

# Improving the reach and impact of communications for the NHS EDC

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# Introduction

1. Effective communications and engagement are central to the delivery of any activity, ensuring that responsible stakeholders are aware of the issue, the environment that they are in, their responsibility as part of the delivery chain and the tools and support that are available to assist them.
2. Ensuring the reach and impact of any communications, and developing structures and approaches to support this, will therefore improve the implementation of core aims and activity.
3. This document sets out a range of recommendations for the strengthening and development of channels and networks, the strategic direction for communications approaches, how content can be developed to be more compelling and the need to develop specific communications approaches to support individual project strands of activity. It also sets out some of the next steps in implementing this approach.

# The NHS EDC 'core narrative'

1. The NHS Equality and Diversity Council (EDC) works to help shape the future of the healthcare system from an equality, diversity and inclusion perspective by focusing upon improving access, experience, and health outcomes for all patients, service users, carers and the NHS workforce.
2. The EDC does this by providing visible leadership on equality and diversity issues across the health service and supporting the NHS to become an inclusive employer, making best use of diverse talent. It has three key workstreams: Improving leadership capacity and capability; Supporting the system architecture; Embedding levers and accountability. This is set out in the diagram below
3. The EDC membership brings together senior leaders from across the health system partners with representatives from frontline health service organisations; the voluntary, community and social enterprise sector; people with lived experience of healthcare and representatives of the healthcare workforce to ensure reach and understanding of all the aspects of planning, delivery and receipt of healthcare services.

## NHS Equality and Diversity Council

Working to help shape the future of the healthcare system from an equality, diversity and inclusion perspective by focusing upon improving access, experience, and health outcomes for all patients, service users, carers and the NHS workforce.

### **Improving leadership capacity and capability**

by supporting the NHS in setting aspirational targets to increase BAME representation at senior and board level

### **Supporting the system architecture**

by supporting the system to plan and deliver on promoting equality, diversity and inclusion in a meaningful and effective way by way of refreshing EDS2

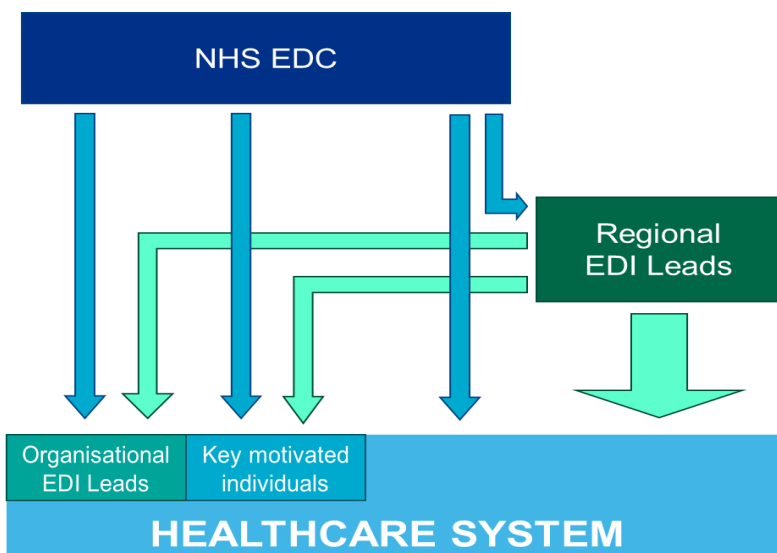
### **Embedding levers and accountability**

by supporting improvement in BAME patient experiences of accessing cancer services and psychological therapies, through embedding equality & diversity as strategic elements within the emerging healthcare architecture

Providing visible leadership on equality and diversity issues across the health service and supporting the NHS to become an inclusive employer, making best use of diverse talent.

# The importance of networks and channels

1. Communication is always a combination of facts with values – with the perceived relevance and importance of any message crucial to its impact and spread. This is why networks of individuals and cascades of messages are so important, as they delivery messages more closely to individuals (and so are perceived as more relevant and important).
2. However there is always some loss of message at each stage of a cascade – either because the next layer of cascade is delayed or forgotten or because the message may not be entirely accurately conveyed at each stage (as in the ‘Whispers’ game).
3. Therefore the ideal approach is a system of multiple channels, with direct communication coupled with cascaded ‘echoes’ of the message to reinforce, reiterate and further contextualise the message for reach and impact. This requires an initial directory of key stakeholders and motivated individuals to receive the primary communication, clearly setting out the message and its timeliness and ensuring broad reach at the first phase. This should include those who we expect to cascade on the message and support them to do this. For the NHS EDC, the Regional EDI Leads and their networks across the healthcare system will play a central role, together with motivated and passionate individuals who are keen to share understanding.



# Strengthening channels and networks

1. Given the importance of the Regional EDI leads and their networks across the system, it is important to build strong links with these leads to develop a close working relationship and an understanding of their crucial role in EDC communications. They should be given clear support in this role, particularly through the provision of suitable communications collateral, which they can tailor and spread for their areas.
2. EDC member organisations also play a key role in the credibility and distribution of messages coming out from the Council. Strong and ongoing links should be built with communications teams supporting EDC members, with two-way sharing of communication planning information. This will ensure effective coordination of activity, allowing reinforcement of messages or share initiatives wherever possible as well as the avoidance of conflicting messages or timing.
3. Across the year there are a series of broader initiatives around Equality, Diversity and Inclusion that the EDC should align with to maximise the impact and reach of its messages. By building an annual EDI calendar to include these initiatives (eg National Inclusion Week, Learning Disability Week) it will be possible to better align EDC communications activity
4. The EDC should develop a directory of key and interested stakeholders from across the system to form core 'mailing list' for the initial direct messages. This will also build a stronger understanding of the EDC and its work and strengthen the relationship with frontline groups and services
5. Alongside this, the EDC should develop a regular newsletter (ideally monthly) which would contain information from EDC, its member orgs and broader news on EDI issues. This will build the communications relationship with the EDC and build its perception as a valued and credible commentator on these issues

## Social media

6. Social media is widely recognised as an important part of the communications mix nowadays. However it is not an easy option and requires sufficient resourcing – there is a risk that badly-delivered social media can undermine an organisation’s perception and communications rather than support it.
7. The NHS EDC currently has a Twitter feed (@NHS\_EDC) that regularly retweets on EDI issues with a small number of original posts. Current communications wisdom recognises that Twitter feeds 3 posts a day at the very least to be truly effective, with a typical tweet only visible for about 8 minutes.
8. It is now recognised that Facebook groups generally have greater visibility and reach, particularly amongst those aged 25+. A focus on developing an EDC Facebook group could prove more effective use of communications resource.
9. It could be worthwhile to assess value of other social media channels – for example LinkedIn provides particular possibilities around workforce issues while the picture-based approach of Instagram can be excellent at providing a clear, visual way of getting messages across. There are now ways of posting the same material across a number of social media channels (eg using *Buffer*) , which can increase reach without taking up much more resource.

# Communication direction and strategy

1. For EDC communications to remain relevant and credible it is crucial that the core EDC narrative remains fully aligned with the evolving healthcare landscape and is regularly reviewed. This includes both key overarching policy developments, such as the NHS Long Term Plan and the Interim People Plan and also developments in the organisational landscape, such as the NHS Assembly
2. At the heart of communications activity should be the development of a stream of 'gobbets' of content (stories, messages, issues etc) that are both aligned to the core narrative while being fresh, timely and relevant. These can then be used and repurposed across a number of channels – from emails to newsletter to presentation to face-to-face briefing, as appropriate
3. We are now living in a much more visual age, and a move to more-visual communications wherever possible - such as diagrams, infographics and pictures - can be much more powerful and have greater impact than plain text. Pictures can also be much better at conveying complex messages around EDI issues where particular care and sensitivity can be required around use of language.
4. The 'set piece' elements of EDC activity, such as Council meetings, the Annual Report, key milestones in Project work and events provide particular opportunities for timely and relevant communications – and so should be a particular focus of communications activity.
5. .



# Communications content

1. There are a series of specific steps that can be taken to revise and develop current communications content to improve EDC profile and messaging.
2. The EDC web pages (on [www.england.nhs.uk](http://www.england.nhs.uk)) are currently fragmented and, in some cases, out-of-date. There should be a thorough revision and refresh of EDC web content, possibly as part of a wider refresh of the Equality & Health Inequalities Hub.
3. A series of blogs would demonstrate thought leadership and also profile the involvement of key individuals in the EDC (eg blogs from the co-chairs) or highlight contribution to EDC activity (eg other members/ system leaders)
4. Existing material can be used to create a stream of visual content to be used in multiple ways, such as the EDC narrative, the Equality and Delivery System or EDC papers and policy statements
5. The development of pre-reading and follow-up material can significantly increase the impact of events, encouraging delegates to think more deeply about their participation and avoid passive participation.

# Communications support for specific EDC projects

1. Each specific project or activity should have its own tailored activity and communications plan to support delivery – for example the pilot activity around the development of the Equality Delivery System, third version. This ensures that communications are perceived to be timely and relevant (and so compelling and impactful) for those involved in project delivery.
2. This will include building specific links and communications contacts with project delivery partners, developing specific targeted material for the initiative and possibly even separate communications channels, such as specific newsletters or collaboration websites.

# Implementation and next steps

1. The next steps in the implementation of these recommendations will be for the EDC to take a view on the broad approach set out in this document, together with providing a steer on prioritisation of particular recommendations.
2. Ensuring appropriate governance and scrutiny is vital for ensuring ongoing confidence of any communications activity. The EDC will want to ensure it gives appropriate overview and direction; particularly given the sensitive nature of the matters it deals with. However, if an overly bureaucratic and time-consuming sign-off process can be tremendously counter-productive, providing one of the most powerful ways to reduce the impact of any communications. Sufficient autonomy, within a clear direction and framework, is critical to the operation of any communications function.
3. Likewise resourcing is a key factor in the effectiveness of communications activity, particularly for newer channels such as social media, as any communications needs to be timely, nimble and well-constructed to be perceived as relevant and worthwhile.