

NCISH Communications plan (August 2024)

1 Background

This is the communications plan for the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). NCISH is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), to deliver the Mental Health Clinical Outcome Review Programme. NCISH collects in-depth information on all suicide deaths in the UK and examines the circumstances leading up to and surrounding the deaths by suicide of people under the recent care of, or recently discharged from, specialist mental health services. Our recommendations have improved patient safety in mental health settings and reduced patient suicide rates, contributing to an overall reduction in suicide in the UK. Our evidence is cited in national policies and clinical guidance and regulation in all UK countries. This document sets out:

- Our communication aims
- The principles for communication
- Our target audience
- Dissemination and engagement, including frequency
- Identity and branding
- Key communication channels
- Evaluation and measurement

This plan will be reviewed annually and in line with our latest findings and contextual changes in service delivery and policy.

2 Communication aims

Our communication objectives are set out below:

- To inform policy, public health strategies, and safer practice in all front-line agencies, including the identification of barriers to accessing services, and to ultimately reduce suicide rates
- To provide the latest figures on suicide in the general population and those in contact with mental health services in the previous 12 months

- To highlight the characteristics of certain high risk patient groups who die by suicide, and provide clinical messages and recommendations aimed at prevention
- To add further research findings to support mental health Trusts and Health Boards to identify and implement actions to prevent further suicides – as detailed in the national suicide prevention strategy and action plan for England
- To raise the profile of NCISH, our work and the recommendations we make from a national case series of suicide deaths.

3 Principles for communication

The principles that will inform our day-to-day communication with all our audiences are set out below. We will make best use of existing communication channels and products, such as those available via our links with the University of Manchester (e.g., Web and Digital Marketing, the Faculty of Biology Medicine and Health YouTube channel) and in partner organisations, such as working with colleagues in local NHS Trusts and the Royal Colleges.

Our communication principles:

- Avoiding jargon and acronyms
- Using clear language in plain English (translated into Welsh language when required)
- Working in partnerships with other agencies to plan and coordinate communication
- Having a clear, easy to recognise style or “brand” across all that we do
- Being sensitive and respectful
- Making sure we reach the right audiences (i.e., patient groups) at the right time, and ensuring what we do is accessible to those who need it
- Providing clear, strong and consistent key messages and recommendations which support (a) patients, carers, relatives and the public to understand what our findings mean for their care, and (b) people who deliver and commission services to use our findings and recommendations to improve patient care
- Encouraging feedback at all levels, and specifically through our stakeholder and service user surveys

4 Audiences

Our key target audiences are listed below:

People who receive care	<ul style="list-style-type: none"> • Patients and service users • Families and carers • Local people and communities • The public and the media
People who deliver care	<ul style="list-style-type: none"> • Service providers (local and national) – individual clinicians, GPs, nurses, pharmacists, and their managers, teams and organisations (NHS Trusts and Health Boards) • Charities and voluntary organisations • Integrated Care Systems
People who commission care	<ul style="list-style-type: none"> • NHS England • Welsh Government • Department of Health and Social Care • Devolved governments including policy and practice leaders
People who regulate care and provide national oversight	<ul style="list-style-type: none"> • Care Quality Commission • National Institute for Health and Care Excellence (NICE) • Health Education England • Equivalent bodies in all UK countries (e.g., Health Inspectorate Wales)
People responsible for the development of knowledge and training	<ul style="list-style-type: none"> • Medical Royal Colleges, particularly the Royal College of Psychiatrists, Nursing, and General Practice • Academic Health Science Networks • Universities, Colleges, Schools

5 Dissemination and engagement

We are dedicated to translating our research findings and recommendations into formats that are most likely to reach services and the people who use, deliver, commission and regulate them, and improve their safety. The dissemination of all NCISH findings and recommendations will therefore take place through a variety of formats and activities appropriate to the needs of the target audience, including infographics, animated videos, slides sets and dedicated interactive webpages for each annual report and “spotlight” report we publish (see Box 1). These will all be publicly available on the

NCISH website, which is continually updated and developed to raise awareness of our research and our findings and recommendations for safer care.

The interpretation of all NCISH results will have input from clinical leadership, methodological and statistical input, and patient and public involvement. This will ensure our data can be used for healthcare improvement by the clinical community and that it remains grounded in the needs of the patient. Each report we publish will provide health professionals, policymakers and service managers with the evidence and practical suggestions they need to effectively manage change and reduce risk of suicide. The topic of the spotlight report will be decided by the Advisory Group informed by emerging concerns and policy priorities.

All national NCISH reports will be subject to HQIP's Standard Reporting Procedure (SRP), and every report will have its own communication plan to ensure stakeholder help with dissemination (i.e., publicising via their websites and bulletins to members) and planning social media content. Key stakeholders to involve in communications planning for NCISH annual and spotlight reports will include:

- HQIP
- NHS England
- NCISH partners - the Royal College of Psychiatrists, Royal College of Nurses and the NHS Confederation (Mental Health)
- Relevant charitable organisations, such as Rethink, Time to Change, State of Mind, who will be informed of the publication of the report prior to the embargo being lifted
- NCISH Project Board

We will actively grow the number of @NCISH_UK X (formerly Twitter) followers (currently ~10k followers) and will encourage the use of the #NCISH20__ annual conference hashtag to extend comments and conversations prior to, during and following our annual conference. We continue to explore other social media platforms for dissemination and engagement.

Box 1: Our methods of dissemination and engagement

Method	Channel	Frequency
NCISH Annual Report	<ul style="list-style-type: none"> Dedicated interactive webpage with supporting shareable resources on NCISH website 	Annual
Spotlight report	<ul style="list-style-type: none"> Dedicated interactive webpage with supporting shareable resources on NCISH website 	Biennial
NCISH conference	<ul style="list-style-type: none"> Findings and recommendations from NCISH Annual Report (and spotlight report, if applicable) presented online (via Zoom) Including lived experience, and discussion with invited experts Data slides and conference recording also available on NCISH website 	Annual
Infographics	<ul style="list-style-type: none"> Designed for both clinicians and patients to promote and share onward learning in a quick and simple way Accompany NCISH annual report and spotlight reports We also work with local organisations to produce infographic examples of good practice. Publicly available on NCISH website 	Biennial/annual/ as and when
Animated videos	<ul style="list-style-type: none"> Short (~2/3 minute) videos produced in-house to enhance our messaging and support patients by providing simple information from our annual and spotlight reports, and some scientific articles. Available to watch on FBMH YouTube channel via dedicated report webpage on NCISH website 	Biennial/annual/ ad hoc
Easy read report	<ul style="list-style-type: none"> Accompanies NCISH annual report and spotlight reports Available via dedicated report webpage on NCISH website 	Annual
Social media	<ul style="list-style-type: none"> X (@NCISH_UK ~10k followers) Other platforms may be adopted 	Daily
“Safer Services” toolkit	<ul style="list-style-type: none"> PDF and editable Word documents on NCISH website Includes the latest NCISH evidence and guidance, providing quality statements for local self-audit 	Updated annually
Safety Scorecard	<ul style="list-style-type: none"> Provided direct to local areas Includes comprehensive local analysis with national and local comparators 	Annual

Speaking engagements	<ul style="list-style-type: none"> • Online and in-person • At local, regional and national events, including science communication events (festivals, theatre shows), local authority events and schools • Data slides and recordings (if available) shared on the NCISH website 	Ad hoc
Scientific articles	<ul style="list-style-type: none"> • Published in high-quality, peer reviewed academic journals. • Summaries of papers and links available via NCISH website 	Ad hoc
Living web repository	<ul style="list-style-type: none"> • A repository of evidence and summaries of quality-assured reports relevant to suicide prevention, signposting stakeholders to relevant information for quality improvement • Dedicated webpage on NCISH website 	Ad hoc

6 Identity and branding

We have established a brand identity based on a palette of colours. Our brand identity includes specific colours, design and logotype and these identify and distinguish NCISH in the mind of patients and stakeholders. The NCISH logo will be embedded in all our documents and digital communications. When producing any material for publication we will also account for HQIP and University of Manchester branding and accessibility guidelines.

We have produced a Branding Protocol to ensure that all our published materials meet our branding expectations.

7 Key communication channels

The main communication channels for the dissemination of the findings and recommendations from our annual and spotlight reports, as well as other ad hoc resources and scientific articles are:

- The NCISH website, this includes dedicated interactive webpages for each report we publish and a resources page for our toolkits, data slides and recordings, academic publications etc.
- Social media – via the NCISH X (@NCISH_UK) account, and other platforms as appropriate
- Media – our Professors Louis Appleby and Nav Kapur ensure they are available for interview, if requested, following publication of NCISH findings.

8 Evaluation and measurement

The impact of NCISH findings and recommendations will be measured by:

- Number of visits to a dedicated webpage
- Number of downloads of report and associated materials (infographics, easy-read, animated video. supplementary materials)
- Social media engagement with specific X posts, and potentially other platforms in future
- Number of downloads of “Safer Services” toolkit (updated to reflect report findings and recommendations)
- Responses to our stakeholder survey (updated with specific questions related to recently published reports)