

Public Health Scotland Communication Framework – 2020

Public Health Scotland, COSLA and Scottish Government Communications Framework

Introduction

Effective internal and external communications make a vital contribution to the success of the public health reform partnership between the Scottish Government (SG), the Convention of Scottish Local Authorities (COSLA) and Public Health Scotland (PHS). This matters as it will help to ensure that the public, NHS, local government, third sector and other stakeholders are aware of, understand and are engaged in work to tackle Scotland's Public Health Priorities and improve population health and wellbeing. It will also help to promote public trust and confidence in Public Health Scotland. It is important that communications arrangements work well between the joint sponsors SG and COSLA and the sponsored organisation, Public Health Scotland, to have the most coordinated and targeted impact in protecting and improving the health and wellbeing of the public. Public Health Scotland carries out its work with a wide range of stakeholders, including the public; NHS Boards; local authorities; Integration Joint Boards; Council Elected Members; Health Board Non-Executive Directors; the third and independent sectors; universities and research bodies; providers/contractors; a range of statutory public bodies and community planning partners.

Good communication is crucial to the planning, delivery and transformation of public health services and sustainable improvement of the public health system as a whole; as well as effective professional practice and stakeholder satisfaction. It is important to help partners and stakeholders to improve outcomes and to protect health, through a whole system approach. A 'no surprises' approach to all aspects of communication is essential – this will reduce the potential for ambiguous or conflicting information, help increase efficiency and impact and ensure transparency.

This document provides a broad and high-level framework of good practice that can help each organisation ensure their arrangements for managing communications activity and associated risks are effective and mutually supportive. The document will be kept under review.

Communications Vision

Public Health Scotland, the SG, and COSLA are committed to effective communications with each other and their stakeholders so that they are aware of, understand and are engaged in their public health work as appropriate. The overall aim is to provide the public and stakeholders with meaningful, relevant, accurate, accessible and timely information in relation to population health and wellbeing in order to influence choice, behaviour and policy-making.

As a public health body acting with operational autonomy within the strategic priorities assigned to it and the jointly agreed operational plan, Public Health Scotland must retain public trust and credibility as an objective source of evidence, data, advice and intelligence, if it is to improve and protect the health and wellbeing of the public. Public Health Scotland will aim to work collaboratively, making links across the organisations, sharing emerging insights, aligning plans and policy, and ensuring activity is coordinated and cohesive. Public Health Scotland will operate a 'no surprises' approach, proactively managing and mitigating potential conflicts and risks; and ensuring transparency in any situation where different perspectives need to be communicated.

Overarching Objectives

Communication activity will build, protect, and consolidate a favourable reputation as the lead public health agency in Scotland. To ensure legitimacy and buy-in from the public and across the whole system, Public Health Scotland, the SG, and COSLA must use every

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opportunity to reinforce Public Health Scotland's trustworthiness, credibility and sensitivity to the whole Scottish context across sectors, so that its health information, evidence and activities become the basis for decisions.

Communications decisions should be holistic, taking account of the wider context, risks, opportunities and possible stakeholder reactions.

Each organisation's communications team will benefit from close engagement with the joint sponsor team and other communications teams in the SG, COSLA, NHS, local government, third sector, public body and academic public health network, operationally and strategically. These benefits include sharing services and resources, sensitivity to risks and reactions, and combining messaging to be better-focused on the target audience.

Communications Standards

Communications activity will be underpinned by standards, policies and/or guidelines on:

- each partner's brand identity;
- accessible and inclusive communications;
- each partner's protocol on working with the media; and
- social media policies.

Brand Use

Use of joint and individual branding of activity will be considered and agreed in advance to ensure clarity of messaging and to maximise the effectiveness and impact of individual activity.

Communications Governance

Communications approvals should adhere to internal protocols and be sought at a management level appropriate to the mutually agreed level of risk. Cross-cutting communications will require consultation with the relevant SG/COSLA/ Public Health Scotland policy and communications teams, with additional approvals proportionate to the risk to each organisation. The joint sponsor team should maintain an overview of upcoming Public Health Scotland communications activity, help assess risk and coordinate additional cross-organisation consultation and approvals as required to mitigate risk.

Assurance

Public Health Scotland, SG and COSLA should have an agreed, defined and consistently-operated approach to ensure that communications are being planned and managed effectively. This will involve clearance by the relevant communications teams, policy teams, technical specialists, Public Health Scotland Senior Leadership Team, the joint SG and COSLA sponsor team and Ministers/Special Advisers as appropriate to the situation. The origins of commissioned work should be clear, with a shared understanding of purpose and best impact.

Risk Management

Risk management in relation to communications will primarily relate to reducing the potential impact of the risk on the reputation and credibility of the three organisations, which may also impact the wider NHS and local authorities. by extension. These risks may also ultimately undermine the legitimacy, progress and investment in our strategic priorities and public health reform more generally.

The approach to risk assurance should be proportionate, based on Public Health Scotland's purpose and a mutual understanding of risk. This means developing ongoing mutual understanding between the sponsors and Public Health Scotland about each other's risks,

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priorities and objectives, and clear expectations about the terms of engagement. Regular meetings between the partners to discuss emerging communications risks and issues is crucial. In terms of periodic assurance activity, this will mean:

- Identifying which risks are cross-cutting and need a joined up response to mitigate them effectively.
- Applying consistent criteria for identifying which risks should be made visible to the sponsor organisations.
- Visibility of risk management principles across Public Health Scotland, SG and COSLA in order to ensure a consistent approach.
- Public Health Scotland providing routine and periodic risk assurance to the sponsors.
- The sponsor organisations sharing their top risks and risk tolerances with Public Health Scotland for context and visibility purposes.
- Scanning the public health horizon and environment for health, technological, social, demographic, etc., threats and developments and assessing the risks they pose to the achievement of our common communications objectives.

Risk Impact Assessment

The following criteria will be used to assess the communications risk level.

Very high/severe (4-8) - Sustained or widespread criticism of the SG, COSLA and/or Public Health Scotland and / or Ministers being pressed to make a statement to Parliament. Sustained front page/headline national public criticism of public health policy or the organisations lasting at least a week (not including targeted campaigns on specific issues). Events requiring significant time (e.g. more than 6 months) to restore relationships with each other, other SG Departments, local government, NHS bodies or key stakeholders. Severe loss of reputation and public confidence in our ability to manage/improve public health services and improve/protect health and wellbeing.

High/major (2-4) - Some national public or media criticism lasting at least a week (not including targeted campaigns on specific issues). Events requiring medium length of time (e.g. 4-6 months) to restore relationships with each other, other SG Departments, local government, NHS bodies or key stakeholders. Credibility with our key stakeholders declines resulting in reduced capability to influence change. Major damage to reputations.

Medium/moderate (3) - Widespread local/regional public and/or specialist criticism (not including targeted campaigns on specific issues). Events requiring at least some significant time (e.g. 3-4 months) to restore relationships with each other, other SG Departments, local government, NHS bodies or key stakeholders. Damage to reputations and credibility is moderate.

Low/minor (2) - 2-3 months to restore relationships with each other, other SG Departments, local government, NHS bodies or key stakeholders. Damage to reputations and credibility is minor e.g. some adverse local media coverage or limited specialist criticism.

Very low/minor (0) - damage to reputations and credibility is negligible.

Risk Likelihood Assessment

Very likely (5): 75+%

Likely (4): 50 - 74%

Possible (3): 30 - 49%

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Unlikely (2): 5 - 29%

Very unlikely (0): <5%

Maintain a Forward Look Calendar

A comprehensive Forward Look calendar for upcoming events, outputs and publications will be maintained by Public Health Scotland and shared with the SG/COSLA joint sponsor team.

Entries include activities, events, products and their origin, along with any reputational or other risks associated with the calendar schedule. See Annex B for a description of how the Public Health Scotland Comms Reputational Risk Score is calculated.

The Forward Look calendar:

- increases awareness of upcoming events and communications activities;
- offers opportunities to leverage channels and broaden outreach for scheduled events/publications; and
- shows the current schedule of events to avoid scheduling conflicts.

Roles and Responsibilities:

Joint SG/COSLA Sponsor Team

- facilitate effective collaboration and co-ordination between the Public Health Scotland communication team and other teams across their own organisations;
- enable long-term communication planning and horizon scanning;
- foster a trusted partnership between communications teams and the rest of their organisations, improving collaboration and co-operation;
- enhance the ability of communications teams to proactively manage risks and opportunities, and influence decision-making;
- help Public Health Scotland to be more nimble in response to fast-moving issues and crises;
- help to build and maintain relationships with Public Health Scotland's external stakeholders, including influential individuals and Ministers;
- help gather intelligence to inform Public Health Scotland thinking and provide early warning of issues which might need to be addressed;
- share relevant SG and COSLA policy decisions with Public Health Scotland so that these can be accurately reflected in Public Health Scotland communications;
- take a balanced approach, encouraging supportive voices and mitigating criticism, and help disseminate messages through selected SG, COSLA and stakeholder channels;
- help explain SG, COSLA and Public Health Scotland policies to influential individuals and organisations for public benefit;
- help Public Health Scotland to prioritise requests for support from across SG and COSLA.

The Sponsor Team is not:

- a barrier between the communication directorate and other teams in the three organisations – not all communication has to go through them (although the sponsor team should be sighted on any emerging risks or sensitivities);
- a funnel for all media enquiries;
- a replacement for communications or policy teams carrying out their individual functions.

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Public Health Scotland Communications Team

- lead the development of integrated communication plans and strategies, drawing on the various communication disciplines;
- improve alignment of communications to delivery of key business outcomes;
- explain the policies and services of Public Health Scotland through partners in the media to create public understanding of the public health aims of Public Health Scotland, SG and COSLA, and build the trust that the public place in Public Health Scotland services.
- co-ordinate high-level stakeholder engagement, providing advice based on gathered intelligence and an evaluation of impact of related campaigns and communication packages.
- promote, explain and justify Public Health Scotland's policies accurately and in an appropriate style and - where relevant - also present the SG and COSLA policies accurately and objectively.
- communicate (verbally and in writing) messages based on professional expertise and evidence, advising on the appropriate approach to meet the needs of the media and achieve the organisation's objectives.
- undertake proactive media handling, such as making announcements; reactive media handling, including monitoring the media, handling calls and managing crises; relationship management including engaging policy makers; winning media and public trust; content creation, both proactively and reactively using appropriate channels; insight and evaluation including communication impact assessment and tracking across media.
- maintain a Media Planning Schedule and Forward Look to plan announcements and publications which should be coordinated with the joint sponsor team.
- provide cost-effective ways to reach audiences, by harnessing relevant third-party influence and insight across sectors and partners to increase the impact of communication. Assessment of potential partnership organisations should be undertaken against reach, relevance and impact to the target audience.

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Public Health Scotland Communications Approach

Our vision is a Scotland where everybody thrives.

We are part of the community of people and organisations across Scotland, local and national, public and third sectors, businesses and the academic community, working together to improve people's lives.

Our mission is to improve health and wellbeing, prevent illness and support flourishing communities for all by collaborating, sharing data and evidence to inform innovation and improvement.

Public Health Scotland's reputation is a key factor that will enable the organisation to deliver its mission and vision. The more decision-makers and the public trust the organisation, the more likely they will believe, and act on, the information communicated by the organisation.

Communications Objectives

Communications activity will:

1. create awareness, understanding and engagement in relation to our shared vision for the public's health and public health services across Scotland;
2. assist in the development, promotion and embedding of a shared culture across the three organisations – its identity, values and behaviours;
3. provide information about the public health reform partnership that enables its stakeholders to be kept up to date on and/or participate (as appropriate) in the planning and delivery of services (for example, its strategic direction, services, people and places);
4. provide stakeholders with opportunities to share their views and ideas to contribute to the improvement of public health services across Scotland;
5. provide information about Public Health Scotland's services and products so that people can make better informed decisions about meeting their public health needs and aspirations;
6. make stakeholders aware of any issues that may affect them;
7. assist in developing, sharing and promoting best professional practice in relation to public health;
8. create awareness of, promote, recognise and celebrate successes of public health reform and Public Health Scotland;
9. uphold, promote and embed the approaches, standards and governance for effective communications by the partners as set out within this Communications Framework; and
10. keep pace with new, innovative ways of communicating so that the public health partners continue to improve their communications and engagement.

Communications Approach

Our communications will be:

- **clear:** communications will be jargon-free and in plain English as appropriate, and they will be tailored according to the needs of the audience;
- **concise:** communications will be relevant and easy to understand;
- **consistent:** messages will be consistent for both internal and external audiences, and they will be consistent with the public health reform vision;
- **accessible:** communications will be delivered using styles, formats and materials that are accessible and appropriate to the needs of the audience (except where

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there is an overwhelming technical reason not to); digital first where this is appropriate for the user and does not introduce inequalities;

- **inclusive:** information will be shared in a way that everybody can understand, recognising that people understand and express themselves in different ways and supporting the participation of people with different communication support needs;
- **targeted:** and relevant to their audience, ensuring that hard to reach groups are considered and tailoring approaches based on evidence, consultation and evaluation;
- **timely, accurate and approved:** communications will be timely, accurate and reflect the agreed position of the partners, and relevant stakeholders should hear about changes or issues before they are reported in the media or told by a third party. Communications must follow internal protocols and always be approved by a relevant senior manager or managers across organisations as appropriate to the risk level;
- **four-way:** communications channels should be used to engage with stakeholders and actively listen to and understand their views and ideas to meaningfully contribute to the planning, delivery and transformation of public health services. Communications that are up, down and across the partners should also always be encouraged to support effective partnership working;
- **evidence-based:** research, statistics, proof of concepts, case studies, real life examples and relatable story-telling should be used to illustrate and back up public health messages wherever possible;
- **endorsed:** credible 'third party endorsements' should be used to illustrate the benefits of our public health programmes, activities and services wherever possible;
- **measured:** wherever possible, we will set KPIs, measure activity and report.

Communications strategies should reinforce public trust in Public Health Scotland by demonstrating:

- competence: Public Health Scotland has technical expertise in the public health issue and its information is accurate and consistent with other experts and trusted organisations;
- openness and honesty: Public Health Scotland is transparent in its work and the organisation is honest about what it knows, and what it does not know.
- dependability: Public Health Scotland does what it says it will do; and
- commitment: Public Health Scotland is committed to its public health mission and cares about the health and wellbeing of all people.

Speak as One Organisation

Consistent 'Team Public Health Scotland' messaging, coordination among Public Health Scotland divisions, and good internal communications and risk management are part of effective communication practice. As such, they are a critical focus for Public Health Scotland. Promoting the same Public Health Scotland core message from all channels builds credibility and trust. These principles also apply to the sponsor organisations in terms of promoting the work of Public Health Scotland and the Public Health Reform Programme.

Communicators in each organisation are encouraged to regularly share technical content, key messages, narratives and media responses across all levels of the organisation. As news releases or activities are planned, well-informed communicators are better able to

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ensure consistency, avoid conflict, and coordinate between managerial levels and departments.

Quality Assurance

Public Health Scotland technical and communications teams will work together to ensure that all communications products are accurate and deliver a consistent message. Products go through a rigorous cross-checking and clearance process, including policy, communications and technical specialists in Public Health Scotland, SG and COSLA, where appropriate, to ensure clarity and alignment. Technical quality checks will also be made to ensure products are of a high standard.

Liase with Technical Departments

To promote accuracy of Public Health Scotland messages and materials, communicators must work closely with technical experts (clinical, communications, analytical, research, policy etc.) in Public Health Scotland, COSLA and SG where appropriate, to ensure the accuracy of messages and materials. They:

- participate in regular communications with the respective technical teams;
- integrate communications considerations from the beginning of discussions on research, data and intelligence, policies, interventions and initiatives; and
- serve as the point of coordination to access communication services that can support the Public Health Scotland goals and needs.

Instil Confidence

Activity will be crafted to ensure the right message reaches the intended audience at the right time. Insight and user research will be used as appropriate to identify clear and compelling calls to action. The questions outlined in **Annex C** will help ensure effective communication that builds and maintains credibility.

Communicate Early

At times, Public Health Scotland communicators will work at a fast pace to ensure that urgent health information reaches decision-makers and the public in time to protect health. This information must be accurate to maintain the organisation's reputation and credibility. The need to be quick and accurate is an ongoing tension in communicating urgently-needed health information. Public Health Scotland cannot sacrifice accuracy, but can still rapidly communicate details it does know, and also explain what the organisation is doing to find answers to areas of uncertainty.

The statements and behaviour of the organisation will need to be credible, coherent and transparent in ambiguous and rapidly-evolving situations.

Communication and Coordination in an Emergency or Crisis

Coordination and collaborative implementation of communications strategies are especially important during public health emergencies, due to the heightened level of risk and reduced appetite for additional risk and uncertainty. This should involve cross-organisation goal setting, tactics, and assessments for communication to address high visibility, rapidly evolving emergency events.

The purpose of communication management during an emergency or crisis is to ensure the flow of reliable, accurate, relevant and timely information to those who need it. A generic, risk-neutral, emergency communication plan which is able to adapt to any risk will be developed in collaboration with SG and COSLA, validated in advance for known risks and should aim to:

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- keep the general public or those at risk of harm informed;
- keep stakeholders informed;
- build and maintain public trust in national and local government, the NHS and Public Health Scotland;
- ensure accurate information is being reported by the media;
- recover any lost reputation.

This generic response plan will be reviewed annually and on an as-required basis to reflect any emerging situations. The plan should include:

- who would be affected in the crisis;
- the worst case scenario and how to handle it;
- key messages to be used (these will need to transition swiftly to a process which develops and issues new messages designed in response to specifics of the crisis and public response);
- channels to be used;
- roles and responsibilities.

Communication roles and responsibilities should be reviewed as soon as a crisis has been identified. If not already planned, an emergency communications plan will be developed as soon as a crisis has been recognised, in parallel with the wider resilience response and communications co-ordination as part of the Warning and Informing guidance.

Communication should be open, transparent and informative, and based on established facts; trusted sources and the most effective channels should be identified. Senior management should be advised, at the start and as the crisis evolves, of the key messages to be communicated. Senior management should also identify “approvers” among senior colleagues who can help to ensure swift communications are issued.

The Ready Scotland guidance on Warning and Informing Scotland covers all emergencies: <https://www.readyscotland.org/media/1456/preparing-scotland-warning-and-informing-final-version-for-publication.pdf>

The Guidance on the Roles and Responsibilities of NHS Led Incident Management Teams also describes the principles of risk communication during a public health incident: https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1673/documents/1_shpn-12-management-public-health-incidents.pdf

The existing risk communication guidance from the Health Protection Network needs updated, but can be found here: https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2095/documents/1_risk-communication.pdf

Contacts Prepared

A list will be maintained of the key people who need to be involved in the management of communications and sign off of materials; and informed about an emergency or incident. This can be broken down into internal and external contacts and include out of hours and weekend contacts. The key thing is ensuring accurate contact details and knowing the best way to communicate with these groups.

Learning from Experience

The purpose of learning from experience is to avoid repeating mistakes and help spread improved practices to benefit current and future communication work. Lessons should be continually captured, evaluated and action should be taken to mitigate risk and facilitate

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continual improvement of communication practice, including an evidence base of what techniques work best with different audiences. Public Health Scotland leaders and the joint sponsor team should update their knowledge sources and communicate learning as appropriate.

Longer-term External Objectives

- Ensure that the public understands why the public health reform agenda was established and what Public Health Scotland will deliver.
- Encourage a cultural change in favour of the public health reform principles, Public Health Priorities and tackling health inequalities using a preventative, whole system approach.
- Raise awareness amongst citizens of the role that they can play in supporting the Public Health Priorities, protecting health and the opportunities available to engage with appropriate behaviours, information and tools in their own life.

In the longer-term, all communication content or initiatives developed should be designed to deliver progress towards the achievement of one or more of these objectives.

External Objectives in an Emergency Situation

In an emergency situation, particular objectives will apply, for example:

- Raise awareness of risks;
- Alert people to immediate danger;
- Provide information for avoiding harm and obtaining assistance;
- Advise on steps being taken by authorities/responders;
- Explain steps taken to enable recovery and return to normality.

Annex A

Public Health Scotland, COSLA and Scottish Government Communications Framework

Communication excerpt from the Framework Agreement (in italics):

3.3.3 Public Health Scotland will keep SG and COSLA informed of significant announcements by Public Health Scotland or where there may be matters of public/media/political interest. Similarly, SG and COSLA will keep Public Health Scotland informed of any announcements that may directly impact on the areas of responsibility of Public Health Scotland and where such announcements may impinge on wider strategic relationships. Public Health Scotland will routinely share its publications with SG and COSLA in support of a good working relationship with 'no surprises'.

3.3.4 SG and COSLA recognise the need for Public Health Scotland to maintain an open and positive working relationship with a broad range of partners across sectors in the context of whole system working to improve and protect the public's health and wellbeing. There will be a need to demonstrate sensitivity in managing these relationships in the context of the very different accountability and governance arrangements for these other partners such as local government and the third sector.

The joint SG and COSLA sponsor team will:

On communication with Public Health Scotland:

- enable early and three-way dialogue with Public Health Scotland in the development of relevant Scottish Government and COSLA policy in order that Public Health Scotland can fulfil its role in offering expert advice on policy; and support implementation across NHS Scotland, local government and the wider system effectively by advising on the interpretation of that policy and being in a position to prepare timely and specific guidance and support to partners.*
- maintain good working relationships with the management of Public Health Scotland, ensuring a balance between Public Health Scotland determining its own detailed activities, but carrying out those activities in line with the Scottish Government's and COSLA's agreed priorities for both policy development and implementation;*
- bring significant concerns about the activities of Public Health Scotland to the attention of the full Board, and require explanations and assurances from the Board that appropriate action has been taken;*
- have regular and frequent engagement with the Chief Executive and Directors in Public Health Scotland to discuss mutual progress, any substantial risks or barriers to progress and provide regular feedback on Public Health Scotland's performance.*

3.4 Communications principles

3.4.1 SG, COSLA and Public Health Scotland will adhere to the following principles of co-operation, which apply to all areas of communications activity related to Public Health Scotland:

i. We have mutual respect for the different roles and responsibilities of each organisation

We recognise that each organisation has unique objectives and responsibilities related to its specific role within the whole system which impacts on its communications activity. Each organisation will continue to establish and maintain independent relationships with all those interested in or affected by each organisation's work, including the media.

ii. We co-operate and co-ordinate our work

We recognise that each organisation has a unique role and purpose within the whole system. However, we also agree that co-operation and co-ordination around external and internal communication is necessary in order to maintain public confidence in Public Health Scotland. Each organisation will identify and agree shared priority areas of co-operation and integrated working that support Public Health Scotland's agreed priorities. They will agree and implement an integrated communications approach for those areas and ensure this approach is fully embedded across organisations.

iii. We operate a 'no surprises' policy

- We keep each other informed and updated on any issues that may impact on or affect other organisations or government departments, ministerial or wider government priorities, COSLA or local government priorities, or any issues that may have a reputational impact on the system. We will do this in a timely manner to allow others to react and/or provide input in advance of content being shared with the public, media or other stakeholders. Where a reactive comment or quote is required at short notice and input or clearance cannot realistically be secured, potential sensitivities will be carefully considered and a proportionate, risk-based approach taken.*
- In particular, we agree that the organisations should give each other sufficient advance notice and sight of decisions or publications in order to allow each other to consult or seek any clearances (including cross-government clearance) that may be required prior to the publication of a report or announcement that sets policy or has operational, financial or policy implications.*
- We will ensure that policy and sponsor colleagues are informed about any decisions, announcements or consultations of which we are aware. We will use established communications routes such as teleconferences, media-planning discussions and other forums in an open and transparent manner to keep each other informed; and we commit to supplementing these conversations through other additional information exchange if and when appropriate.*

iv. We seek to enhance the efficiency and effectiveness of our work

We will strive to share skills, best practice and resources in order to increase the efficiency and effectiveness of our work. We will use joint forums to identify and agree areas where this is possible and of benefit to all involved. We will seek to identify areas where, through co-operation and co-ordination across the system, we can achieve additional efficiencies.

Annex B

Public Health Scotland, COSLA and Scottish Government Communications Framework

How Public Health Scotland Comms Reputational Risk Score is assessed:

Public Health Scotland can only be influential if we are credible, and that means we need to protect and build our reputation as an organisation that sponsors, stakeholders and the public trust and value. To be impactful and influential it is therefore important to assess any potential risk to our reputation.

The Comms team have three levels of Reputational Risk based on the answer to the following questions. The extent to which these risks can be managed varies – for example, we can ensure our communications around a bit of work are consistent with existing Public Health Scotland messaging (internal) more easily than we can prevent it being politicised by others (external).

Answer the following questions to calculate an output's reputational risk

- A. Does it – or could it be interpreted as – calling into question existing Public Health Scotland messages?
- B. Has it been produced without the involvement of key stakeholders?
- C. Does it – or could it be interpreted as – challenging the views of key (non-governmental) stakeholders?
- D. Does it challenge – or could it be interpreted as a critique of – Scottish Government position or policy?
- E. Does it challenge – or could it be interpreted as a critique of – COSLA position or policy?
- F. Does it challenge – or could it be interpreted as a critique of – UK Government position or policy (in the case of reserved matters)?
- G. Is there potential for it to be politicised by others (even if not our intention) or used to call into question our political impartiality?
- H. Is it likely to generate negative media interest?

Each positive answer equates to one point so the reputational risk score will be between 0 and 8.



Annex C

Public Health Scotland Communications Approach

Communications planning questions: Public Health Scotland communicators will consider these planning questions to help decide how to communicate with the aim of building and maintaining reputation and credibility:

- What is Public Health Scotland's role as the lead public health authority in this health issue?
- What does Public Health Scotland know about the public health issue and what questions still need to be answered?
- How aware are at-risk populations and other decision-makers of Public Health Scotland's status as a credible resource on the specific public health issue?
- What other organisations are perceived by the audiences as trusted on this public health issue? How can Public Health Scotland align with them?
- Are partner organisations' messages, including SG and COSLA, aligned with those of Public Health Scotland?
- Who is the best Public Health Scotland or other spokesperson for this issue?
- Are there any reputational risks related to the public health issue, such as threat to Public Health Scotland's, the NHS's, SG's or COSLA's reputation, perceived value or standing in public health? Should these be considered in planning communication activities?
- What is our mutually agreed appetite for risk in relation to the communication issue – averse, cautious, minimalist, open etc.? Is pursuit of opportunity a key driver? Is avoiding risk and uncertainty paramount? Will we accept a higher level of risk to challenge policy makers and/or the public, pursue innovation or maximise opportunity?