving trust and legitimacy in decision making.



Draft guidance from Scottish Government and COSLA highlights a number of risks to organisations from ineffective engagement:

- Failure of organisations to understand all the issues for communities, missing the opportunity to identify sustainable solutions to service challenges
- Communities, especially vulnerable and lower-profile groups, feel disconnected and disengaged from services
- Unnecessary public resistance to changes due to lack of awareness and understanding
- Threatened public confidence, which can lead to protest
- Legal challenge resulting from concern about a decision and the process of engagement with potential for added financial implications
- Change may take longer to implement (or not progress at all) and risk that services may not meet the needs of communities as well as they could.



7. Strategic Aims

The aims of the strategy are to:



Embed a clear and consistent communications and engagement approach that supports NHS Greater Glasgow and Clyde towards achieving our vision, aims and commitments



Empower staff and teams across NHSGGC to have ongoing engagement with people in an open and honest manner, ensuring that the public voice is at the heart of all service planning, improvements and developments



Achieve the best representative views, comments and opinions from our diverse communities that we can so that our work is inspired and shaped by people's views



Enable people to voice their views, needs and wishes and to be able to contribute to plans, proposals and decisions about services



Make it easy for people to access information about health and healthcare as part of our role to support people to stay well and make healthy choices, and ensure that this information can be made available to everyone



Use innovative ways to communicate and engage with key stakeholders, members, partners, patients, the public and local community groups in ways that most suit them, while maintaining and improving those channels that are already shown to be effective



Give local people the knowledge, skills and confidence to maintain good health and better manage their own health conditions, using real insight from people to help them make the right choices to access local services, manage their own health and prevent illness where possible



Develop and enhance the reputation of the organisation through proactive and reactive media relations, social media, marketing activity, high quality service and performance information and effective engagement



Build collaborative, trusted relationships between the Board, our patients, their carers and our communities, based on honesty, openness and transparency



Ensure that the NHSGGC's communications and engagement activity is accessible to all by using a variety of media, clear language and recognising and addressing individuals' needs. This includes language translation and accessibility for visually and hearing impaired members of our community. We will also ensure we provide communication and engagement opportunities accessible for those with Learning Disabilities



Ensure that we are actively seeking views from groups who are 'seldom heard' and/or have poor health outcomes



Measure and evaluate engagement effectively using disaggregated data and report back to local people on how their feedback has been used to shape and improve services.

The specific activities that underpin this strategy will be set out in an annual delivery plan, which by the very nature of communications and engagement, is designed to be an evolving and iterative document. Whilst the detail for the plan may vary from year to year, some of the established key strands are set out below.

a. Understanding our Audiences

(i) Working in partnership with our stakeholders

Stakeholders are people, groups or organisations that are interested in or can be affected by our work. We have a great number of external stakeholders, including patients, their carers and families, local communities, general public, the third sector, charities, further education, universities, wider public health partners, MSPs and other elected representatives. We work collaboratively with many different stakeholders to deliver our priorities.

So that we communicate and engage successfully and efficiently, we need to understand who our stakeholders are, how they prefer to be involved and what they are interested in.

We will routinely identify all our stakeholder groups and the appropriate channels to use for each of these groups, and we will refresh these on a project by project basis ensuring we give all affected communities across NHSGGC the opportunity to be involved.

Recognising that not everyone has access to digital communication approaches, we will ensure that traditional methods of communication are included in the mix of communications methods deployed.

(ii) Understand how our stakeholders feel about us

In order to build relations with your stakeholders it is important to understand how they feel about you. We will carry out regular surveys of our key stakeholders to measure attitudes and opinions towards NHSGGC including a focus on stakeholder perceptions and understanding of the Board.

Working with the Consultation Institute and our public Stakeholder Reference Group we will seek the opinions of our stakeholders on our engagement and on how they wish to engage with us. We will utilise the research to gain feedback from stakeholders on how we can improve stakeholder communications and shift sentiment.

b. Improving our External Communications

(i) Improving our communication with patients and families

Openness and honesty are important principles on which communications with patients and their families must be founded and this is especially the case when things go wrong.

There has been significant learning within NHSGGC from the experiences of families of patients in the haemato-oncology unit of the Royal Hospital for Children.

A top priority for the Board will be to continue to develop effective communications approaches with patients and their families, tailored to their individual needs. These approaches will be taken forward with the close involvement of patients and families and based on learning from a review of how it has engaged with the children, young people and families affected by the recent infection incidents.

(ii) Strategic communications planning

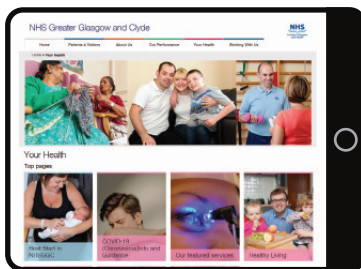
We will use insight to shape narratives, planning, horizon-scanning and evaluating – to tightly target and assess activity. Rigorous evaluation of all our communication activity is critical to ensuring that we understand what works well and what doesn't in achieving our objectives. We will understand and use analytics routinely to measure impact and focus priorities.

We will work closely with Scottish Government Health and Care Directorates, other NHS Boards and Health and Social Care Partnerships (HSCPs) to share evidence and learn from one another. We will also work with Healthcare Improvement Scotland – Community Engagement who play an important role in supporting Boards and Health and Social Care Partnerships in service user and public engagement.

(iii) Continue to develop our external communications channels

Our website

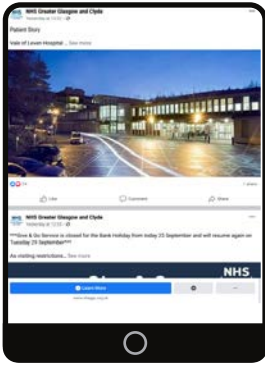
A website is often the first place that patients, public and job seekers go to learn more about an organisation. The NHSGGC corporate website has over **9.8 million visitors a year**. The site explains what we do, provides information about all our services and is the public repository of all Board papers. It also includes an online feedback system for the public to give their views about our services. We will continue to develop the site to ensure information is relevant, clear and easily accessible. We will also develop our corporate website to create dedicated engagement space where people can find information on how to get involved and share their views on particular topics to shape and influence service design and improvement, encouraging people to share opportunities to their peer network who may not have digital access.



Social media

With social media increasingly influencing the way people consume information, our corporate sites are playing an increasingly important role in our external communications. Social media allow us to share information directly with our communities and enables them to interact with us. The Board has corporate social media accounts on all major social media sites, and also sponsors a number of accounts which are tailored to specific groups of patients and communities. We have seen the rapid growth of our followers on all our corporate social sites, which include Facebook, Twitter, YouTube and Instagram, in recent months and together they currently account for **audiences of more than 65,000**. We will continue to grow and develop these networks as trusted channels of communication. We will deliver a new social media strategy and set clearly identifiable goals for each social channel, informed by audience insight and engagement. We will work to create compelling content for our online audiences, tailored to their needs.





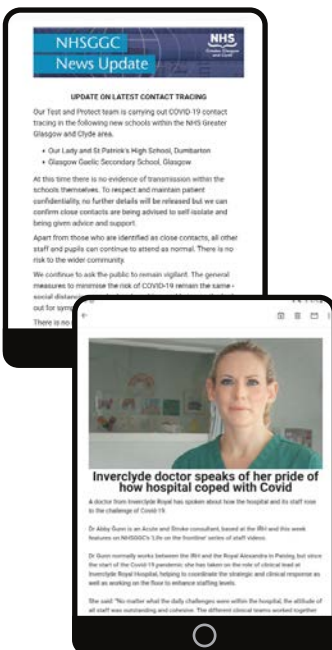
Although it is recognised that engaging through social media can be challenging, there is more we can do to improve the amount of two way interaction we experience via our platforms. We will look to ask more questions to start conversations, provide responses to incoming posts, answer questions on partner feeds to enhance engagement, ask for feedback on topics, and look into running polls particularly on emerging issues and providing more call to action on our posts.

There are also a variety of digital tools for online engagement. With the current social distancing restrictions in place, online engagement has become necessary and important. More work will be done on researching and testing these sites to assess whether they are suitable for engagement with our audiences.

Involving People Network

A key aspect of our external communications strategy has been to grow the NHSGGC Involving People Network – our database of people and key influencers who wish to receive information directly from us – so that we can increase our direct-to-public communications. Our Involving People Network has been an important tool to enable us to engage with local communities for more than a decade.

It is used both as a broadcast medium and also as a means of seeking views and encouraging participation and feedback. Currently **more than 100,000 individuals** are registered on the Network. With open rates that regularly outperform the industry average, we are able to communicate with our own audiences quickly and regularly on issues of interest. We will continue to expand and grow this network. From this, we will develop a stakeholder management system to allow us to engage with individuals and groups based on interests, demographics and issues ensuring we are reaching all our communities and capturing their lived experiences.



(iv) Deliver relevant information for our communities

NHSGGC serves a large population covered by six local authority areas. These local communities all have different areas of interest. Working in partnership with the HSCPs and local authorities, we will develop regular flows of information with specific communities, building on the monthly updates for the Vale and Inverclyde communities that are currently produced.

Over the next three years, we will develop regular targeted communications to ensure all communities are kept updated on key health and social care developments in their local areas using a mix of methodologies based on preferences.

Local media will play a key role in this and we will work with them on issues of local interest.

We will also explore the use of local online networks, such as community Facebook pages, to reach and engage with local communities.

Vale News and Inverclyde Health News

The Inverclyde and Vale e-newsletters were developed in conjunction with the respective local communities to ensure the public were informed about activities in their local areas.

A number of issues had been identified both in West Dunbartonshire and Inverclyde, with members of the public and local community groups feeling ill-informed about health care decisions and activities in their local areas.

Following engagement with both communities, it was agreed that a regular drumbeat of stories about health care in the local area would enable greater community involvement and awareness raising of the proactive and positive activity in each local area, as well as give NHSGGC the opportunity to myth bust a number of concerns that have been raised.

The newsletters were launched in the summer of 2020 and have been very well received.

(v) Effective media relations

As an NHS organisation we are accountable to the public and need to work with the media to explain our role and be accountable. The media provides a valuable opportunity to reach people, raise awareness and encourage healthier lifestyles. It is therefore crucial that good media relations form one of the core objectives of our stakeholder communications and engagement strategy.

The media are both an audience and a communications vehicle with the capacity to bolster or damage a reputation. By working on a basis of mutual professional respect, we will work to build our relationship of trust with the media; not only feeding a steady stream of positive news stories but also being transparent and open when things go wrong.

We will provide a responsive and professional media relations service and will ensure that all our spokespeople are appropriately trained and adequately briefed prior to any media interviews. We will monitor press coverage on a daily basis and correct any inaccuracies or issue rebuttals, if and where appropriate. Our communications will reflect the Board's commitment to transparency and candour.

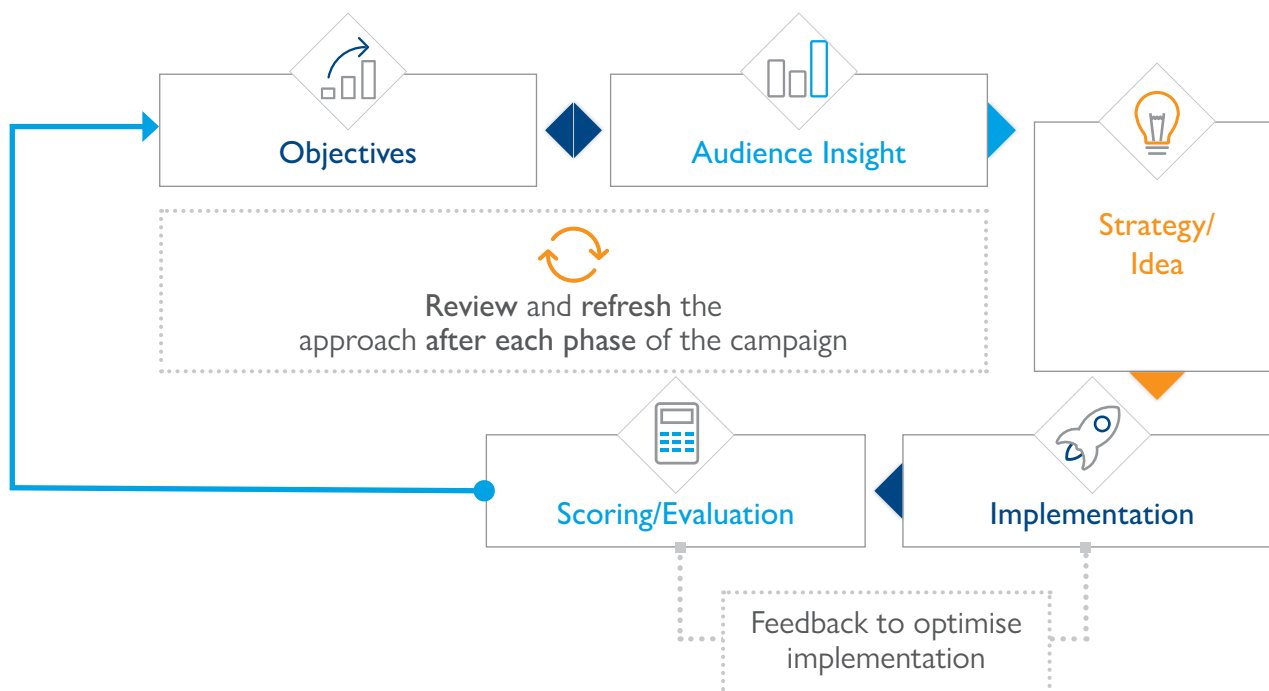
Video has grown significantly in use and now accounts for 69 per cent of all consumer internet traffic. Its success lies in its inherent 'shareability'. Engage viewers and they will share a video with others.

To provide content that can be readily used by print and online journalists, our press team will operate as a digital newsroom with press releases becoming the core script for a news package which routinely includes video and audio content for digital channels.

(vi) Campaigns

Campaigns are planned sequences of communications and interactions that use a compelling narrative over time to deliver a defined and measurable outcome. Marketing and social marketing campaigns are used in health to persuade people to change their behaviour (for the good), to follow public health measures, and to support people to use our services effectively. We will continue to deliver insight-driven local campaigns and work in partnership with the Scottish Government and other Boards to deliver national campaigns with clear, consistent public messaging.

All campaigns will be planned using the OASIS framework (below). OASIS is a series of steps that can help bring order and clarity to planning campaigns. The aim is to help make the planning process rigorous and consistent.



Over the next three years we will deliver a range of campaigns to support people to use our services appropriately, including unscheduled care, GP Out of Hours, and our seasonal campaigns. We will also work with colleagues in Public Health to deliver a range of social marketing campaigns to support positive behaviour change.

Case study

Using feedback to improve the online feedback system

Work was undertaken in 2018-19 to improve uptake of the online patient feedback system by people with protected characteristics, particularly Black and Minority Ethnic (BME) people. The Equality and Human Rights Team engaged with 135 BME people over 4 language groups as well as 20 sessions with third sector BME agencies. The sessions demonstrated how to use the feedback system and gathered real time feedback at the events. In all, 90 staff for third sector organisations attended. Since 2017-18 there has been a seven fold increase in the feedback from BME groups. Additionally over the life of the Equality Scheme our BSL Mediator worked directly with 229 contacts with Deaf people addressing barriers to services often in real time. This feedback augmented the online patient feedback system as many Deaf people are not able to give their feedback in written English.

(vii) Communicating in an emergency

In the event of a major incident effective and responsive communications will impact directly on public perception and confidence in NHS Greater Glasgow and Clyde. Communications plans for such events need to be adaptable to take account of as broad a range of scenarios as possible, although no two incidents will ever be the same. A major incident communications plan forms part of the Board's major incident plan. It will be reviewed regularly to ensure it is fit for purpose and able to respond to a fast-moving media environment.

c. Building and Strengthening of Engagement

(i) Listening to our patients

At NHSGGC we are committed to listening to and learning from people's experiences of our services. These experiences not only help us to understand what we are doing well, they help us identify where we could be doing better and help influence service development and improvements.

Key systems for the gathering of feedback are the NHSGGC Corporate Feedback System, the Care Opinion platform and social media and, importantly, conversations between staff and patients at point of care.

Alongside 'The Pursuit of Healthcare Excellence' Quality Strategy, this document will work to support NHSGGC in the capture of and learning from feedback. Staff across NHSGGC will be empowered and encouraged to draw on the lived experiences of patients, carers and those that matter to them to develop and improve services in real time at point of care.

Care Opinion is our main mechanism to support us to embed our Listening and Learning culture across NHSGGC, by allowing patients and carers to interact directly with staff about their experiences of care in a safe and anonymous manner. Care Opinion has now been added to the ward iPad home screens that were procured to facilitate person centred virtual visiting. This will enable ward teams to promote Care Opinion at the point of care and provide patients with the opportunity to share their experiences and give feedback prior to being discharged home.

We will also continue to raise awareness of the different ways that patients and carers can share their experiences via Care Opinion and all feedback sources at service and corporate levels through a range of communications approaches, with the roll out of Care Opinion to ward iPads a key success that will be further embedded to drive up learning from unsolicited feedback. Patients will still be able to share feedback via more traditional means if preferred.

We know from experience and evidence that focusing on what really matters to people can lead to big improvements for people and communities, and the quality and effectiveness of care.

NHS Greater Glasgow and Clyde, specifically paediatrics and older people's care, have been at the forefront nationally and internationally in developing tools that provide a consistent and reliable process around 'what matters' conversations.

We also know that this approach is good for the people who provide support and care, enabling them to work to their values and bringing deeper satisfaction to daily work.

We will also continue to embed the principles of the What Matters to You to encourage and support meaningful conversations between people who provide health and social care and the people, families and carers who receive such care.

(ii) Engaging well

Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between and taking joint action to achieve positive change.

Our wider approach to public engagement and involvement will follow CEL4 guidance and the national standards for Community Engagement, which are:



We will identify and involve the people and organisations that are affected by the focus of the engagement, drawing on equalities data collected by services



We will identify and overcome any barriers to participation, working with communities to overcome any that are identified



There is clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions



We will work effectively together to achieve the aims of the engagement



We will use methods of engagement that are fit for purpose



We will communicate clearly and regularly with the people, organisations and communities affected by the engagement



We will assess the impact of the engagement and use what we have learned to improve our future engagement.

Healthcare Improvement Scotland – Community Engagement works alongside NHS Boards and integration authorities to ensure engagement with local communities throughout changes to services and provide assurance that people and communities have been involved in any major service change.

They help equip staff to engage well, and provide guidance, tools and techniques to involve people in shaping the services, including people who are often not involved are reached. They provide training and support to staff to develop skills in community engagement or specific participation tools.

Healthcare Improvement Scotland – Community Engagement will be a key partner in the delivery of our Strategy and have contributed to its development.



Based on these national standards, and on the Healthcare Improvement Scotland – Community Engagement Participation Toolkit, we will develop an NHSGSC stakeholder engagement framework and associated training programmes to equip and support our staff to apply consistent approaches when engaging stakeholders.

We will train staff in the use of the toolkit and develop the role of the Patient Experience Public Involvement (PEPI) Team as expert advisors on local engagement. The PEPI Team will also support the delivery of corporate engagement exercises, including formal consultation processes.

(iii) Engaging differently

Community engagement methods are wide ranging, but many involve face-to-face, in-person engagement however in response to the current COVID-19 pandemic, social distancing measures have been introduced. As a result of these measures, any face-to-face community engagement activities to inform health and care services or national policy will not be hosted or supported until it is safe to do so. We need to engage differently.

This will include utilising a variety of tools to create two way dialogue through online and digital engagement, for example:

- Using social media to ask for feedback or start a conversation
- Hosting online Teams or Zoom focus groups working to support inclusive engagement with those who may be less comfortable using technology
- Exploring the feasibility of developing and testing an online citizen's panel approach to engagement, which would allow us to reach a representative sample of service users throughout the year to gauge their views and opinions on key areas of service development across NHSGGC.

These digital-first approaches to engagement will be used in addition to traditional non face-to-face methods, allowing NHSGGC to deliver a blended approach to how we engage and continue to tailor our engagement to best suit the needs of our stakeholders. When developing our communication and engagement plans, we will consider who our key stakeholders are to help inform how we plan and design our engagement approach to ensure it is meaningful and accessible.

It should be noted that Healthcare Improvement Scotland have completed an Equality Impact Assessment of a digital-first approach to community engagement and this will be of value in planning and designing NHSGGC activity.

Case study

Obtaining patients' views on new ways of working during COVID-19

Key stakeholder engagement has been fundamental in the COVID-19 response and remobilisation planning in NHSGGC. In developing the Remobilisation Plan early and ongoing engagement with NHSGGC's Stakeholder Reference Group, drawing on their experiences is key to ensuring the public voice is present from inception and through implementation of the plan.

As part of our initial engagement the Patient Experience Public Involvement (PEPI) Team are also delivering on a programme of stakeholder engagement to evaluate new ways of working that have been implemented in response to the COVID-19 pandemic. These were commissioned by the Recovery Tactical Group, with the PEPI Team gathering the views and experiences of patients and staff in relation to the following remobilisation work streams:

- Signposting pathways for unscheduled care within community and acute services
- Use of Virtual Consultations and Near Me
- GP Out of Hours – use of the appointment system and Near Me.

As part of the stakeholder engagement work, the PEPI Team are working closely with the Equality and Human Rights Team to ensure our engagement approaches are accessible and support us to reach our diverse patient groups. In addition, the Equality and Human Rights Team are also carrying out discrete pieces of engagement to capture the views and experiences of protected characteristic groups who have recently used Near Me including patients whose first language isn't English. We are committed to listening and learning from the views and experiences of our staff and patients and other key stakeholders and will draw on them to influence how we shape and embed new models of care, ensuring a person centred approach to how we design and deliver services.

(iv) Focus on collaboration in delivering engagement

Many organisations within Greater Glasgow and Clyde undertake public engagement or consultation including the six HSCPs, the local authorities, Scottish Ambulance Service and the third sector. It is of benefit to us all to work collaboratively and share opportunities, which will save time, public money and cause less inconvenience to the public. A recent example of this was the joint HSCP and NHSGGC engagement sessions when the public were invited to give their views on the HSCP draft strategic plans and the Board's Moving Forward Together Strategy.

We will continue to work with partner agencies to develop support communities to engage with us, including HSCPs and third sector. We will develop better partnership working with health and social care and third sector partners to co-design strategic approaches to patient and public engagement.

NHSGGC provides a number of specialist regional and national services and will work in partnership with the referring Boards on potential service changes that may impact on their residents.

(v) Giving all our stakeholders a voice

Our engagement activities will include appropriate and proportionate representation from across our diverse communities. This will include those stakeholders with legitimate concerns who struggle to get heard, the 'dependent stakeholders'. There is a danger that only the most motivated groups, strongest opinions or loudest voices are heard or considered. It is important to involve everyone with an interest, especially those individuals and communities whose voices are more seldom included. Without a full range of perspectives, decisions may be unfairly balanced in favour of certain groups – or may unwittingly create barriers for others. We will work with partners, including the Consultation Institute, third sector (including key national health charities), community planning partners, advocacy groups, and elected representatives to develop approaches to support all those affected to have a voice.

(vi) Learning from lived experiences

A key component of all engagement activity will be the capture of recent lived experiences, to ensure we have as well-rounded a view of our services as possible when designing and delivering engagement activities. Placing these lived experiences at the heart of our work will allow NHSGGC to explore and learn what is working well and where we could improve, while ensuring services remain responsive and effective for those who use and need them most.

To ensure continual development of best practice when capturing these lived experiences we will work with key partners across NHSGGC, including HSCPs and third sector groups such as the ALLIANCE to explore how we can share learning with each other and ensure the lived experience of people is at the heart of our services.

A key area we are keen to learn from and explore is the work carried out by HSCP colleagues to better involve those with lived experience of homelessness and community justice through dedicated engagement activity and assertive outreach programs in partnership with key community partners. These active outreaches focus on positive outcomes and mentoring from those with lived experience and ensuring people feel empowered to achieve positive change. NHSGGC will work with HSCP colleagues to draw out key learning points and explore how we can apply these different ways of working to help achieve greater public engagement across NHSGGC and ensure the voices of those with lived experience and from marginalised groups have the opportunity to influence and shape service developments.

Case study

Community Justice: Positive Outcomes

During the last year, following a service review, the Persistent Offender Project was renamed the Positive Outcomes Project, to reflect the aspiration for individuals engaging with the service to achieve sustained positive outcomes in their lives. The service seeks to stabilise at risk drug and alcohol misusing offenders by supporting them into mainstream addiction services. The overall aim is to reduce addiction related offending, improve their quality of life and support them into training and employment opportunities.

Following the review, the service have employed a 'lived experience mentor', who has real life experience of the kind of problems service users face and is working closely with social work and police teams to identify and engage with individuals who could benefit from the service. The individuals who the mentor engages with know that they have a real understanding of their situation and how difficult yet possible, it is to positively change. This instils a real sense of hope for clients who may feel trapped in the vicious cycle of offending and outcomes to date have been very positive.

Case study

Homelessness: Rapid Rehousing Transition Plan (RRTP)

Glasgow's Rapid Rehousing Transition Plan was developed in response to the Homelessness Rough Sleeping Action Group recommendations (HARSAG) which had been established by the Scottish Government. These Plans are to be the subject of an Annual Review with the first Review presented to the IJB in January 2020. Key achievements outlined within the Annual Review include the following:

- Renewed investment in the Housing Options Agreement to enhance staffing within the Prison Casework Team and improve pathways to settled accommodation
- Agreement reached to create additional posts within Community Homelessness Service (CHS) to support the development of Housing Options
- Worked with Vanguard Consultants to develop a revised CHS operating model, which when implemented will see improvements in service user experiences and will support the reduction in length of stays within temporary accommodation
- Part-funded the Private Rented Sector (PRS) Hub aimed at supporting tenants at risk of homelessness as a consequence of welfare reform
- Created a Universal Credit (UC) Support Team in order that service users with transient lifestyles are supported to make and sustain a claim for UC
- Agreed a Rapid Rehousing Transition Plan resource framework
- Housing First Partnership and service pathways was operational with 53 people accessing Housing First tenancies
- Enhanced staffing levels within front-line homelessness services.

Caledonia Project

In March 2019 the Caledonian Team in Glasgow became operational. The Caledonian System is an accredited integrated approach to address men's domestic abuse and to improve their lives and their families. It represents a fundamentally different way of managing perpetrators of domestic abuse in Glasgow. Over the two year programme, a range of individual and group interventions are provided to men which focus on reducing the risk of future abuse. Female partners, ex-partners and children are also supported by a women's services worker who focuses on their physical safety and psychological health and wellbeing. Work is also underway on the development of 58 interagency protocols coupled with training, designed to maximise women's and children's safety and reduce the likelihood of men's re-offending.

Activity since April 2019, the Caledonian team have completed 277 Caledonian Assessments & 251 Court Reports to assist with sentencing perpetrators of domestic abuse. They are currently working with:

- 97 women in relation to safety planning and support
- 26 children who have been affected by domestic abuse
- 135 men subject to Community Payback Orders with a programme requirement to engage with the service.

There is work ongoing to provide the national Caledonian Team with outcome measures, including feedback from partners/victims in relation to the system's efficacy. This data will be used to support the ongoing evaluation of the programme moving forward. This will include information to monitor whether risk is increasing or reducing; the impact upon actual behaviour at home; and the impact on the children involved.

(vii) Inclusive engagement

Public authorities covered by the Equality Act (2010) are directed to engage with people with different protected characteristics for three reasons: firstly, to create an evidence base for setting equality outcomes and mainstreaming actions; secondly, to capture the impact of policy or service change, and thirdly, to find solutions, overcome barriers and to identify ways to mitigate adverse impacts on certain groups. The Equalities and Human Rights Team will continue to work with colleagues to mainstream a sensitised approach to engagement and deliver on our duties under the Act.

Providing our diverse communities with equitable opportunities to engage and participate will be underpinned by an awareness of unconscious bias. Checks and balances will be put in place to question risk of cultural stereotypes, carefully consider reasons for decision making and monitor decision makers for unconscious bias.

Involving BSL users

In October 2018 NHSGGC published its first British Sign Language (BSL) Action Plan as part of our duty under the BSL Scotland Act 2015. In order to develop the plan, the Equality and Human Rights Team held 10 public engagement events with BSL users over a five month period. This included two in Glasgow City and one each in Inverclyde, East Renfrewshire, Renfrewshire, East Dunbartonshire and West Dunbartonshire in collaboration with Health and Social Care Partnerships and Local Authorities where possible. In total, more than 100 BSL users participated in these events to inform the plan.

(viii) Working with key stakeholder groups

MSPs and MPs are an important group of stakeholders as they represent the public locally and, work on behalf of their constituents to hold NHSGGC to account. They are key influencers within communities, with a significant profile both online and in traditional media. A priority will be to enhance our relations with politicians representing NHSGGC constituencies, building on the regular weekly written briefings that have been developed through the pandemic to develop an open, two-way regular dialogue. A regular programme of engagement with elected members has been refreshed.

Local authorities are partners in the delivery of health and social care and we will continue to work collaboratively with the six local authorities in our area and through the Integration Joint Boards deliver joint decision making and accountability on community health and social care services that are run by HSCPs.

Elected by the community, local councillors play an important role in representing the public interest and in making decisions about local services. As such, it is important to ensure that they are well informed about the Board's activities and can engage with the organisation on matters of local interest to them.

Similarly, the third sector and charities are also key representatives of specific groups of people and causes. A hugely diverse group, charities can provide detailed information around key challenges faced by patients, access to patient groups and a support for public engagement. Members of the public who are engaged with a charity often have a personal reason for engagement and therefore tend to be much more interested and active. Through stakeholder mapping and effective engagement planning, charities will be invited to play a central role in our engagement activities.

d. Building our Reputation

Corporate reputation is best defined as the collective sentiment surrounding a company. It's an amalgamation of stakeholder opinions, public perception, past actions, word of mouth, and published content that, ultimately, labels a business as "good" or "bad."

As we strengthen and improve our communications and engagement, then we would expect to see a shift in public perceptions about us.

An organisation's reputation, however, is built not only on its behaviours and its communications but also on its performance.

A distinct part of communication and engagement activities over the next three years will be to promote the Board's performance and achievements in order to enhance the position of the organisation. This will focus on the authority and expertise of our people and the high quality of care we provide. This will be delivered through proactive and reactive media relations, marketing activity, thought leadership opportunities, high quality information, effective engagement and proactive management of complex and contentious issues. We will monitor, manage and analyse online reviews and social media comment. Using social listening tools, we will develop reporting to capture key stakeholder online sentiment about NHSGGC.

For an organisation's reputation it is equally important to acknowledge when things go wrong, to be open and transparent in such circumstances, to handle the situation with empathy, and to take responsibility for the mistake.

Our reputation management strategy will also include an assessment of reputational risks and the development of approaches to manage and mitigate these risks.

8. Roles and Responsibilities

At a Board level, the NHS Board is made up of a diverse range of individuals from a variety of backgrounds with our non-executive Directors recruited as members of the public. We seek to ensure a balanced skill set, including individuals with communication and engagement background to maximise our expertise in this area. The Board has the responsibility to oversee all activity with a key element of the role of the Board to effectively engage and communicate with all stakeholders.

At a corporate level, communications and public engagement is led by the Director of Communications and Public Engagement. **This is a newly created post to strengthen senior leadership of our public engagement strategy.**

The Director provides strategic advice to the Executive Team and the NHS Board on stakeholder engagement, delivers the Board's strategic communications and engagement strategy and develops stakeholder handling and engagement strategies for high-profile and often complex issues.

Working to the Director, the Board's Corporate Communications Team has a number of key functions:

- Proactive and reactive media handling including a 24 hour on-call service, media monitoring and relationship building, liaison with SG communications and other local partners and other stakeholders, responding to all media generated Freedom of Information requests
- Preparation for emergency comms handling with full remote capability
- Internal communications to 38,000 staff
- Digital communications, including full technical support and information population of the NHSGGC website, and corporate social media and YouTube accounts
- Creating and delivering fully integrated campaigns for staff and the public
- Event management, including Ministerial visits, Royal visits, Celebrating Success Event(s), Annual Review
- Graphic design.

The Patient Experience Public Involvement Team also report to the Director for Communications and Public Engagement. The team is responsible for the Board's corporate public engagement programme. They also provide training, support and expert advice to staff on local engagement and involvement activities along with best practice advice on ensuring they are reaching as wide a range of their service users as possible.

Reporting to the Director of Public Health, the Equality and Human Rights Team are responsible for engaging with people with different protected characteristics as part of our responsibilities under the Equality Act (2010). This engagement creates an evidence base for setting equality outcomes and mainstreaming actions, captures the impact of policy or service change through a formal EQIA process and to ensure an understanding of the impact of decisions on different people and helps the Board to find solutions to overcome barriers and to identify ways to mitigate adverse impacts on certain groups. The Equality and Human Rights Team also support other teams and services across NHSGGC to be able to engage with those with protected characteristics.

An overarching Stakeholder Reference Group, set up to contribute to the development of the Board's clinical strategy, Moving Forward Together, supports and guides NHSGGC in our engagement processes. The Group is composed of Public Partners – service users, patients and carers, representatives from patients' and carers' groups, or community groups that have an interest in health and social care and is chaired by one of the Board's two Vice-chairs.

The purpose of this Group is to:

- Act as a sounding board by hearing about and providing feedback on early concepts and ideas to transform health and social care services
- Advise us on the development of information materials and resources for wider public use making sure they are fit for purpose and easy to understand
- Advise us on how we might inform and engage more widely with the public, to communicate back to their organisations, peers, friends and families and to play a role in wider public communication.

Stakeholder Reference Groups are also established for specific change proposals to guide and advise on the engagement process to be followed. These groups are composed of patients, carers, representatives from the Third Sector, patients' and carers' groups, community and any other associated groups that are potentially affected by a service change proposal.

Case study

Transfer of Paediatric Inpatient and Day Cases from Ward 15 Royal Alexandra Hospital to Royal Hospital for Children – Service Change

To support the engagement and formal consultation process around proposed changes to Paediatric Services at the Royal Alexandra Hospital, a Stakeholder Reference Group was set up. The membership included staff, parents, carers and members of interested groups and their role was to advise on how best to inform and engage with patients, families and the public about the proposal. This included helping to shape information materials to convey the clinical case for change. The group worked to ensure that there were different ways that parents, families, the public and third sector organisations could make their views known about the proposal.

Engagement and consultation activities included; Drop in sessions in Ward 15 for families to hear more about the drivers for change and share their views; Public Events which were led and facilitated by the Clinical Leads; dedicated web pages where people could find out more about the proposals and how to get involved to share their views; regular e-bulletins that were cascaded widely across community groups and networks; distribution of leaflets in every GP surgery, pharmacy and library in Renfrewshire and Inverclyde. Engagement was also carried out with children and young people to help understand what was important to them when in hospital to help inform the proposed changes.

The Consultation process concluded in February 2017 and based on the findings the Board voted in favour of the proposed change. This was approved by the Cabinet Secretary for Health, Sport and Wellbeing in January 2018.

9. Outcomes

Delivery of this strategy will result in:



Better health outcomes for patients, carers and the public across NHSGGC through delivery of co-designed services, developed with the public voice at their core



Person centred services designed and developed around the needs of the people and communities using them most



Better two-way dialogue with key stakeholders, improving our ability to listen to external views and identify and mitigate risks to support



Better services as a result of early engagement with stakeholders and listening to their views



Greater stakeholder engagement, support and advocacy. External organisations know our story



Better reputation measurement, allowing us to track how we are doing on engagement in the short and medium term.

10. Monitoring and Evaluation

The strategy will be delivered through an annual delivery plan.

Progress reports on the strategy and delivery plans will be presented to the Executive Management Team, the Corporate Management Team, the Finance, Planning and Performance Committee and the Board on an annual basis. The progress reports will focus on monitoring the objectives outlined in section 7.

Progress will be measured against outputs from activities, the outcomes of the activities and the organisational impact. Specific project updates will also be shared with relevant Committees or Groups as appropriate.



