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**Communications Policy**

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| **Communications Policy** | **Policy No.**GEN29 | **Version No.** |
| **Staff Group covered by this document:**NHS Stockport staff |
| **Key Objective of the document**To provide consistency in our approach to communications. |
| **Ratification**Operational Executive committee |
| **References / Bibliography and Associated Documents**GEN19 Policy for Written information for patientsGEN50 Email policyGEN 42 Consultation policyGEN 19 Written information for patients policyStaff incentives policyUsing social networking sites in a personal capacity (HR policy) |
| **Signed off by ……………………………………. (Gaynor Mullins, Interim Managing Director)****Date** |
| **Date of Review****31st January 2012** | **Date of issue** |
| **Date of Next Review****April 2013** | **Responsible Committee or Officer** Head of Communications |

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**1 Introduction**

NHS Stockport is committed to open and effective communications and the establishment and maintenance of clear and effective channels of communication across the whole range of its activities.

This policy sets out the responsibilities of staff when communicating. It also identifies the groups of people that need to be communicated to, the vehicles of communication and the processes required to assist effective communication.

**2 Duties/Responsibilities within the Organisation**

Successful communication will depend on the actions, skills, knowledge and values of all its staff however the following roles, teams and committees have key communication responsibilities:-

* **Stockport Clinical Commissioning Pathfinder committee**
* **Managing Director**
* **Directors and clinical leads**
* **Head of communications**
* **Communications team**
* **Managers**

**3 Definitions**

**Blog**

Short for weblog, a blog is a frequently updated personal online journal kept by a blogger.

**Campaign**

A campaign is the planning, carrying-out and the analysis of a Public Relations/communications plan of action.

**Coverage**

The coverage of a campaign is the total number of people within your target audience that may see your message. Sometimes referred to as reach. Coverage is often expressed as a percentage and the actual number together. For example 'this campaign will reach 10.71% of my target audience which equates to 258,000 people’.

**Internal communication** - Organisational use of process communication to help achieve corporate objectives.

**Media -** Media refers to newspapers, magazines, radio and TV, websites, discussion groups, forums, Wikis, blogs, government reports and brochures.

**Media Relations -** Dealing with and building up good working relationships with journalists from the broadcast and print media.

**NLA – Newspaper Licensing Agency -** The NLA represents the copyright interests of several hundred publications, mainly newspapers, from the UK national press through to the major regional press.

**Press Release (also known as a News Release)**
Statement describing an event or item which is considered to be of sufficient interest to readers/viewers/listeners for an editor to publish reference to it.

**Proactive PR/Reactive PR**

Editorial that appears as a direct result of PR input is proactive PR. As opposed to reactive PR where the editorial has appeared as a result of the publication's initiative.

**Public**

A group of people which contain the target audience for the PR campaign are known as the public.

**Public relations** – “*An organisations managed communication behaviour*” (Grunig 1997)

**Reputation**

The public’s or target audience’s perception of a product or service in terms of credibility, trustworthiness or image.

**Social media** – *“Social media is the term commonly given to Internet and mobile-based channels and tools that allow users to interact with each other and share opinions and content. As the name implies, social media involves the building of communities or networks and encouraging participation and engagement.”* (Chartered Institute of Public Relations, May 2011)

**Target Audience -** The group of people you are trying to reach with your message are known as the target audience. They can be defined by socio-economic groups or other specified criteria. Also referred to as 'target market'.

**4 NHS Identity and logo**

# **4.1 The importance of the NHS Identity**

Our identity is important. It affects how people think and feel about the NHS. Our identity is largely shaped by what we do – treating illness and promoting health. But our communications also play an important part in defining who we are.

Across all media and materials, our communications need to express and support our NHS values and principles. At a time of change within the NHS, our communications are essential to helping the public and patients navigate a more diverse healthcare system. Through our communications, we also need to reassure people that NHS standards are being maintained.

The NHS is recognised spontaneously by over 95% of the public, and carries high levels of trust and credibility. By using the NHS corporate identity correctly, we can help to reassure people that services are part of the NHS family, and that these services are being delivered in line with our values.

We must continue to use the  logo on external documents.

Under NHS identity guidelines we can not adopt the Stockport Clinical Commissioning Pathfinder logo on our external communications until the Clinical Commissioning Group is fully authorised. NHS Stockport must continue to be used on its own on letterheads, Powerpoint presentations and compliment slips.

However when communicating internally or with GP practices we can adopt this logo.



## ****4.2 NHS communications principles****

(To be read in conjunction with GEN19 – Written Information for patients policy)

When producing materials for the NHS, you should follow the NHS communications principles to ensure that your work is:

* **Clear and professional:** demonstrating pride and authority in what we do.
* **Cost-effective:** showing that budgets have been used wisely.
* **Straightforward:** avoiding gimmicks and over complicated design or wording.
* **Modern:** portraying the NHS in a way that is up to date.
* **Accessible:** understood by the target audience and easily obtainable and available in other languages, symbols or formats.
* **Honest:** avoiding misleading information or false promises.
* **Respectful:** showing respect for our audience, avoiding unfair stereotypes, acknowledging the different needs of individuals and populations.

It is also recommend that information that is sent out is consistent and timely. Please contact the communications team for any advice on producing communications for the public, stakeholder and staff.

**5 Corporate guidelines**

The protocols in the attached appendix are communication standards which must be maintained across the organisation. The protocols attached are:-

 **5.1 Using email signatures**

 **5.2 Displaying out of office messages**

 **5.3 Handling abusive calls**

 **5.4 Corporate House style guidelines**

**6 Social media guidelines**

**6.1 Social media Introduction**

*“Social media is the term commonly given to Internet and mobile-based channels and tools that allow users to interact with each other and share opinions and content. As the name implies, social media involves the building of communities or networks and encouraging participation and engagement.”*

(Chartered Institute of Public Relations, May 2011)

A few well-known examples of popular social media applications are Facebook (social networking), Twitter (microblog), YouTube (video sharing) and Flickr (image sharing).

Social media has great potential to help the NHS reach patients and service users that do not engage using traditional communications and engagement channels. However the inappropriate or ill-considered use of social media also has the potential to damage both individual’s and the NHS’ reputation. It is therefore important that staff are aware that there are a number of legal implications associated with the inappropriate use of social media. Liability can arise under the laws of defamation, copyright, discrimination, contract, human rights, protection from harassment, criminal justice act etc.

Enquiries or requests for information from social media, including requests from bloggers, should be forwarded to the Communications Team for a response. Employees must not respond directly to such enquiries without express permission from the Communications Team.

**6.2 Using social media to reach an audience**

NHS Stockport currently utilise the following social media channels:-

* Facebook
* Twitter
* YouTube

Please contact the communication team if you would like to send out any messages using these channels. If you are running a longer term project that may require regular updates you may be able to obtain the required permission to update these, however a content approval process will need to be agreed.

**6.3 Using Social media in a personal capacity**

If using social media in a personal capacity staff should adhere to the guidelines laid down in the HR Policy – *Using social networking sites in a personal capacity.*

**7 Internal communications**

With regard to internal communications the aim is to ensure that employees are kept informed of matters that affect them and the organisation. All staff should be encouraged to contribute to the achievement of the NHS Stockports/CCGs strategic aims and objectives. Staff should be given the opportunity to voice their suggestions and views so that SCCP committee is in a position to use these valued opinions to achieve the organisations objectives.

**Staff can expect to:-**

* Attend the staff induction programme when they join the organisation.
* Have access to Sharepoint. This is the organisations intranet which is update on a daily basis by the Communications team. It includes organisation information, national and regional updates and some less formal messages that may be of interest to staff.
* Attend a monthly briefing session with their Director.
* Receive a monthly Managing Director update on Sharepoint.
* Have the opportunities for to provide anonymous feedback via the Talk Back form (on Sharepoint). This can be emailed or anonymously posted to the Communications team.
* Senior staff – attend an annual event every May.
* Senior staff – attend a monthly strategic change meeting.
* Annual Staff award ceremony ( see Staff incentives policy and recognition of long serving employees)

The other following methods should be used to help cascade information to employees:-

* One to one meetings – These are absolutely essential and offer a high potential for communicating, checking understanding and allowing for two way communication.
* Team meetings – These can be used to cascade information from the centre via managers and check progress on organisation and team objectives.
* Notice boards in the varying premises and floors. Nominated members of staff should keep these up to date.
* Ad hoc face to face staff briefings – These should be organised when specific pieces of information need to be communicated. This is of particular importance during transition.

**8 GP Practice Communications**

Communications audits with GP practices have shown that GPs and the practice staff receive high volumes of emails. This makes it difficult to identify important or relevant information. The following actions must be taken to redress this:-

An approved list of people will now be the main communicators with GP practices. These are:-

* + Members of the Communications team
	+ PA to the Clinical Director
	+ Two members of the Primary Care team (Elaine Abraham Lee and Debbie Holt)

There are a number of separate email lists for Senior partners, other GPs and Practice Managers. Any communication to locum GPs will be via Practitioner services as locums are usually contacted via personal email addresses.

The distribution lists are not visible on NHS net. All communication to GP practices must be sent to one of the people on this list. The approved list of people will consult with the communications team as to the best method of delivery.

The main vehicles of communication will be via the GP Pathfinder newsletter and the SCCP website. Urgent emails may also be sent by the identified list above. There will also be instances when formal letters will be required from the different directorates, for example on:-

* + Contracting matters
	+ Serious Untoward Incidents
	+ Practice budgets
	+ Safety alerts

It is recognised that different practice groups (such as Practice nurses) will respond to established communication methods and these will continue.

The SCCP website will be regularly updated and will be promoted to become one of the main sources of local information for Stockport practices.

**9 Media communications**

**9.1 Contact with the media**

Any contact with media must be via the Communications Team. This is to ensure consistency of message.

If staff are contacted by any member of the media they must refer the request to the Communications department.

Staff may be approached from time to time by the Press Officer to provide information for both reactive and proactive (promotional) press releases. A prompt response will be required as media deadlines are often very short.

**9.2 Media releases**

A press release is a tool for securing media coverage. It should not contain factual errors but, to make it appealing to a journalist it may be partial in its explanations and will be written in a journalistic style.

Staff and contractors are encouraged to contact the press officer with ideas for press releases. The press officer’s role will be to compose the content based on the background material provided. If a particular target audience is envisaged, that should be made clear.

Unless a press release is controversial it can be signed off by the manager concerned. However if press releases/statements contain controversial or potentially reputational implications these must be signed off by the Managing Director.

**9.3 GP Practice media communications**

Any media enquiries regarding the CCG should be directed to the NHS Stockport Communications team.

If independent GP practices require any support in responding to media enquiries about their practice or any medical opinion they are asked to provide please contact the Communications team.

**9.4 Copyright**

Newspapers and their websites are protected by Copyright. It is a legal requirement to have the permission of the copyright owner to reproduce their work. The NLA licenses the copying of content on behalf of the copyright owners, in accordance with the Copyright, Designs and Patents Act 1988.

**The PCT does not hold a licence which means that staff can not photocopy or scan press cuttings or send links from newspaper websites.**

**10 Campaign/communications planning**

As a public sector body there are times when staff, depending on their area of work, will need to communicate messages or promote campaigns/ideas/changes to the public.

The Communications team will be able to advise you on the best way of communicating your messages either internally or externally. They may be able to support in producing a communications plan and associated documents, such as media releases, stakeholder briefings etc.

Planning communication provides a framework to stimulate thinking. When designing your communications plan you should consider:-

* The aims and objectives of the communication – what do you want to achieve?
* Your publics – who do want to communicate with?
* Strategy – What do you want to do? For example, proactive or reactive campaign? Targeted or general?
* Content for messages – what do you want to say?
* Tactics – what methods do you want to use? For example, press releases, one to one briefings, podcasts.
* Timescales
* Resources
* Evaluation

Also, for more in-depth conversation or consultation with the public please see the Consultation Policy.

**11 Requests for Information**

**11.1 MP enquiries**

Regular enquiries are sent to NHS Stockport from local MPs with regard to their constituents. If staff receive these they must be sent directly to the Communications department who will log the enquiry and arrange the appropriate response. All responses are signed off by the Managing Director.

From time to time staff will be asked to provide information to prepare a response. Please reply promptly in order to provide a timely response.

**11.2 Freedom of Information requests**

As a public body, NHS Stockport is subject to Freedom of information enquiries. We have a statutory duty to respond to these within 20 working days.

If you receive such a request please immediately forward this to the communications team at the following email: sto-pct.foi@nhs.net

If you are asked to provide information to respond to an FOI request please respond within the timescale provided in order for us to meet our statutory duty.

**11. Stakeholder communications**

During your work it is important to consider if there are any elements that need communicating and who to. Internally you may need to consider those groups that interact with the public through their work, for example, PALs and Complaints. The following external stakeholders may need to be considered:-

* GPs
* Other contractors
* MPs
* Councillors
* Local Hospital departments
* Other local NHS Providers
* Council/Social services departments
* LINks
* Nursing and residential homes
* Cluster leads
* SHA leads
* Carers groups
* Other patient, community or voluntary groups
* Children’s centres
* Day centres
* Libraries
* Leisure centres

**12. Equality Impact assessment**

All public bodies have a statutory duty under the Race Relation (Amendment) Act 2000 to “set out arrangements to assess and consult on how their policies and functions impact on race equality.” In effect to undertake equality impact assessments on all Policies/Procedures/Guidelines/Protocols and practices. The attached EIA relevance screening assesses that the Communications Policy will have a high impact on all equality groups. The following therefore sets out the communications commitments we make to these groups.

The communication of good information promotes quality healthcare and offers patients assistance in making informed choices. NHS Stockport recognises that different patients have different needs and commits to ensuring that communications are accessible to all through the use of plain English, a range of formats & language options. Please see the Accessible communications Toolkit which provides guideline for good practice when communicating with minority groups.

The [Equality & Diversity pages of the NHS Stockport website](http://www.stockport-pct.nhs.uk/EqualityDiversity.aspx) contain details of our policies, our training events, and both internal and external links to practical advice and examples of good practice. We will regularly update the website to ensure that the information contained is current and meaningful.

We will use Stockport Interpreting Services to produce information in other languages for ethnic minorities when required and ensure that all corporate documents contain the ‘languages boxes’ to inform service users how to obtain a translation. We will produce large print documents for people with sight problems on request and use Eyeline Stockport to produce Braille or audio versions of communications when required.

We will include a text reader facility on our website, conform to WCAG website accessibility guidelines and add a link in the header to information on translation facilities to ensure that everyone in our community has the same opportunity to access, understand, and influence our work.

We will also use the following groups to target our messages:-

|  |  |  |
| --- | --- | --- |
| ***- Age*** | • | Central Youth |
|  | • | Age Concern Stockport |
|  | • | All Our Tomorrows Partnership |
| ***- Gender*** | • | Stockport Women’s Aid |
|  | • | Stockport Women’s Centre |
|  | • | Asian Women’s Support Group |
|  | • | The Fawcett Society |
| ***- Race*** | • | Stockport’s Ethnic Diversity Service |
|  | • | African Caribbean Community Association (ACCA) |
|  | • | Nia Kumba |
|  | • | Stockport BME Group |
|  | • | The Black Health Agency |
|  | • | Wai Chin Chinese Society |
|  | • | Asian Heritage Centre |
| ***- Religion*** | • | Stockport Inter-Faith Network |
|  | • | Cheadle Muslim Association |
| ***- Sexual Orientation*** | • | Out In Stockport LGBT network |
|  | • | People Like Us Stockport (PLUS) LGB group |
|  | • | The BASE LGBT youth group |
|  | • | The Lesbian and Gay Foundation |
|  | • | Stonewall |
| ***- Trans*** | • | Press for Change |
| ***- Disability*** | • | Disability Stockport |
|  | • | Eyeline Stockport |
|  | • | Pure Innovations |
|  | • | Children & Young People’s Disability Partnership |
|  | • | Royal National Institute for the Blind |
|  | • | Royal National Institute for the Deaf |

**5 Training**

Staff that will be expected to undertaken low level media interviews will be able to seek advice and guidance from the communications team. Senior staff who wish to take part in media training should contact the Communications team for advice.

**7 Associated Documentation**

# Equality Impact Assessment – Relevance Screening

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Policy\*:** | Communications policy |
| 2. | **Person Responsible:** | Head of Communications |
| 3. | **What are the main aims of the Policy\*?** | **To ensure that communication within and from the PCT is:-*** **Clear and professional**
* **Cost-effective**
* **Straightforward**
* **Modern**
* **Accessible**
* **Honest**
* **Respectful**
* **Consistent**

**Also to ensure that staff are aware of their communication responsibilities.** |
| 4. | **Is this a strategic document or a major project?** | **YES** | **NO** |
|  | **X** |
| 5.a | **What type of impact is this Policy\* likely to have on staff or service users from the following equality groups?** | **HIGH** | **MEDIUM** | **LOW** | **DON’T KNOW** |
| **Age** | **X** |  |  |  |
| **Carers** | **X** |  |  |  |
| **Disability** | **X** |  |  |  |
| **Ethnicity** | **X** |  |  |  |
| **Gender** | **X** |  |  |  |
| **Gender Reassignment** | **X** |  |  |  |
| **Pregnancy & Maternity** | **X** |  |  |  |
| **Religion & Belief** | **X** |  |  |  |
| **Sexual Orientation** | **X** |  |  |  |
| 5.b | **Please explain your answer:** | The communications policy will have a high impact on all equality groups as providing accessible information to all is one of its key principles. |

If you have answered YES to question 4, and:

* HIGH impact in 5a - you should move on to a FULL Equality Impact Assessment.
* MEDIUM / LOW / DON’T KNOW in 5a - you should move on to an INITIAL Equality Impact Assessment.

If you have answered NO to question 4, and:

* HIGH / MEDIUM / DON’T KNOW in 5a, you should move on to an INITIAL Equality Impact Assessment.
* LOW impact in 5a, you do not need to complete an Equality Impact Assessment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  6. | **Based on this screening, please indicate if this should proceed to an Initial or Full EIA?** | **INITIAL** | **FULL** | **NONE** |
| **X** |  |  |
|  7. | **Date of EIA Approval:** |  |

\* **The term ‘Policy’ in this context is used to cover any of the following:**

# **Policy / Procedure / Guidelines / Protocol / Service / Practice / Project / or Strategy**

**5.1 Email signatures**

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**5.2 Displaying out of office messages**



**5.3 Handling Abusive Calls**

**Principles**

NHS Stockport will not tolerate the abuse of its staff.

All employees at NHS Stockport have the right to be treated with dignity and respect by colleagues and by the public.

**Definition of ‘abusive’ calls**

NHS Stockport employees should not be subjected to the following:

* Shouting
* Swearing
* Inappropriate language (e.g. racist, sexist, ageist, homophobic)
* Comments of a sexual nature
* Threats of violence
* Derogatory personal remarks

**Protocol**

If a caller becomes abusive, the following steps should be followed:

1. Speak calmly and clearly
2. Do not react to the abuse
3. Politely ask the caller to speak slowly and lower their voice
4. Explain clearly that NHS Stockport does not tolerate abusive behaviour (in some cases this may require you to interrupt the caller)
5. Make clear that if the behaviour continues, you will hang up
6. If abusive behaviour persists, state clearly that you are now going to hang up and report this call
7. Make a note of the call on the [Abusive Calls Log](file:///C%3A%5CUsers%5Ckathy.taylor%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.IE5%5C20SRG7A0%5CAbusiveCallsLog.xls)
8. Send report to your line manager cc Complaints Manager and any other colleague mentioned in the call or working in a similar field who is likely to receive a call from the same person
9. If necessary, find cover and take five minutes to get away from your desk
10. If the caller asks to speak to your manager, transfer the call and explain the situation while the caller is on hold

For more information see the PCT’s policy on Vexatious Behaviour. 

**Useful Phrases**

***Shouting:*** “Please could you speak slowly and lower your voice”

***Swearing:*** “Please refrain from using offensive language”

***Our Policy:*** “NHS Stockport does not tolerate the abuse of staff”

***Warning:*** "If you continue to use offensive language / If you do not calm down, I am going to hang up."

***Hanging up:*** “I am now going to hang up and report this call”

***Blocked calls:*** “I have been advised by my line manager that I do not have to speak to you. Please call xxx.”

**5.4 Corporate House style guidelines**





