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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Strategaeth Partneriaethau, Ymgysylltu a Chyfathrebu

## Partnerships, Engagement and Communications Strategy

2022-2025



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## Introduction

This document sets out the strategic approach for partnerships, engagement and communications that Betsi Cadwaladr University Health Board (BCUHB) will adopt.

As an integrated health board, excellent communications, engagement and partnership working are critical. We want to have a deep understanding of what matters to our population, our partners, and our workforce and to have an open and ongoing dialogue with the people of North Wales.

Day to day communications and engagement with patients, carers, the public, our workforce, elected representatives and our partners creates a lasting impression about the Health Board. This means everyone has a role to play in sharing the responsibility to communicate and engage.

This strategy describes how this will be supported and facilitated and how the Health Board will prioritise its efforts and resources in engaging and communicating. It sets out our approach to maximising the expertise and resource within the Partnerships, Engagement and Communications (PEC) function and aligns the PEC objectives and activity with the Health Board's priorities and the priorities of partners.

We will use this strategy to help us talk openly and honestly about the kind of organisation we aspire to be, the standards we set, and hold ourselves accountable to, the changes we need to make and the challenges we face.

We will proudly celebrate our successes and the progress we make. We will be accountable and say sorry when we make mistakes, share the lessons we learn from those mistakes and commit to continuously improving the care we provide.

The delivery of this strategy will be led by the Partnerships, Engagement and Communications team but also offers opportunities for everyone. Whether they work in our health settings, are cared for by us, work in partnership with us or have any kind of interest in helping to build a better future for the health and wellbeing of the people of North Wales. Its success also heavily depends on the related BCUHB functions of Workforce and Organisational Development (which leads on staff engagement) and Quality (which leads on patient engagement).

The strategy sits alongside and is informed by other Health Board strategies, including Living Healthier, Staying Well, the Integrated Medium Term Plan, People Strategy and Plan, Clinical Services Strategy and Quality Strategy (which is currently under review).

## Section 1: Background

### About Betsi Cadwaladr University Health Board

We are the largest health organisation in Wales, with a budget of £1.9 billion and a workforce of over 19,000 staff serving a population of around 703,000. We provide primary, community, mental health and secondary care (acute hospital) services for the people of North Wales.

BCUHB operates three main hospital sites at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital. We are also responsible for community hospitals, health centres, clinics, mental health units, community teams, GP practices and other NHS services provided by dentists, opticians and pharmacists across North Wales.

Our vision is to improve the health of the population of North Wales, with a particular focus upon the most vulnerable in our society. We will do this by developing an integrated health service that provides excellent care delivered in partnership with the public and other statutory and third sector organisations. We will develop our workforce so that it has the right skills and operates within a culture of learning.

Our ambition to improve health and deliver excellent care is supported by our seven strategic goals:

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS's best
- Respect individuals and maintain dignity and care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

### Context and Challenges

BCUHB has a complex history. It was formed in 2009 when the North Wales NHS Trust, the North West Wales NHS Trust and the six Local Health Boards of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham combined to become Betsi Cadwaladr University Health Board.

It operates in a highly political environment, with direct accountability to Welsh Government and within a region served by 14 Members of the Senedd and 10 Members of Parliament as well as 330 councillors from six local authorities.

In addition, it is regulated by Health Inspectorate Wales (HIW) and Audit Wales. It is also scrutinised by the North Wales Community Health Council.

The Health Board works closely with six local authorities (Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham) on a programme of improvement as well as through day-to-day interactions and links with the Third Sector through service provision and support to patients and carers.

It was put into Special Measures (direct control from Welsh Government) between 2015 and 2020 due to a series of issues, including financial, governance and management concerns, growing waiting lists, and a challenging report into a mental health unit. Since November 2020, the Health Board has been in Targeted Intervention by Welsh Government (TI) across four areas. These are mental health (adults and children), strategy, planning and performance, leadership and engagement.

Prior to the COVID-19 pandemic, BCUHB had faced a range of challenges when delivering health care services to an aging population with increasingly complex healthcare needs across a large and diverse geographic area. This has not changed and is now compounded by a considerable backlog in planned care, increased demands on primary, community and acute hospital services, recruitment and IT infrastructure challenges.

More recently, Ysbyty Glan Clwyd (YGC) was added to Welsh Government's Targeted Intervention, the way care is delivered to patients on some vascular pathways is under review and the Health Board's 2021/22 annual accounts received a qualified opinion.

BCUHB has endured many challenges for many years, which has resulted in sustained negative media coverage. This has damaged the trust of the people of North Wales. As the only health organisation in North Wales it is in the constant spotlight for local media when it comes to health reporting and this has created a sense of relentless negative coverage even though independent media monitoring shows that there is significantly more positive or balanced coverage than negative.

BCUHB must rebuild credibility and trust with patients, workforce, public and stakeholders if it is to be successful in delivering its objectives, goals and vision.

A fresh approach to organising how it delivers care and services, combined with enabling strategies (such as the People Plan, IMTP and Quality Strategy), a clinical services strategy and single improvement methodology forms the foundation of the work now underway to transform Betsi Cadwaladr University Health Board into a high performing organisation that puts patients first and provides excellent care.

We will use this narrative as our basis for our work, expanding it into key messages that will inform our engagement and communications approach and shape our conversations with the people of North Wales.

We will be proactive and consistent in all our communications and engagement, promoting the Health Board as a provider of high quality health care services and an employer of choice. We will build on our approach to engagement, embedding a culture of continuous involvement and championing co-design as BCUHB's standard methodology. We will ensure that the views of our patients, public and partners shape the design of services and influence decision-making.

We will develop and support new and existing relationships so that our partners are engaged and involved and bring about a deep understanding of the Health Board's commitment to deliver high quality safe care by keeping them informed about what is happening and involving them in decisions that affect them.

We will ensure our workforce has opportunities for two-way communication so that they are engaged in BCUHB's commitment to deliver high quality, safe care by building on our ways of engaging and communicating with them using their feedback to inform our approach.

## **About Partnerships, Engagement and Communications**

The Partnerships, Engagement and Communication (PEC) Team manages the Health Board's day-to-day public affairs, public relations, internal and external communications, public engagement, media liaison and management, digital platforms and campaigns. It is a relatively new function with the public engagement and corporate communications teams combining with the public affairs and charity support teams in August 2021.

It is not responsible for the PALS service or formal patient complaints but the team works closely with colleagues in the Quality Team, led by the Executive Director of Nursing and Midwifery, where there are areas of day to day crossover, as well as opportunities to share key themes to inform the work of the team.

The joining up of the previously separate teams provides an opportunity for more effective engagement and communications by strategically approaching and developing relationships, co-ordinating and sharing insight and ensuring consistency in messaging and involvement activity.

The Awyr Las Charity reports into the Charitable Funds Committee and a separate strategy (2022-2027) to support the ambitions of the charity has been approved in principle. This strategy seeks to maximise public relations opportunities as the Awyr Las Charity strategy is implemented.

## **Statutory Framework for Partnerships, Engagement and Communications**

We have a range of statutory duties that we must meet under the NHS (Wales) Act 2006. Most relevant to this strategy is Section 183 - our statutory duty to involve people, whether directly or through representatives, in:

- the planning of the provision of those services,
- the development and consideration of proposals for changes in the way those services are provided, and
- decisions to be made by the Local Health Board affecting the operation of those services

Sections 184 and 185 of NHSWA 2006 confer power on the Welsh Ministers to make regulations to provide for local authority overview and scrutiny committees in Wales

(or joint committees for the areas of two or more local authorities) to have a scrutiny role in relation to NHS matters in Wales. There are no relevant regulations in force in Wales in relation to this.

Other statutory duties relevant to this strategy are:

[The Equalities Act 2010](#)

[Welsh Language \(Wales\) Measure 2011](#)

[More than just words Five Year Plan 2022 - 2027](#)

[The Social Services and Well Being \(Wales\) Act \(2014\)](#)

[The Health & Care Standards 2015](#)

[The Well-being of Future Generations \(Wales\) Act 2015](#)

[A Healthier Wales: Our Plan for Health and Social Care](#)

[Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#)

In addition, the Welsh Language Standards are a set of statutory requirements which are relevant to the Health Board. They state clearly our responsibilities to provide bilingual services to patients, the public and staff. Legislation is supported by the delivery of the Active Offer principle as outlined within More than just words.

We also pay due regard to Guidance for Engagement and Consultation on Changes to Health Services and the National Principles for Public Engagement in Wales.



## Section 2: Partnerships, Engagement and Communications Objectives

The overarching aim of this strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.

We have developed a set of objectives to help achieve this:

- Develop the brand and reputation of the Health Board through proactive and reactive media and partner management and effective engagement.
- Develop continuous and meaningful engagement with patients, the public and carers.
- Nurture new and existing relationships to enable partners to be engaged and involved.
- Bring about a deep understanding of the Health Board's vision, values and objectives.
- Ensure our workforce has opportunities for two-way communication.
- Ensure the Health Board plays an active role in its local communities.
- Ensure Welsh language needs are considered at every opportunity.

We will do this by:

- Rebuilding credibility and trust in Betsi Cadwaladr University Health Board.
- Promoting the Health Board as a provider of high quality health care services and an employer of choice.
- Being proactive and consistent in all our communications and engagement.
- Engaging patients, the public and partners, in their language of choice, and ensuring their views are reflected in our decisions, using the principle of co-design in all our work
- Raising awareness and understanding of health and wellbeing to improve health and change behaviour where needed.
- Embedding a culture of continuous engagement in the organisation by improving the engagement capability of staff.

We will ensure consistent messages flow through all engagements and all communications channels. Those common messages will include:

- We aim to be a high performing organisation that puts patients first and provides excellent care.
- We are a large, complex organisation and our teams work hard every day to provide high quality services for the people of North Wales.
- We are on a journey of improvement and are making good progress in some areas. We know that we have more to do and are determined to speed up the pace of change and deliver high quality services.
- We have recently introduced a new way of working to improve how we deliver integrated services for patients across North Wales.



- We work closely with our staff, partners and communities across the region to shape and deliver our services.
- We are committed to delivering services in Welsh in line with the Active Offer principle

## Section 3: Partnerships, Engagement and Communication Insights

Gathering insight is a key principle of this strategy and shapes our direction and actions. We are continually gathering insight through our conversations, feedback and monitoring systems and we will use this to ensure a co-ordinated approach.

Insight that informs this strategy includes:

- Engaging with the public on our Living Healthier, Staying Well strategy and Clinical Services strategy.
- BCUHB stakeholder survey.
- Staff survey (communications preferences).
- Routine monitoring of the outputs from the PEC function (e.g. intranet, website, print, broadcast and social media).
- Dialogue and correspondence from Members of the Senedd and Members of Parliament.
- Our partnerships, groups and networks such as the Stakeholder Reference Group, Engagement Practitioner Forums, North Wales Cancer Forum, North Wales Community Health Council.
- Service improvement engagement programmes such as end of life care, nuclear medicine, managed practices.
- High footfall public events such as Anglesey Show, Denbigh and Flintshire Show, Eisteddfod.
- Capital Programmes such as the North Denbighshire Community Hospital
- Surveys such as *Covid Conversations*, Outpatients, GP patient surveys, digital consultations.
- Collaboration with groups representing Minority Ethnic Communities and seldom heard groups such as the North East Wales Chinese Women's Association, North Wales Africa Society and refugee drop in sessions, traveller community liaison, homeless communities
- Third Sector engagement forums
- Key themes as identified in complaints, concerns and compliments received by BCUHB.

### Key insights that inform our work include:

The main feedback received through our engagement often highlights positive support for our clinical staff, and this was particularly true during the COVID-19 pandemic. There are however, issues regularly raised by the public, patients, staff and partners. The key themes and areas are:

- The ability of the Health Board to deliver on its strategic intentions.
- Access to health services, including geographically and waiting times (primary care, planned care etc).
- The challenges of recruitment and retention of our workforce.
- Patient involvement, including listening to patients, involvement of decisions about their care and wider participation in service improvements.

- Communication and listening, including more joined-up communications between services and information to patients.
- Partnership working, including continued collaboration, new ways of working and maintaining the momentum.
- Co-ordinated care for patients.
- Prevention, including a focus on mental health, education and maintaining health and wellbeing.

The feedback we have received indicates that people are keen to see delivery of improvements to health services in North Wales, and there is an appetite from the public, patients, staff and partners for it to move quickly from a position of strategic intentions to detailed implementation and tangible actions.

## Section 4: Our principles

### Our Principles for Engagement

1. Transparent
  - We will be open and transparent in order to build a trusting environment.
2. Empowering
  - We will ensure the public feel able to influence our services and their own health and wellbeing.
3. Co-design
  - We will co-design services, plans and strategies with patients, the public and our partners
4. Creative
  - We will adapt what we do to different audiences.
  - We will use technology and innovation wherever appropriate.
5. Accessible
  - We will go to people rather than expect them to come to us.
6. Inclusive
  - We will give everyone the opportunity to participate.
  - We will ensure we involve seldom heard communities.
  - We will engage with people in their language of choice.
7. Continuous
  - We will foster ongoing meaningful engagement with communities and stakeholders in the planning and design of language appropriate care and services.

### Our Principles for Communications

1. Clear, consistent and timely
  - We will use clear language (avoiding jargon and acronyms) and explain the reasons for what we do.
  - We will meet our statutory duties in the Welsh Language Standards, providing bilingual communications to patients, the public and staff.
  - We will respond to requests for information promptly and fully.
  - We will make sure we share messages in a timely way to suit the needs of our stakeholders.
2. Open, honest and accurate
  - We will be open and say sorry when we make mistakes.
  - We will check our facts and use credible sources.
  - We will build credibility and trust through the sharing of achievements and organisational successes.

3. Two way

- We will encourage feedback.
- We will promote our commitment to being a listening and learning organisation.
- We will use channels that make it easier for our audiences to engage with us.

4. Targeted and relevant

- We will ensure we reach the right audiences.
- We will ensure our communications are accessible to our intended recipients.
- We will be mindful of the diversity within our communities.

5. Planned and professional

- We will ensure our work supports the Board's strategic objectives and those of our partners whenever we can.
- We will work with partners to plan and co-ordinate communications.
- We will ensure the PEC team has the appropriate resource, skills and expertise to deliver.

6. Channels (our ways of communicating) that are appropriate

- We will routinely review the use of our channels to determine their effectiveness.
- We will innovate and adapt new technologies as appropriate.

## Section 5: Implementing the Strategy

The following sections set out the approach to delivering the partnerships, engagement and communications strategy:

- Public communication and engagement
- Workforce communication and engagement
- Public affairs and partnerships
- External communications and reputation management
  - Media relations
  - Digital communications
  - Crisis communications
  - Joined-up working

### Public communication and engagement

We need to involve, engage and communicate with patients and the public to listen and act on what they tell us so that they can co-design and influence care and services. We also need to hear from them in order to help shape our strategic direction. This section summarises our approach.

Continual and open dialogue builds a culture of transparency and trust. Our philosophy is to have a routine programme of engagement alongside mechanisms that enables the public to have a tangible input into strategic decision-making.

Being open about the challenges facing the NHS and involving local people, staff and partners in identifying solutions is fundamental if we want to provide high quality, safe and sustainable health care that meet our community's needs now and into the future.

Our engagement work follows a cycle of listening, analysing, checking our understanding, considering the options, implementing the agreed approach and evaluation. This helps us to work with patients, carers and the public to transform and improve services so that patients receive better-integrated services, high quality care, language choice and a better experience.

We are committed to seeking views at an early stage and feeding back to people who contribute to conversations and surveys.

### Co-design as standard

Wherever possible, we will co-design with patients, the public, our workforce and partners. Through our continuous engagement approach, we will initiate conversations about challenging issues at an early stage and seek to find solutions together to service challenges so that we can co-design and co-produce improvements.

We want to explore and understand from our patients, the public and partners what 'good' will look like for them and what the health and wellbeing outcomes will be.

NHS services are for everyone and we want to be sure that people with different physical, mental health, social, cultural or learning needs are included in our conversations. It is vital that improvements the Health Board seeks to make improve the lives of the people of North Wales.

## Targeted Improvement

As part of the Targeted Improvement work, we have concentrated efforts to join-up engagement work across the organisation so that we are maximising opportunities to listen and provide timely, proactive and targeted information that shows feedback is being used. By working with colleagues across BCUHB, we are demonstrating significant progress towards continuous and embedded engagement with initiatives such as 'engagement toolkits' and auditing engagement across the organisation to develop an action plan to address the gaps.

We will continue to provide opportunities for people to get involved, including surveys and drop-ins, involvement of service users, patients and interest groups. We will also explore opportunities for people to get involved through a refreshed public involvement scheme and encourage people to sign up to opportunities to get involved with the Health Board and shape its services.

We will produce surveys with questions that are carefully thought through which enable participants to meaningfully engage.

## Inclusive and connected

To ensure communities can be involved we will take account of the geographical challenges and diversity of our local areas and tailor our approach to ensure meaningful engagement. Our approach will be mindful not to impose engagement activity on communities without first considering opportunities to link into existing partner networks and groups, who all have a wealth of local knowledge. Our Integrated Health Communities (IHCs), which form the core of the Health Board's new Operating Model and which was launched in August 2022, are well placed to identify local and corporate priorities for engagement and communication and we will work alongside them to deliver these.

To ensure we are co-ordinating and maximising resources, we will work with colleagues in planning, transformation, and public health and in the IHCs to develop an annual programme of activity that is updated quarterly. In addition, we will introduce a new template (We Said, We Did) for all programmes of work that have been informed by engagement.

Over the next year, we will build on our engagement framework by co-creating a refreshed version with patients, the public and partners.

## Workforce communication and engagement

Workforce communication and engagement is a responsibility for all staff and is critical if we are to deliver the Health Board's vision and aims.



The combination of the continued pressures on the workforce and a significant transformation programme alongside the introduction of a new Operating Model in August 2022 means staff communication and engagement has never been more important.

Fundamental resources to support good internal communication are already in place, following the redevelopment of the intranet, the requirement for all staff to have a regular appraisal (PADR), and the introduction and development of small-group engagement events such as conversations with the Chief Executive and Ask the Panel sessions.

Some of these initiatives are from the Stronger Together programme following widespread engagement with staff and there are plans in place to deliver more actions from the programme. These include co-designing a compact around values and behaviours, re-introducing Team Brief and developing toolkits to support line managers with engagement and communications. The Organisational Development (OD) team leads on these initiatives and is supported by the PEC team to deliver them.

Changes to internal communication processes were made following a 2017 audit comprising feedback from more than 1,400 members of staff. Changes included:

- Introduction of a robust process to quantify the use of all user emails and set our expectations on their use.
- Procurement of a third-party app to support staff with poor access to BCUHB ICT systems.
- Increasingly moving to digital format for news distribution, but noting that printed documents are needed in some situations.
- Focus on developing bilingual content which improves morale, engages staff and helps staff feel informed.

Recovery from the disruption caused by COVID-19 provides us with an opportunity to re-review these findings in light of the different way the organisation now works. This audit is currently taking place, with key themes starting to develop.

We will use the feedback as part of work to continue improvements and innovations within staff communications. Broad targets and areas for improvement include:

- Focus on improving communication channels for staff who do not have routine access to BCUHB devices as part of their working day.
- Further develop analytics and data collection to evidence communications activities focussed at BCUHB staff.
- Continue to look at developing two-way communication systems and support a culture of engagement and co-production, moving away from the broadcast-orientated practices.

However, there must also be recognition that staff engagement and communications is a two way process and everyone must recognise their responsibility to engage and communicate within and across their teams and beyond to the broader organisation when appropriate.

## Public affairs and partnerships

Engaging with our stakeholders is vital if we are to strengthen our relationships with them. We need to understand the needs and motivations of all of our stakeholder groups and within this context explain the challenges and successes of the Health Board. We will counter misinformation with facts and statistics and explore opportunities that mutually benefit stakeholders and the Health Board.

Our key stakeholders include Members of the Senedd (MS) and MPs, Welsh Government, local authority political leaders and Chief Executives, and members of pan North Wales groups such as the Regional Partnership Board and Public Service Boards.

We have recently strengthened our focus on improving partner relationships and are starting to build stronger and more positive relationships with MSs, MPs, their staff and community representatives. A weekly political and partner bulletin has been introduced and a schedule of quarterly meetings with all MS and MPs in North Wales is in place.

During the coming months and years, we will scale up this approach with our other key partners. For example, we will attend Local Authority Committee meetings, the Regional Partnership Board, set up face to face meetings with our Stakeholder Reference Group members and Third Sector organisations which have a particular interest and work closely with BCUHB.

Maintaining regular face-to-face meetings, developing our formal and informal channels and providing opportunities to see facilities, talk with staff and patients are essential components of the forward work programme.

## External communications and reputation management

Patients' confidence and satisfaction is driven by their lived experience of healthcare either as a patient or as carer, from friends and family, or from what they read and hear in the media. The more they know, the more informed they will be about accessing services and the information and advice they receive.

BCUHB's reputation is built upon these experiences and understanding and while much of the direct contacts with healthcare are outside the scope of the PEC team, we do have a role in shaping perceptions and managing expectations, particularly in the media and with partners.

External communications is an essential part of making sure the Health Board protects and enhances its reputation. Our external communications are often the first impression the majority of people have of our organisation.

External communications activities make sure that the messages and information are delivered to the right people, at the right time. Our communications tools and activities will support and assure people about the safety and quality of our services.

This strategy aims to develop and protect the BCUHB brand through proactive and reactive media relations, digital communications and a joined-up approach with the public affairs, engagement and charity support teams.

## 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. We also need the media - it is a valuable way of reaching people, raising awareness and encouraging healthier lifestyles. For this reason alone, it is crucial that good media relations form one of the core principles of our 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 need to continue to build our relationship of trust with the media; not only feeding a steady stream of positive news stories but also, owning up to mistakes if things have gone wrong.

This is achieved by working with the media, responding quickly to media enquiries, getting back to journalists when we say we will. It is about going the extra mile to help a journalist with their inquiry by finding an answer to a question or a spokesperson to make a comment on an issue or topic.

We already have excellent working relationships with our local and national media that have been developed by the communications team over many years. We delivered a focus on Health Board's pandemic response in the media, whilst keeping staff and patients safe and following the stringent infection prevention and control guidelines.

Over the past three years enquiries and requests for interviews and filming has continued to increase significantly. For example, in 2019 the Health Board managed 271 media enquiries, which increased by 207 per cent to 833 in 2021. The majority of this media coverage has been positive, which is a result of the proactive and positive news stories the team has generated that focus on the work being carried out by our staff across North Wales.

By continuing to work closely with our local and national media colleagues, we will continue to promote the Health Board. We will work with the media to explain how our primary, community and hospital services work and the transformational service change we are seeking to deliver. We can also manage difficult stories more effectively. We will work with our staff to prepare proactively for any potential media stories.

## Digital communication

Digital communication plays a major part in the promotion and management of the Health Board's reputation. It is a source of information for patients, public, staff, stakeholders and potential employees.

During the pandemic, the need for effective two-way communication became a fundamental part of the response to the virus and we saw unprecedented levels of demand for, and engagement with our digital platforms.

The rapid growth of social media, the routine use of smartphones and the shift towards an “always on” culture of communication have all further stretched the capacity and capability of NHS communicators working in what was an already high profile, politically sensitive and volatile environment.

The rise of citizen journalists, bloggers and other opinion formers operating outside the framework of traditional media activity has added a further element of complexity.

In addition, increasing familiarity with social media has empowered patients, visitors, staff and volunteers to share their stories, in real time, on their experiences of being cared for or working in our hospitals, for better or worse.

This means we now manage many of our relationships with stakeholders in the public domain and these interactions must be managed carefully. There is potential for this ‘frontline customer’ offer to be considered as part of wider discussions on improving patient and public first contact services and we welcome both this prospect and the opportunity to discuss the resource to shape an improved offer to patients and the public.

Social media has also become a key part of proactive and reactive functions helping to strengthen relationships with stakeholders, transform the media landscape and support the organisation in a crisis.

We increasingly deliver information in a timelier and more targeted way through our own platforms and are directly reaching our intended audiences. The Health Board’s website is an example of a platform that is widely promoted and receives a significant volume of traffic. In turn, this gives us more control over our own content without reducing the coverage it generates.

A key insight from our public perceptions survey during the pandemic was that we needed to tailor our digital communications towards smaller communities. We are now creating tailored content and new opportunities on social media to do this which we expect to translate into more meaningful engagement and an increase in our reach.

By using monitoring tools, we are continually improving how we work across our digital platforms and exploring new ways of reaching and engaging with online audiences.

## **Crisis communications**

Pre-empting, handling crises successfully, and minimising risk to the organisation through negative media coverage is a key part of effective communications management across North Wales

During the COVID-19 pandemic, BCUHB demonstrated its ability to operate in a sustained period of crisis. There was learning from the experience and we will continue to use learning to enhance our crisis communications.

We have a duty to communicate well with the public during a crisis so that they are well informed and able to respond to an emergency, and therefore to minimise the impact of this on all NHS services.

We have an experienced communications team who can deliver communications support in an emergency when required. We also have a robust approach to connecting with the gold command director on call arrangement for out of hours communications.

We are a key partner in the North Wales Media Cell that has a specific focus on how health would communicate in a crisis. We have written guidelines about how we will communicate in a crisis or major incident.

Reputational risks will be pre-empted where possible and a clear line of communications established for handling crisis situations when they do occur.

### **Joined-up approach**

In August 2021, the public engagement and corporate communications teams joined forces with the public affairs and charity teams to become the Partnerships, Engagement and Communications function. The newly formed team has brought together expertise into one directorate to co-ordinate efforts to listen, understand and act on feedback from the public and partners.

This joined-up approach helps to develop and protect the Health Board's reputation by co-ordinating an open, honest and timely approach to communicating and engaging with its stakeholders.

## Section 6: Outcomes from this Strategy

The outcomes we expect are:

- Demonstrable improvement in stakeholder relationships as measured in the annual stakeholder survey.
- Ongoing improvement in the reputation management of BCUHB, as measured in print, social and broadcast media reporting and analysis.
- Continued improvement in the Targeted Improvement Maturity Matrix Engagement domain, as measured by the evidence submitted.
- Stronger relationships with the offices of the Members of the Senedd and Members of Parliament, as measured in a public affairs survey.
- More opportunities for the people of North Wales to be involved in co-designing services and shaping plans and strategies, as measured in our refreshed involvement framework, service transformation plans and refreshed public involvement scheme.
- Continued improvement to our communications channels, as measured by our response to feedback from patients, the public, staff and partners.
- Strong team working in the PEC function, as measured in the team's objectives

## Section 7: Budget and resources

The partnerships, engagement and communications team has lead responsibility for delivering this strategy with the support and endorsement of the Chief Executive, Health Board and its executive management team, alongside the involvement of individuals and teams across the organisation.

As a corporate resource, the partnerships, engagement and communications team delivers engagement and communications activities, advice and guidance across all corporate departments and clinical divisions, and the whole organisation, and will continue to manage the conflicting demands and pressures and the impact this has on delivery of engagement and communications activities that this presents.

The effective implementation of this strategy will require financial resources. There is currently an identified budget to deliver partnerships, engagement and communications activity on an annual basis. Alongside this, opportunities for additional sources of resource will always be explored on a project specific basis.

The team will also seek to secure sponsorship for specific projects where possible, for example the annual staff awards ceremony.

The Director of Partnerships, Engagement and Communications, who is a non-voting member of the Health Board, leads partnerships, engagement and communications.



## Section 8: Evaluation

Evaluation and review of this strategy will be on going. We have a range of sources that give us a baseline of what the public, workforce and partners think and how our channels are performing, eg stakeholder, public and workforce surveys and website and social, print and broadcast monitoring. These allow us to monitor the effectiveness of channels and products and make changes and adjustments as and when necessary.

We will update the strategy regularly to reflect feedback from our staff, patients, public, partners and stakeholders.

We will continuously review and analyse our performance using various sources, outlined below.

- All media coverage
- Analysis of BCUHB website – unique visitors, number of visits, page hits, interaction and responses
- Feedback from our interactions with the public
- Social media interaction, e.g. number of Twitter followers and mentions, and Facebook likes and comments
- Changes to care and services as a result of our insight gathering – we will track the impact of patient and public voices in our service development/transformation work
- Involving seldom heard groups – we will track who we are talking with and listening to by project, campaign and engagement activity
- Analysis of MS and MP correspondence trends
- Analysis of patient advice and liaison service enquiries (PALS)
- Analysis of complaints and compliments trends
- Feedback from advocacy groups, such as the North Wales Community Health Council
- Feedback from our stakeholder survey
- Feedback from our internal communications surveys
- Our own media evaluation and reporting

We will review our progress against the objectives set out in this strategy on a monthly basis and make any amendments to the action plan and tactics as required.

Progress against this strategy will be reported to the Health Board on a six-monthly basis or as requested by the Board.