

Meeting: NHS Grampian Board
Meeting date: 2 December 2021
Item Number: 5.6
Title: NHS Grampian Communication and Engagement Plan, for the Grampian Operational Pressure Escalation System (G-OPES) and Operation Iris
Responsible Executive/Non-Executive: Susan Webb, Director of Public Health
Report Authors: Stuart Humphreys, Director of Corporate Communications
Tom Power, Director of People and Culture

1 Purpose

This is presented to the Board for:

- Endorsement

This report relates to a:

- Emerging issue

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Increasing Demand

Many factors are making the winter impact uncertain. These include; vaccine uptake and duration of post vaccination immunity in different groups, likelihood and impact of new variants, our understanding and willingness to accept precautions, resurgence of other respiratory infections and potential co-infection accentuating illness severity and wider health impacts of the pandemic. All of this is on top of the usual increase in emergency demand on health and social care delivery. We are anticipating the demands on our services being much greater this winter than they have been before.

It is not all COVID-19. Our ageing population, stalling life expectancy, the continued rise of long-term conditions, all have a bearing on well-being, health and our economy, which in turn increases demand on our health and care services. We know that presentations to hospital services declined at the start of wave 1 and picked up in subsequent waves but it is unclear how numerous the untreated health conditions such as cancer and heart disease are. It seems likely that there will be a rise in health problems as we come out of the pandemic that would have benefitted from early treatment.

We are experiencing our normal winter pressures earlier than we have done previously. Despite all the innovations, the way we are currently delivering our services means we are unable to keep up with the growing demand. We have had to implement our escalation framework quickly, changing how we provide our services, and this has required us to ensure our community and colleagues are kept informed.

Communication challenge

From a communication perspective we have a number of interconnected and potentially competing communication requirements. There is growing public fatigue as well as a proliferation of health-related messaging. The World Health Organisation has warned that we are facing an 'infodemic' alongside the pandemic as we and the public are bombarded by information, dis-information, mis-information and mal-information. So, we cannot simply 'do more comms'. The deliberate shift from paternalistic, transactional interactions to one which is more collaborative has been identified as something we need to work on.

Several organisational priorities are underway, or about to commence that require supporting communication and engagement over the winter period. These workstreams include (but are not limited to) the development of our strategic plan 'Plan for the Future (2022-2028)', our staff wellbeing programme 'We Care' and Operation Iris. In addition, COVID-19 is still with us and our ongoing communication to keep our population safe will continue, seasonal factors such as the flu vaccination programme, and significant weather events fuel demand for communication which is integral to minimising harm and supporting flow through our health and care system.

Learning from experience

We are keen to have a clear picture of how ways of working are getting in the way of our ambition to keep people well, independent and providing the right balance of care in and out of hospital if required, so we can see what needs to change. Feedback is gathered on a daily basis in our system. To complement this, we have undertaken extensive engagement to inform our strategic plan. This has led to further conversations with communities and colleagues to deepen our understanding of the issues raised and potential solutions to explore.

As we move through the period of Operation Iris, we will seek to balance the need to communicate quickly to keep our communities informed of changes to the health needs of our population (and how we deliver our services in response), with our ambition to understand and nurture the wealth of knowledge and assets in our communities, to strengthen prevention-focused health and care services.

Building on what we have

We will use our existing structures to further develop conversations with our colleagues and our communities. We recognise that different people want to engage in different ways, so we will ensure different routes for people to get their voices heard. We will capture our learning of this approach.

The goals for communication and engagement are:

1. Make every opportunity count to support people to stay well and recover faster.
2. Ensure our colleagues, patients, carers and public are kept informed and feel valued.
3. Establish a culture of co-production to ensure a range of voices, including seldom heard voices, are heard in the choice and design of services.
4. Supporting change through building relationships.
5. Enhance the Grampian health system as the place to work.
6. Making a difference (evaluation).

2.2 Background

Case for change

Over the last decade NHS Grampian has set out why our current way of working is getting harder to support the changing health care needs of our population within the resources we have available.

Our population is set to rise and age. Whilst it is hard to predict with certainty the future health care needs, if we see no change other than the demographic change by 2030 tomorrow's health today would see:

- The number of people with long-term conditions up by 9%, those living with cancer up by 28%, those with diabetes 38% and those with dementia 75%
- Co-morbidity rising
- The need for care at home in those age 65 and over rising by 77%
- Emergency admissions to hospital up 26,000 or 37%
- And 20,000 more bed days for increased elective procedures
- In 2012/13 health and social care costs for those 65 years and over in Grampian was £434m. The hypothetical costs for the predicted 2035 population (55% increase) would be £674m or put simply an additional £240m

Would being more efficient close the gap? Our current way of working does not always support people to stay in the right place. National and local audits indicate that around 25% of emergency admissions to hospital could be prevented if we had been able to intervene earlier. So, there is room to improve but this won't close the gap. Evidence does not support that a shift to a more community-based model of care will deliver significant savings. This cannot be achieved in isolation. We have to work across all parts of the health and social care system, including primary care, secondary care, and the third sector, to help close this gap.

So, whilst redesign might help, the solution needs to be wider, it means people in the future need to be healthier than they are today.

Person-centred

A common theme throughout previous Board reports is that our most deprived population live more of their shorter lives in poorer health. People living in more deprived circumstances have been more likely to be exposed, infected, become unwell and to die from COVID-19 because of socio-economic inequalities. The measures put in place to control the pandemic are also likely to have had a disproportionate impact on the most deprived groups. Experts agree COVID-19 has worsened inequalities. Framing health-harming behaviour as individual choice takes the focus away from the health inequalities experienced by groups of people. It stops our understanding about the wider range of factors that influence whether our lives are healthy or not, and in turn makes it easier for us to miss opportunities to protect and enhance health. So how we frame and communicate about staying well is important.

Power of communities

We recognise and understand the strong desire to return to 'normal', to go back to the way things were. An aging population, increasing inequalities, rising obesity levels, increasing long-term conditions risks placing an overwhelming demand on the current health and care system. We need to evolve, we can't go back.

Involving people in the development and delivery of health and social care services requires trust, transparency and an interface between groups that supports engagement in the form of two-way communication. This enables co-production, as the knowledge, skills and experience of friends, family, colleagues, and communities is brought to bear in a way that informs how public services are conceived, planned and delivered to support their health and well-being.

The pandemic has shown us that we are much stronger when we work together as a public sector, partners and communities. It has reinforced the importance of prevention and early intervention, and the key role services (including primary care) will continue play in helping people stay well and recover faster. It has demonstrated what community action can achieve in supporting people to prevent illness, manage their condition and in the delivery of health and care – support to isolate, pop up vaccination clinics, workplace testing, safer spaces, transport, uniform production and helping us to spread the FACTS. Our aim is to build on the strong partnerships in the North East.

2.3 Assessment

1) Make every opportunity count to support people to stay well and recover faster

Communities and colleagues in the North East talk to local people who are dealing with all sorts of issues and challenges that affect their health and wellbeing. Making Every Opportunity Count is about spotting those opportunities within these everyday conversations and signposting people quickly to information and support that can help. Equally it is about feeding back to organisations and partnerships what gets in

the way of doing the right thing. Very brief interventions which take from 30 seconds to a couple of minutes, if done often enough can make a big difference to the health of our population.

The focus of our conversations has been informed through experience over previous winters and from feedback from the recent strategy engagement work.

Accessing appropriate services

'Know Who To turn To' will form the basis of a local communication plan to help navigate the many different ways to get the support needed from information to the services that can help. Going directly to the person with the appropriate skills - pharmacists, opticians, dentists and third sector groups - helps people to a speedier recovery. It also helps our health and care services to run more efficiently. We have looked at areas where demand is highest over the winter months and we will focus our efforts in supporting more people to stay well in their own homes through the following actions.

Promoting Winter Wellness

Winter is the time of year when there are more respiratory infections and we will raise awareness of actions to prevent spread and protect those with respiratory disease.

Over winter, evidence suggests that 45% of elderly patients admitted are socially isolated. Alcohol related demand for Emergency Department services go up and financial pressures increase negatively impacting on our wellbeing. In addition, COVID-19 is still with us and the preventative actions are more important as we move indoors and traditionally socialise more. Communications will include being winter ready, supporting mental wellbeing, and top tips to stay safe during the festive period.

Recover faster

The downward trend against waiting time targets is an indicator of the pressures the health and social care system is facing. The impact of these longer waiting times will vary for each patient. We are exploring a partnership with British Red Cross on a 'waiting well' project which has been successfully trialled in NHS England to support people who are on waiting lists to self-manage while waiting for treatment.

Wider determinants of health

People living with long-term ill health or disability are more likely to be living in poverty, a key factor in poorer health outcomes. We have recognised the benefits of financial inclusion to the mental health and well-being of people and have developed a financial inclusion package as part of our care pathways. We recognise that our support needs to be flexible to meet the changing needs of our patients. Our endowments have funded research to help our understanding in this regard.

Stay well

In collaboration with our community planning partnership NHS Grampian will continue to support our communities to stay well. As part of our response to COVID-19 we have identified communities who are more vulnerable to the impacts of COVID-19. When capacity allows our contact tracing team has been undertaking

welfare/wellbeing checks with clients. We work closely with our local authority colleagues to ensure support to isolate is available for those who need it. We will also continue to ensure the delivery of the vaccination programme enables as many people as possible to be vaccinated.

Corporate Communications is taking a ‘campaign’ approach to winter 2021/22, which will see messages packaged together into themes. Each theme or ‘campaign’ will use a blend of our available channels tactically - rather than adopting an ‘everything everywhere’ approach. This will support organisational priorities whilst minimising confusion and message fatigue among audiences.

2) Ensure our colleagues, patients, carers and public are kept informed and feel valued

We are asking our stakeholders to absorb a lot of information through our communications channels.

These communications could be better distilled into ‘one voice’: **to ask, to inform, to engage with one coherent message from our system.**

Strategically, this will build a cohesive platform internally and externally which will promote, support and deliver the messages of transformation during a time of enormous pressure.

Communications structure

In keeping with other aspects of our response, a meeting structure is in place to ensure connection across the health and care system in order to jointly agree communications actions and deliver consistent messages on a dynamic basis:

Communications Cell (Daily)	SG Comms Coordination Group	CEOG (Fortnightly)	PCG (Monthly)	SG Strategic Communications Group (Monthly)
Local Tactical Co-Ordination	National Tactical Co-ordination	Regional Strategic Co-ordination	Regional Tactical Co-ordination	National Strategic Co-ordination

- **Communications Cell** - representatives from Corporate Communications, Public Involvement, HR and HSCP Comms leads continue to meet daily to agree and implement short-term communications priorities.
- **Communications & Engagement Oversight Group (CEOG)** - meets fortnightly as a sub-group of the NHS Grampian Transformation Oversight Board with a medium/long-term strategic focus to ensure best practice is followed in the planning and delivery of Comms and engagement activity.
- **Public Communications Group (PCG)** - whilst the LRP is stood up/down in response to urgent need, this sub-group continues to meet on (at least) a monthly

basis providing a valuable touch-point for first responders and healthcare partners across Grampian to co-ordinate communications activity.

- **SG Comms Co-ordination Group & Strategic Communicators Group** – provide a weekly and monthly interface respectively for Health Boards across Scotland to link with NHS Scotland Communications to share, plan and co-ordinate activity.

Delivery

These structures support discussion and decision-making around the most appropriate approach to maximise the efficiency and effectiveness of communications and engagement based on the organisational approach decided within the Daily, Weekly and Two Weekly System Connect Meetings. The same structure also supports any specific requirements arising from RMP4, the Transformation Oversight Board, Infrastructure Oversight Board, The Recovery of People and Services Oversight Board and related steering/working groups.

Slogan

With regard to Operation Iris, it is proposed to retain a simple three-word summary (as used during Operation Snowdrop) as a consistent rallying call as a consistent, motivating & accessible statement of our ambition.

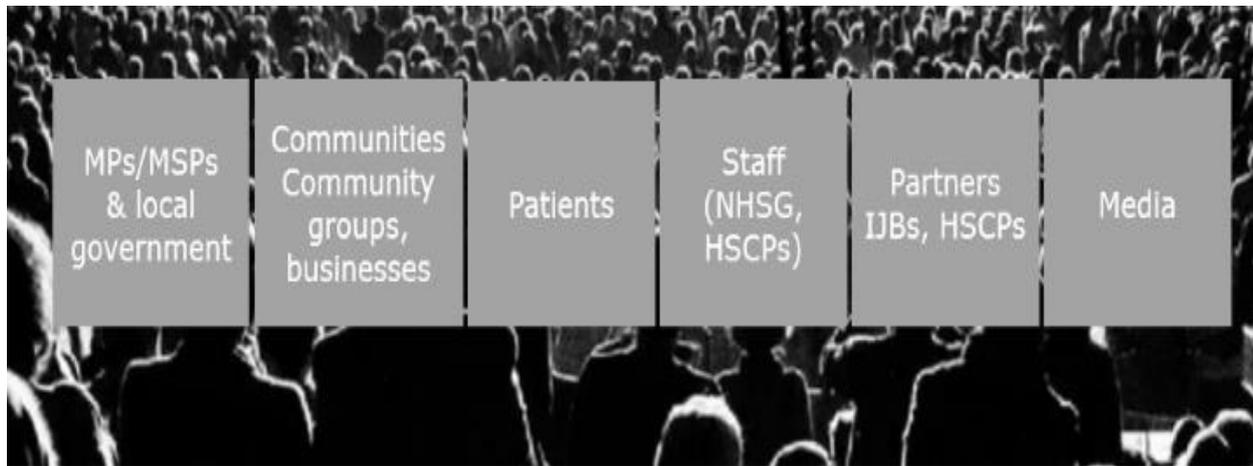
During Operation Snowdrop our watchwords were Resilience, Renewal and Hope. For Operation Iris these will be: **Experience, Engage, Evolve.**



- **Experience:** understand how ways of working are supporting or getting in the way of our ambition
- **Engage:** to include people as part of our decision making
- **Evolve:** to bring lasting change

Audiences

These audiences include but are not limited to: our staff, immediate partners associated with the IJBs, communities and the public.



Communication channels

The appropriate message, tone of voice and channel through which to engage with the desired audience will vary according to need. The chart on the next page highlights the key methods and channels that are likely to be utilised – either individually or collectively.

As has been the case throughout Operation Rainbow, Snowdrop and the third wave it is likely that multiple channels will be used on each occasion in order to cascade information, with the language and level of detail required adapted to suit the intended audience.

3) Establish a culture of co-production to ensure a range of voices, including seldom heard voices, are heard in the choice and design of services

We have a number of structures and mechanisms that we have been developing and building on over the last few months to enable a continuous conversations with stakeholders. These include the Grampian-wide Engagement Network (GEN), which adopts a Community of Practice approach and membership includes over 40 partners with a remit around engagement.

The Network was set up and is led by the NHS Grampian Public Involvement Team, and membership included the three Health & Social Care Partnerships (HSCPs), Third Sector Interface (TSIs) and Community Planning Partnerships (CPPs), Grampian Regional Equality Council (GREC), HIS Community Engagement, NHS Highland and some other partner colleagues.

We also have our recently developed NHS Grampian Public Empowerment Groups (PEGS). To date we have established a 'Mental Health and Learning Disabilities PEG', a 'Dr Gray's Hospital and Moray PEG' and have started to develop a new 'Long Covid PEG' and 'Strategy Development PEG'.

Bringing together stakeholders and members of the public to have open conversations about the challenges we face and explore solutions together is key to building a common understanding, trust and continuous dialogue through which true coproduction can be realised.

Communication ambassadors

In addition to existing communications channels, it is proposed to create a network of communication ambassadors that support visible two-way communication. With messages flowing from daily and weekly system connect meetings, to an agreed distribution list, this supports improved operational conversations and embeds the organisation's expectation that 'Communications and Engagement is everyone's business'.

The distribution list of ambassadors will include but is not limited to: Existing Comms networks (Comms Cell, Comms & Engagement Oversight Group, Public Comms Group), System Connect Group members, System Leadership training group members, Wider Cohort System Leadership Monthly Meeting members, the Grampian Engagement Network, Area Clinical Forum, GAPF, Clinical Board, IJBs, CPPs, MPs/MSPs & Elected members.

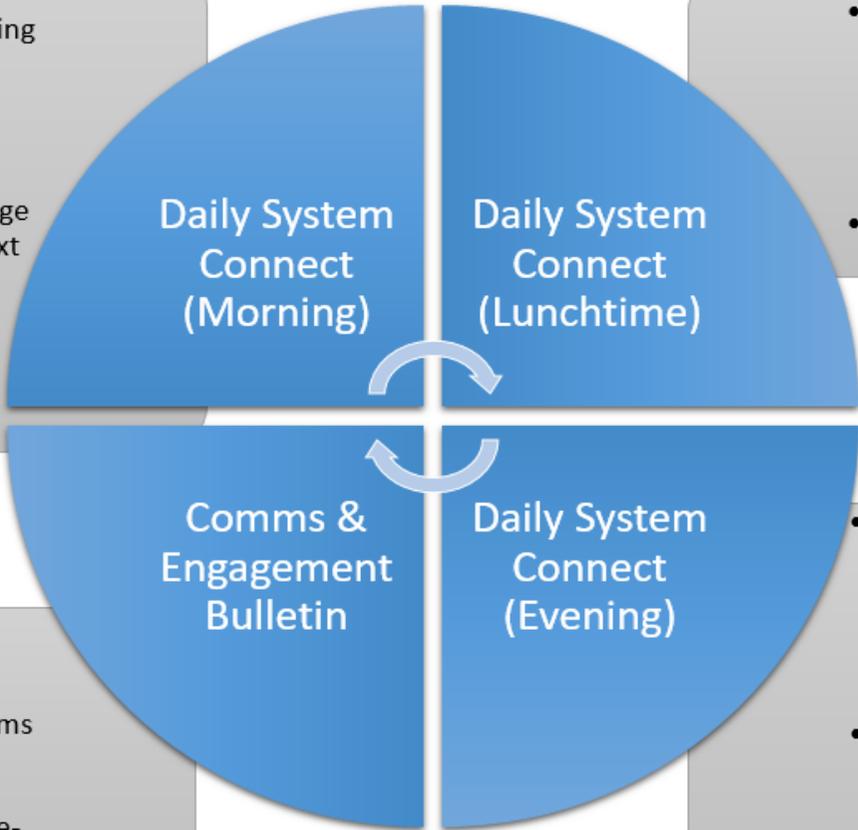
The following diagram highlights the proposed cycle of system connect meetings and message agreement/dissemination.

One system, one message, one timeline

*A **weekly theme** may be more appropriate at times recognising that there may not be a new message every day.

- Ambassador Network (TBC)**
(for onward cascade)
- Comms Cell
 - System Connect Group members
 - System Leadership training group
 - Wider Cohort System Leadership Monthly Meeting
 - Grampian Engagement Network

- Comms & Engagement standing agenda item
- Completion of previous action confirmed
- Operational message (*or theme) for next day discussed
- Message refined & shared with group prior to lunchtime meeting



- Agreed Comms & Engagement message reviewed/refined and agreed by group (Chair?)
- Agreed message sent to CET for sign-off

- Approved message dispatched to Comms & Engagement Ambassadors network via group e-mail.

- Review message sent to CET for sign-off to check still relevant/not superseded for tomorrow
- Report back whether CET approval has been received for am dispatch

4) Supporting change through building relationships

We will do this by building on key strengths including our good relationships with partnership colleagues, principally the three Health and Social Care Partnerships (HSCPs) and Third Sector Interfaces (TSIs), our statutory partners and Local Authority Community Planning Partnerships (LACPPs) to ensure that our approach to involving and planning with people, including our workforce is aligned to our ambition.

Also of significance will be working more co-productively across our vibrant third sector, the heterogeneous range of charities, social enterprises and voluntary groups across Grampian who play such a vital role in supporting people at a neighbourhood level delivering essential services and helping to improve people's wellbeing. Central to this will be building on our work around place-based approaches to wellbeing.

5) Enhance the Grampian health system as the place to work

Effective communication with and engagement of our workforce, is of equal importance to the work we do with the communities of which they are part. During Operation Iris, as with much of the period since Operation Snowdrop, we will focus on three key areas: supporting health and wellbeing; culture and staff experience; and the future of the workplace.

Support for staff wellbeing

Our workforce has been under significant pressure since before the pandemic. It has been essential to provide clear information on the range of local and national supports available to them, described in more detail in the accompanying Board paper on staff wellbeing during Operation Iris. The 'We Care' initiative has been designed to provide a banner under which a range of contributions could be aligned, and a portal through which staff can access information, resources, and support for their health and wellbeing.

Whilst our staff have shown incredible resilience in adapting to the added demands of the past year and a half, our engagement with them through a variety of channels, including We Care and our Area Partnership Forum has highlighted several signals of distress. These have been used to inform the responses described in the above Board paper. They have also been used to further evolve our communications and engagement approach.

Over the next six months we will

- Ensure communication is regular, clear, accurate and consistent via We Care weekly Wellbeing Wednesday slot in the Daily Brief highlighting key activity and resources; a monthly newsletter, responding to feedback, requests and identified needs, developing the website and increasing our social media reach.
- Seek to further understand the wellbeing of our workforce and their support needs by continuing to invite feedback from staff via email or anonymous MS Form, and further quarterly Wellbeing Pulse Surveys in November 2021 and March 2022, sharing results and using the information to inform adjustments to our approach.
- Hosting 10 x online wellbeing information sessions by December 2021, providing information on supports available to staff teams/professional groups and engaging with staff to further inform the We Care programme.

- Supplementing this wider engagement with focussed work during November and December 2021, in conjunction with the psychology team, with clinical teams to learn about factors impacting on their wellbeing and identify possible solutions to enable the provision of in situ and more personalised support.

Culture and staff experience

The strengths of our culture have sustained the workforce during the periods of intense pressure that have accompanied the pandemic. In many cases, the NHS Grampian values of caring, listening and improving and how they are experienced in practice have lifted people up during the most difficult times. However, there are also aspects of our culture, for example behaviours under extreme pressure, that can pull us down. It is for this reason that effective communication and engagement around how we nurture our culture is essential during the coming months.

During the first two waves of the pandemic, our focussed work on developing our culture was paused to allow a focus on supporting wellbeing and ensuring workforce numbers were sufficient. Whilst these remain important, and there are clear benefits to culture and staff experience from focussing on them, it is important that we now sustain an increased focus on developing our culture in response to learning from the challenges we face. Our deliberate branding of this work as Culture Matters is designed to act as a similar banner to the We Care programme for staff to coalesce around.

Over the next six months we will:

- Communicate clearly via digital and physical media in December core expectations of all people managers as a critical support for staff, building on the positive feedback in our 2021 iMatter report by encouraging them to: prioritise people; provide clarity; and be visible.
- Continue to develop the monthly Culture Cabinet open forum for involving our staff at all levels in shaping, nurturing and boosting a supportive, inclusive and empowering culture for our workforce and service users, that reflects our values of caring, listening and improving.
- Prepare for and undertake the Best Practice Australia (BPA) Culture Survey in a number of areas in February 2022, including Nursing and Midwifery, to better understand the experience of our workforce and support the journey towards Magnet recognition.

Future of the workplace

Whether their role has involved continuing to work in clinical and care environments, or as a previously office based worker has seen them undertake a largely enforced period of remote and home working, all our staff have experienced changes in where and how they work during the pandemic that will remain through Operation Iris and are likely to shape the future of the workplace beyond this. Whilst public health considerations have been prominent in our thinking in shaping these requirements, consideration has also been given with staff to the longer term opportunities that may arise as a result.

Across our estate, and in particular in our clinical environments, establishing a Safer Workplaces programme to support communication about and engagement around a range of measures designed to protect staff, patients and the public from harm has been an important

source of ensuring our readiness to transition from the red, amber and green patient pathways approach of the pandemic to the nationally prescribed respiratory and non-respiratory approach from December 2021. The Safer Workplaces team has undertaken over 750 visits to services across the system 2021, supplemented by surveys and focus groups to engage staff in ensuring a safe environment for all.

For those in office based roles, our Smarter Working Programme, which resumed in August 2021 has, through engagement with our Area Partnership Forum, and an in depth survey open to all staff receiving approximately 1,000 responses, determined the parameters for commissioning the development of a future Workplace Strategy. This will help to inform a programme of work to introduce new workstyles that provide flexibility for staff and make best use of our estate and technology. Continued effective engagement with staff will be key to the change management process that follows.

Over the next six months we will:

- Continue to support safer workplaces, providing communication that makes it easy for staff to do the right thing and engaging in partnership to ensure clinical staff are involved in decisions around the continued use of derogations that may be necessary to respond to system pressures under the G-OPES framework.
- Conclude the staff engagement and development stages for our new Workplace Strategy by January 2022, providing teams with an understanding of the future workstyles that will be available whilst continuing to encourage working from home wherever possible until the end of Operation Iris.
- Using the Workplace Strategy to guide the Smarter Working programme, and as the basis for engagement with services and teams currently working remotely and from home around the process of safely returning to the workplace after March 2022, including the adoption of Hybrid Working.

6) Making a difference (evaluation)

We will evaluate our communication and engagement approach. The aim is to know the outcomes, both short and long term - that is, knowing not only the key messages got across but whether those messages resulted in a change in attitudes or behaviour. Our action plan is detailed in Appendix 3.

Our approach will be formative, using mixed methods and will be initially focused on output metrics as measures of engagement. We already do this for our digital media and will extend this to our focus groups and the other engagement/collaborative methods mentioned in this paper. We will also work with the Kings Fund partnership, to help inform our evaluation approach to community engagement as part of our Plan for the Future.

Over the course of Operation Iris, our evaluation approach will evolve, looking to evaluate the effectiveness of our public health communications and campaigns. Throughout the engagement processes over the next 6 months, we will support thinking and planning to clarify the ultimate goals and ambitions for change, so that we can tailor health communications and our evaluation methods appropriately.

2.3.1 Quality/ Patient Care

Patient Engagement can lead to better health outcomes and increase participation in the health care decision making process.

2.3.2 Workforce

The anticipated benefits to our staff is outlined in the workforce paper.

2.3.3 Financial

It is anticipated that this initial phase will be undertaken within existing resources. However, the longer term plan will require a review of investment to support delivery.

2.3.4 Risk Assessment/Management

There are four key risks identified as part of this plan:

- Not all corporate messages reach every member of staff: A range of communication and engagement channels are included to ensure colleagues are kept informed/can engage.
- Degree and pace of change has an impact on colleagues' morale and levels of engagement: in addition to existing communication channels a network of communication ambassadors will support visible two-way communication.
- Pressure on workforce limits time to engage patients, relatives and communities in co-design; using existing structures to capture two way communication, translate into actionable insights to inform improvement initiatives.
- Resource to deliver the plan; one system one message will be used to ensure consistency of approach increasing the resources available to support the ask.

2.3.5 Equality and Diversity, including health inequalities

An Equality and Diversity Impact Assessment has been undertaken, and the document has been updated to reflect the recommendations made.

The communication and engagement plan has been based on the feedback received to date which has been assessed to ensure representation of our population including reaching the seldom heard. The evaluation plan will monitor reach on an ongoing basis.

To ensure the information in the Communication and Engagement Plan reaches non-English speaking members of our local minority ethnic communities, information will be made available in our main local ethnic community languages. In addition, for people with a communication disability, information in different accessible formats such as audio, large print and British Sign Language will also be provided.

In compliance with the Fairer Scotland Duty 2018, additional communication resources will be targeted to areas of multiple deprivation to achieve equality and communication outcomes and thereby promote equality of health outcomes.

2.3.6 Other impacts

2.3.7 Communication, involvement, engagement and consultation

Content of this paper has been developed through involvement of:

- Communications Cell Members, 10 November 2021
- Engagement & Participation Committee Members, 10 November 2021
- GAPF Members, 12 November 2021

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Engagement on the principles contained in this paper have been considered by the following groups:

- Communications Cell, supported development of strategic intent, 10 November 2021
- Engagement & Participation Committee, considered the goals of the Communications & Engagement Plan, 10 November 2021
- GAPF members considered the Operation Iris statement of ambition (Experience, Engage, Evolve), 12 November 2021

In addition, the Board received an outline of the themes covered in this paper at the Closed Board meeting on 4 November 2021.

2.4 Recommendation

The Board is asked to

1. **Approve** the Communication and Engagement goals detailed in section 2.1 which will guide our communication and engagement activities, striking the right balance of immediate response with our longer term goal of people-powered health.
2. **Endorse** the approach to communication and engagement detailed in this paper

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - System Connect Communications Chart
- Appendix 2 - Winter Communications Delivery Plan
- Appendix 3 – Action Plan