

# **Communications and engagement strategy**

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# 1 Who are we?

NHS Bury Clinical Commissioning Group (CCG) was established on April 1<sup>st</sup> 2013. The organisation plans and purchases (or commissions) health services for people in Bury who are registered with a local GP practice.

Annually we receive a budget in the region of £283 million to plan and purchase a range of health services including those provided in hospitals, out in the community and for GP primary care services, for our population of around 190,000 patients.

All 30 GP practices in Bury are known as our 'member practices'. Clinicians including local GPs take a lead on making decisions about local health services.

The CCG is committed to working with other organisations including NHS Trusts and voluntary services that deliver services as well as other commissioners, like Bury Council. We are actively working towards becoming one commissioning organisation in Bury to create seamless services that are tailored to meet the needs of Bury's users.

Together with these agencies, there is a vision for Bury that sees more services being jointly planned and delivered for the benefit of local people allowing future generations to experience better health and wellbeing.

# 2 What does this document tell us?

Communications and engagement is fundamental to every aspect of the CCG's work. Getting communications and engagement right makes an organisation and its work meaningful and effective as people understand it's work and are bought into it.

This document explains how and why we value communications and engagement as a fundamental part of our work and how we will communicate and engage as an organisation as we go forward. This document supports and compliments other NHS Bury CCG strategies.

## 2.1 What is public involvement in commissioning?

Public involvement in commissioning is about enabling people to voice their view, needs and wishes, and to contribute to plans, proposals and decisions about services. The term involvement is used interchangeably with engagement, participation consultation. Different approaches will be appropriate depending on the nature of the commissioning activity and the needs of different groups of people.

If you have any questions or comments on this strategy or about any element of communications and engagement or the CCG, please direct this to

[\*\*BUCCG@communications.nhs.net\*\*](mailto:BUCCG@communications.nhs.net)

## 3 Who do we need to speak and engage with and, why?

The CCG has a range of stakeholders, these are groups or individuals with which the CCG must speak to or involve in some way.

### 3.1 Engaging with patients and the public

The largest group of stakeholders the CCG must involve and engage with is public and patients, if the CCG is to commission services that meet their needs and expectations. Involving patients in decisions about their own health and care is done on daily basis by clinical staff delivering that care.

The CCG must ensure that patients and as many members of the public as possible are involved in every planning stage for services, to make sure they meet needs, address any gaps, are tailored specifically and are developed in partnership, or co-produced.

The CCG also has a task of informing patients and the wider public about service developments as they happen, to allow them to make informed decisions about their care and to advise on the use of services. Patients and the public are the main target for the messages that are sent out by the CCG through many different means to a mass audience, such as press releases, social media, campaign materials such as printed leaflets/posters and via meetings that include the public.

Different strands of this stakeholder group require targeted and specialist engagement and communication, for example, groups who fall within protected characteristics of the Equality Act, special interest groups as well as seldom heard groups. The CCG tailors the ways in which it reaches out depending on the needs of these different groups. An example of this is the carrying out of small scale focus groups in advance of making a commissioning decision that may affect a niche group. Another example on a different scale is the adaption of the CCG's corporate website in order to meet the needs of visually impaired users.

### 3.2 GPs and practice staff

Our member practices are key stakeholders with whom the CCG must have a conversation, consult on organisational matters and inform about core local, regional and national initiatives. This activity is done in a combination of ways through face to face meetings and written communications, both formal and informal, such as the GP newsletter.

### 3.3 Partner agencies

Partner agencies refers to other public sector organisations, such as Bury Council, as well as voluntary and third sector agencies, who the CCG works with to carry out its responsibilities. The CCG also has partners who are not necessarily Bury based, such as clinical senates and the Care Quality Commission (CQC). Liaison with this group is a combination of face to face meetings and through written communications such as

stakeholder briefing notes so they know the latest updates on CCG news and events. Partners are regularly invited to feed back their perceptions of the CCG in a 360 degree stakeholder survey.

### 3.4 Providers of NHS services

The CCG has a contractual relationship with providers of NHS services, some of whom – GPs - are also the CCG's members. In addition to the formal communication that comes with this relationship, providers also receive general information about what the CCG is doing and vice versa, in order to promote learning and understanding about roles and responsibilities.

### 3.5 Local, regional and national opinion formers

This group includes those in a position of power and influence politically or otherwise, such as councillors, members of parliament, overview and scrutiny committee members, Health & Wellbeing Board members and organisations such as Healthwatch Bury and wider regional councils and governing bodies.

Through a combination of face to face meetings and written communications, such as briefing notes, this group is regularly briefed on CCG matters and particularly on subjects that may prompt questions from public members/members of constituencies etc.

### 3.6 CCG employees

This group, although relatively small in size, around 100, is an essential target audience for dialogue and regular information exchange for the CCG. There are important strategic and operational messages that need to be understood by staff, as well as national, regional and local developments that are relevant to their work. Less formal communications and engagement with and by this group helps to foster good employee relations and improve staff engagement.

## 4 What influences us?

4.1 Engagement is a central part of the 'commissioning cycle'.

Community dialogue and engagement at all levels are central to the CCG doing a good job of effective commissioning. This is shown in the diagram below which shows how involvement is required in all stages of commissioning, namely analysing and planning, designing care pathways, specifying the service and choosing a provider and delivering the service and reviewing it.



Created by: In Health Associates & NHS Institute for Innovation and Improvement and referenced in Transforming Participation in Health and Care: 'The NHS belongs to us all', NHS England, 2013.

This tells us that our communications and engagement work will be fundamentally informed by what services we are commissioning, re-commissioning or de-commissioning at points in time. For each stage there are different ways in which involvement will be appropriate to inform the CCG.

4.2 Our legal duties

As we have seen, an effective commissioning organisation needs to involve and engage in order to understand and meet the needs of its stakeholders. The CCG also has a range of legal duties which have a bearing on how and when we must communicate and engage.

The most significant is the Health and Social Care Act of 2012 which states that CCGs must engage with local people and stakeholders in the planning and changing of health services. There is other statutory guidance that requires consultation activity to meet four tests as set out in section 242 of the consolidated NHS Act of 2006; (1) to show that GPs support any plans, (2) that we have engaged with core stakeholders, (3) that plans are clinically driven and (4) consistent with the choices available locally. Other legal duties that drive our work are those specified in the Equality Act of 2010 and the NHS Constitution. Most recently 'Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England' was released in April 2017.

#### 4.3 National and regional influences

Bury and the wider region of Greater Manchester are in the midst of a transformational period for health and social care systems. This has been enabled in part thanks to millions of pounds of public sector resources being available at a regional level, instead of being allocated nationally, so there is more flexibility to make changes to meet the specific needs of patients in this area. Transformation is essential so that services work smarter to make better use of these resources whilst also improving care for patients. The aim is also to avoid the duplication of services and unnecessary delays in care.

Greater Manchester devolution allows the conurbation greater freedom to ensure that health and social care funds are used to the best effect according to specific needs.

The ways in which localities will transform in years to come are being written in to locality plans. Through the development of the Bury Locality Plan, the overarching aim is for people in the area to live healthy, happy and independent lives, living with as little intervention from health and support services as possible, achieved through helping people to help themselves, preventing illnesses, intervening earlier to prevent illness escalating and by better support after illness to get people better quicker. The locality is on a journey towards co-production of services, which according to one definition (New Economics Foundation) is 'delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.'

These same themes also underpin the direction of travel of primary care services, such as GP services, nationally and locally.

#### 4.4 Listening to the experiences of patients using services

The CCG receives feedback from patients using local NHS services, both positive and negative, principally through complaints and the CCG's enquiries service. Similarly the CCG has access to other direct feedback that has been offered by patients to the providers of services, at hospitals, community providers and GP practices through feedback such as surveys and consultations and the friends and family test. Through these and other feedback that is available to the CCG, for example, through the handling of incidents, feedback from patient participation groups in practices and feedback from other routes like Healthwatch Bury and our local MPs, the CCG is able to make whatever changes are necessary to prevent similar negative experiences happening again.

The CCG is committed to working with patients to try and successfully resolve concerns and complaints. However, should someone remain unhappy with the outcome of an investigation they are able to take matters further to the Parliamentary and Health Service Ombudsman.

NHS Bury CCG has embedded the patient voice into the governance structure of the organisation through the Patient Cabinet and the involvement of Lay Members in the development of CCG workstreams.

The CCG's Patient Cabinet continues to play an important role in ensuring that the voice of local people is central to the CCG's decision making, with the chair of the Cabinet also being a lay member on the Governing body.

The Patient Cabinet's role is to:

- Receive and comment on CCG plans
- Work with clinical and commissioning team staff members on service redesign programmes
- Get involved in re-procurement processes
- Gather and feed in views from the local community

#### 4.5 Equality Act

The CCG must ensure that groups who are protected by the Equality Act are included and considered in engagement and involvement work. This is to ensure that the CCG's work does not overlook or unfairly impact on these groups when commissioning health services. The protected characteristics include:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

The CCG's work in this area is reported in the CCG's equality declaration.

#### 4.6 CCG's vision, values and strategic ambitions

The CCG's commitment to involving and listening to people is ingrained in the organisation's vision statement:

*"To continually improve Bury's Health and Wellbeing by listening to you and working together across boundaries."*

This vision statement was set when NHS Bury CCG was authorised as a statutory organisation and developed by our Members and employees.

The following values have been agreed and have implications for the way we will communicate and engage:

- To be inclusive and transparent about the decisions we make
- To challenge differences across the borough through partnership working
- To be bold, include everyone and be supportive
- To value everyone
- To listen and learn, and
- To secure people-centred, clinically effective, efficient care that can be sustained for the future

For 2017/18, the CCG Governing Body reviewed the strategic objectives of the CCG. These are:

- (SO1) To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self care and navigation of the system.
- (SO2) To deliver system wide transformation in priority areas through innovation.
- (SO3) To develop Primary Care to become excellent and high performing commissioners.
- (SO4) To work with the Local Authority to establish a single commissioning organisation.
- (SO5) To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.
- (SO6) To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.
- (SO7) To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.

#### 4.7 Analysis of strengths and weaknesses of the CCG and key risks

An analysis of the strengths, weaknesses, opportunities and threats (SWOT analysis) of the CCG allows us to effectively plan to balance any negatives to best effect and promote the positives as we plan our approach to communications and engagement activities. The SWOT analysis encompasses the extent to which the CCG meets the key actions for CCGs, published in April 2017 (Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England).

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Sound clinical knowledge and expertise in the CCG which can be utilised in consistent messaging</li> <li>• Strong and established communications and engagement team with local knowledge eases task</li> <li>• Strong partnerships makes consistency of messaging to the local community easier</li> <li>• Patient Cabinet is embedded as a core engagement mechanism for the CCG</li> <li>• Strong on involving the public in governance</li> <li>• Strong on demonstrating public involvement in annual reports</li> <li>• Strong on promoting and publicising opportunities for involvement</li> <li>• Strong on involving marginalised groups to reduce inequalities in health</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Finite resources, both pay and non-pay to develop communications and engagement activity despite growing ambitions to achieve more</li> <li>• Insufficient resources in engagement and involvement co-ordination function to be as proactive as possible</li> <li>• Could perform stronger on CCG feedback to those who have participated consistently</li> <li>• Could be stronger on CCG holding providers to account on public involvement</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Harnessing the increasing opportunities and popularity of social media as a means of communications and engagement.</li> <li>• Bury has a diverse range of third sector organisations and community assets who collaborate with us</li> <li>• Partnership work with Local Authority and other key partners on the integrated care agenda is strong there is an opportunity to improve</li> <li>• Opportunity to improve our explanation of involvement in commissioning/business plans</li> <li>• Opportunity to assess and plan involvement consistently</li> <li>• Opportunity to support staff to enable effective public involvement</li> <li>• Opportunity to strengthen effectiveness of Patient Cabinet</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Ongoing uncertainty of organisational change due to transformation agenda could hamper the clarity of messages</li> </ul>

There are many risks to not effectively communicating or engaging with the people of Bury and other wider stakeholders. Without proper public and patient engagement there is a risk that services could be designed and provided without regard to the actual needs, preferences and experiences of users of those services. It is also important for the CCG to demonstrate that effective involvement and communication has taken place in order to meet its' statutory duties, should a decision ever be challenged. Decisions made individually or as part of a collaboration of CCGs may be subject to legal challenge in the form of a judicial review. The grounds for judicial review could include that the CCG has failed in its duty to consult. Defending a judicial review would have a significant financial impact on a CCG as well as an impact in terms of it's reputation. There is the ultimate risk

that without effective and meaningful engagement, stakeholders lose confidence in the organisation when they feel their views are not being heard and acted on.

## **5 Principles we use to communicate and engage with**

If we are to get our messages understood and if we are to successfully engage with our local stakeholders, we need to commit to shaping our information and activities in ways that will be understood and appeal to local people, as well as fostering their confidence in our work and commitment.

We want people to understand our information and what we are aiming to achieve in our work.

In order to do this:

- Our information is available, transparent and honest (unless there is a legal restriction or public interest to disclose)
- Our information particularly that which is destined for wider audiences, is written in plain and easy to understand language wherever possible
- Our dialogue is open and two-way, we can be contacted via several routes including attendance to ask any questions at our meetings held in public

We also work in accordance with the NHS England principles of participation, to:

1. Reach out to people rather than expecting them to come to us
2. Promote equality and diversity and encourage and respect different beliefs
3. Proactively seek participation from people who experience poor health
4. Value people's experiences and have productive conversations
5. Provide clear and easy to understand information, recognising different needs
6. Take time to plan and start to involve at an early stage
7. Be open, honest and transparent and where information is restricted, say why
8. Invest in partnerships and encourage learning
9. Review experiences, learn from it and continuously improve
10. Recognise, record and celebrate contributions, give feedback and value it

## 6 Communications and engagement aims

Given the CCG's responsibilities, influences and risks, we have identified and agreed some communications and engagement aims - that all current and future communications and engagement work and messages that are part of it, contribute to meeting, broadly;

We want patients and the public to:

- Understand our work and role and our reasons for making decisions given we have finite resources
- Understand the range of NHS services that are available to them
- Use the services wisely where there is discretion to do so
- Understand the transformation/integration agenda and the reasons
- Understand how to keep themselves and their families well
- Be involved in our engagement work to help us do our job to best effect
- Have confidence in the local NHS , the CCG and the services that are commissioned by us

We want Bury GPs and practice staff to:

- Understand and be part of the work of the CCG
- Be furnished with health campaign information to aid talks with patients

We want partner agencies, providers of NHS services, local, regional and national opinion formers to:

- Understand our work and role
- Understand what is happening in health and social care in Bury
- Recognise our innovative work to raise the profile of Bury and make it an attractive place to work in the NHS

We want CCG staff to:

- Understand our role and contribute to our success in the same consistent way
- Enjoy being part of the CCG team

These core aims will drive our communications and engagement work planning as we go forward. This action plan is included as Appendix 1. The actions to meet these aims are a combination of business as usual/routine actions and new areas of work for the CCG.

## 7 Methods we use to communicate and engage

The CCG's communications and engagement activities can be grouped into five overarching categories. A communications and engagement team is responsible for co-ordinating specific activity and promoting good practice across the CCG.

**7.1 Public/patient engagement** - This covers the CCG's activities in engaging with communities whilst obtaining views and feedback about its work and building networks. The CCG aims to maximise opportunities to increase the level of meaningful engagement with local communities and stakeholders.

The types of activity here range greatly and are broad depending on their purpose – from face to face meetings with patients groups – to preparing online surveys – to preparing and distributing public facing newsletters. We actively encourage local people to be involved in our work in various ways, including via a Get Involved sign up process via the CCG's website. The purpose of this work too can be broad, ranging from patient input into awarding contracts to providers - to carrying out formal consultations on health service changes. We are committed to embedding the public voice and sense check into the main core of our work.

**7.2 Internal communications** - This covers the CCG's activities in communicating with GP Members and also building relationships with staff and colleagues. The core purpose of this work is to build knowledge and awareness to improve working relationships, to build, maintain and protect the reputation of the CCG amongst internal stakeholders. The types of activity here are carrying out member engagement events, drafting and sending out the CCG's E-newsletter and co-ordinating internal information cascades.

**7.3 Press and media** - This covers the CCG's activities that utilise the press and media in the communication of messages, both proactively and reactively. The purpose of this work is to raise and protect the profile and reputation of the NHS and the organisation. The press and media is used as one mechanism to reach the community of Bury and beyond. The CCG's press and media operating procedure is included in the appendices.

**7.4 Campaigns** – This covers the CCG's use of multi-media activities, including advertising, that are usually aimed at changing behaviours or informing local people about new developments.

**7.5 Digital communications** - This covers the CCG's activities in communicating and engaging via social media and the web. The CCG regularly uses Twitter and Facebook as one of the mechanisms to relay messages. This work is aimed at using new platforms as a way of reaching a wider audience. The CCG's social media guidance is included in the appendices.

## 8 Appendices

### Appendix 1 – Communications and Engagement development plan (in addition to business as usual activities)

Communications & engagement aim	Actions to contribute to meeting the aim	Key Performance Indicators	Responsibilities and timeframes
<b>(Audience) Patients and public to:</b>			
a. understand our work and role and our reasons for making decisions	(i) Website is clear and easier to understand	New website launched	Head of C&E Summer 2017
	(ii) Public reports are written in plainer language	Easier to understand reports	Deputy Director of Business Delivery
	(iii) Public meetings held in accessible venues	More public at meetings	Deputy Director of Business Delivery
b. understand the range of NHS services that are available to them c. use the services wisely where there is discretion to do so	(i) New campaign work to focus on service availability	Campaign materials produced Patients informed	Head of C&E Autumn 2017
d. understand the transformation/integration agenda and the reasons	(i) Engagement work linked to the locality plan themes rolled out	Joint CCG and council engagement work carried out	Head of C&E and Head of Social Development Autumn 2017
e. understand how to keep themselves and their families well	(i) Support from comms and engagement team to Bury practices to help flow of themed messages to patients	Campaign themes agreed Support mechanisms given to practices Patients informed	Head of C&E Autumn 2017
f. be involved in our engagement work to help us do our job to best effect	(i) Train CCG colleagues to develop engagement skills	Training complete Colleagues skilled in engagement skills	Head of C&E Autumn 2017
	(ii) Electronic newsletter relaunch and re-promote	More subscribers of newsletter and get involved members	Head of C&E Autumn 2017
g. have confidence in the local NHS , the CCG and the services that are commissioned by us	(i) Bury initiatives to be entered in national awards	Awards entered Awards successful	Deputy Director of Business Delivery and Head of C&E Autumn 2017 (& ongoing)
	(ii) Bury initiatives to be the subject of press releases for national/specialist press	National and specialist coverage achieved	Head of C&E, Deputy Director of Primary Care and Deputy Director of Commissioning (ongoing)

<b>(Audience) Bury GPs and practice staff to:</b>			
h. understand and be part of the work of the CCG	(i) Intranet with broad functionality launched	Intranet launched and utilised by GP practice staff	Head of C&E and Head of IT (timescale tbc)
i. be furnished with health campaign information to aid talks with patients	(i) Continue to roll out the comms and engagement team buddy system (support for practices)	Practices supported and empowered in comms practices	Head of C&E (ongoing)
	(ii) Continue to raise profile of communications and engagement through attendance at Leadership meeting (sector chairs)	Comms and engagement is a valid and regular agenda item discussed at leadership meeting	Head of C&E and Deputy Director of Primary Care (ongoing)
	(iii) Calendar of health themes and resources and support agreed	Calendar of themes actioned	Head of C&E, Deputy Director of Primary Care (ongoing)
<b>(Audience) Partner agencies, providers of NHS services, local, regional and national opinion formers to:</b>			
j. understand our work and role	As above in a(i) and a(ii)	New website launched Easier to understand reports	Head of C&E Autumn 2017 Deputy Director of Business Delivery
k. understand what is happening in health and social care in Bury	(i) Stakeholder briefs to communicate Bury transformation plans drafted by CCG & council	Stakeholder briefs produced	Head of C&E and Head of Social Development Autumn 2017
l. recognise our innovative work to raise the profile of Bury and make it an attractive place to work in the NHS	As above in g(i) and g(ii)	Results of 360 degree stakeholder survey improve	Head of C&E and Deputy Director of Business Delivery Autumn 2017
<b>(Audience) CCG staff to;</b>			
m. understand our role and contribute to our success in the same consistent way	As above in h(i)	Intranet launched and utilised by staff	Head of C&E and Head of IT (timescale tbc)
n. enjoy being part of the CCG team	(ii) Continue to embed social and staff engagement group and activities	Staff engage in events and initiatives	Deputy Director of Business Delivery (ongoing)

<b>Additional development areas from the Primary Care Strategy action plan</b>			
Improve community relationships, networks to expand involvement opportunities	Regular meetings with Healthwatch Bury Scoping of PPGs and mechanisms to develop	Meetings in place Improved relationships PPG comms mechanism/relationship in place	Head of C&E, C&E Manager, Summer 2017
Promote the use of NHS Choices and local interactive offers	New CCG website to promote NHS Choices and Bury Directory	Website in place	Head of C&E, Autumn 2017
Joint working with local authority regarding access to health and social care options	Involvement in locality workstream for communications and engagement, strategy and implementation to follow	Attendance and involvement in meetings Contribution to joint locality strategy Joint implementation plan being followed	Head of Social Development

## Appendix 2 – Media Relations Operating Procedure

### Introduction

The press and media are both a stakeholder and a means of communicating with other stakeholders and audiences. As a stakeholder it can have a significant impact on the CCG's reputation both in a positive and negative way and it can be very influential among other stakeholders, as well as the wider public.

As such the press and media must be dealt with professionally at all times. The risk of not doing this is too great. By working on a basis of mutual professional respect, we need to continue to build our relationship of trust with the media; not only feeding a steady stream of positive news stories but also owning up to mistakes if things have gone wrong.

NHS Bury CCG should continue to forge strong links with the local, regional and national press and media. This will ensure that the CCG maintains its reputation of being an organisation where journalists can come for comment or advice on stories of local, regional or national interest, safe in the knowledge that where appropriate an open, transparent and timely response will be provided.

### Key contacts

The CCG has an established Communications and Engagement Team who are able to manage media enquiries in a professional and efficient way.

Members of the Communications and Engagement Team are:

- **Alison Mitchell**, Head of Communications & Engagement (NHS Bury & NHS HMR CCGs) [alison.mitchell7@nhs.net](mailto:alison.mitchell7@nhs.net)
- **Carrie Dearden**, Communications & Engagement Manager (NHS Bury CCG) [caroline.dearden@nhs.net](mailto:caroline.dearden@nhs.net)
- **Bhavini Bharath**, Communications & Engagement Officer (NHS Bury CCG - Part time role) [bhavini.bharath@nhs.net](mailto:bhavini.bharath@nhs.net)

The Team can be reached during normal office hours on 0161 762 3106, in the event of an urgent enquiry during office hours, whilst a team member is unavailable in the office, an answerphone message gives callers a mobile number to call for urgent media enquiries during normal working hours.

### Media enquiries and the role of CCG staff

If any member of the CCG's staff, including those working on behalf of the CCG, receive a call from the press and media, this should be immediately directed to a member of the Communications and Engagement Team (details above) either by transferring the call, or by asking the enquirer to contact the Team directly. Staff members should not enter into a discussion with the journalist, or make any comment unless authorised to do so.

## **Media enquiry handling**

**Reactive media relations** are carried out usually after the CCG has been approached for a reaction to an issue. The process as indicated in the flow chart below should be followed.

**Proactive media relations** are carried out to promote good news about the CCG and its work, staff and Members. This work is prompted by the CCG and formed into proactive media by the Communications and Engagement Team and sold into appropriate media. The process as indicated in the flow chart below should be followed.

Consent forms, provided by the Communications and Engagement Team, must be filled in and signed when anyone takes pictures/filming of the public/patients for NHS purposes.

## **Media Freedom of Information requests**

Responses to Freedom of Information requests from the press and media should be signed off by an Executive Officer.

## **Authorised CCG spokespeople and sign off mechanisms**

As a rule of thumb, only Executive members/Governing Body members/Clinical Directors of the CCG will be in a position to speak to the press and media (or a delegate as deemed appropriate), or be quoted in press releases or reactive statements, on behalf of the CCG. The Communications and Engagement Team will brief journalists, explain and relay information on behalf of named or unnamed spokespersons.

Where possible, these senior colleagues will be media trained. In any event the CCG's Communications and Engagement Team will be on hand to offer advice and tips, and will work with the interviewee on key messages.

A member of the Communications and Engagement Team will endeavour to attend any media event, whether that be photo shoots, interviews or filming. Indeed, any pre-arranged media opportunity such as this will be planned with a member of the Team so that it is clear what is expected, and that the interviewee is well prepared.

The sign off mechanisms for reactive and proactive processes will vary, mainly because the reactive statements are often prepared at short notice and so often there are fewer individuals available to sign off. In an ideal world, all statements and press releases would be approved by all of the following before dispatch

- Functional expert in the CCG
- Responsible Director of the CCG
- Chief Officer of the CCG
- Chair of the CCG

In reality, deadlines that the Communications and Engagement Team are working to dictate that not all of the above can sign off all information, however at least two of those listed will sign off before dispatch, or a delegate as deemed appropriate.

### **CCG Member press and media operating procedure**

The CCG recognises that its' GP Members may on occasion feel compelled to 'speak out' in the best interest of their patients.

GP Members speaking in a personal capacity should make it clear that they are not speaking on behalf of the CCG and that their views may not reflect those of the CCG.

Members speaking in this way are requested, as a courtesy, to inform the CCG of their intention in line with the NHS Bury CCG Constitution. Members rights to 'whistle blow' as per LMC guidance are unaffected. Clause 4.4.3. of the NHS Bury CCG Constitution states:

None of the members shall make or permit or authorise the making of any press release or other public statement or disclosure concerning the Clinical Commissioning Group or any of the members without the explicit approval of the Clinical Commissioning Group Governing Body. It should be noted that the Whistle-blowing Policy supersedes this where applicable.

### **Major Incidents and principles of communicating in a crisis**

A crisis can occur without any warning, but only if we are very unlucky. In most cases and with good planning, we can influence whether an issue or a risk turns into a crisis.

In order to maximise the chances of delivering its objectives, this protocol aims to ensure issues are dealt with swiftly and effectively to prevent them turning in to crises. However there may be times when crises occur, despite the best laid plans.

These can range from major incidents, which involve risk to life and limb and would trigger a borough (or even wider) plan to be put in place, to more minor or local crises, which may result 'only' in serious risk to the reputation of the organisation.

If a major incident were to occur, its impact would affect not just NHS Bury CCG, but also its partner organisations such as providers, the Local Authority, etc.

Media interest in such an event is likely to be high, and this would trigger the setting up of a Media Briefing Centre, as described in the borough wide Emergency Plan.

The roles and responsibilities of Bury CCG's communications function during an emergency will be described within the Major Incident Plan, which also contains key contact information and advice for handling the media, and is regularly reviewed and updated.

## Principles of communicating in a crisis

### 1. Be prepared

Have facts and figures about the organisation and the incident ready

Know your audiences – internal and external

### 2. Manage the flow of information

Take control of information processes – it's vital the whole organisation speaks with one voice

Ensure media trained people are identified beforehand

Keep a log of everything happening and all enquiries

### 3. Agree the ground rules

Agree with partner organisations what can be said about them by you, and vice versa, in the event of a crisis

Agree with the media what you will give them and when e.g. daily briefings

### 4. Be authoritative

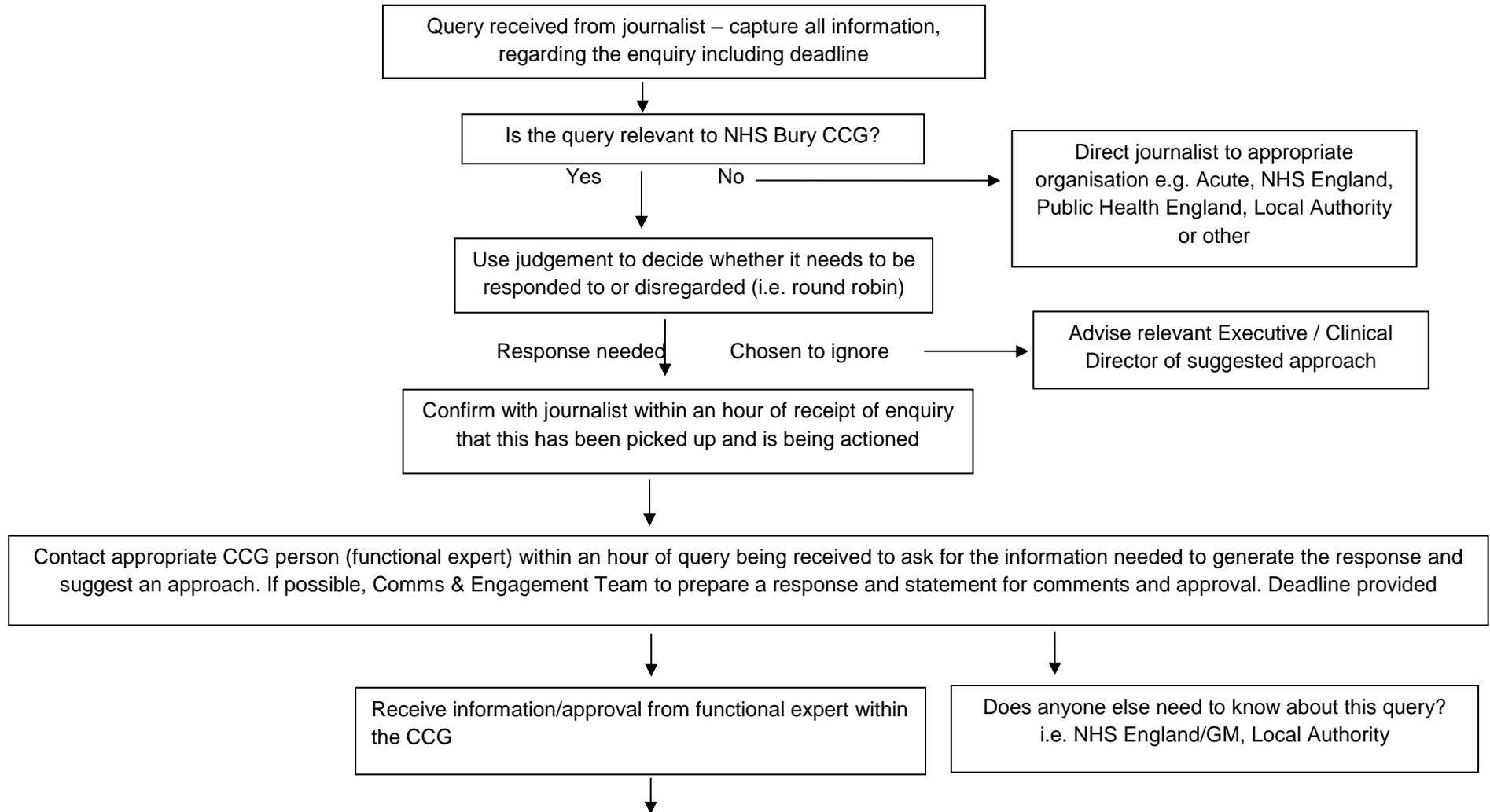
Take the initiative and establish the organisation as the authoritative source of information about the crisis

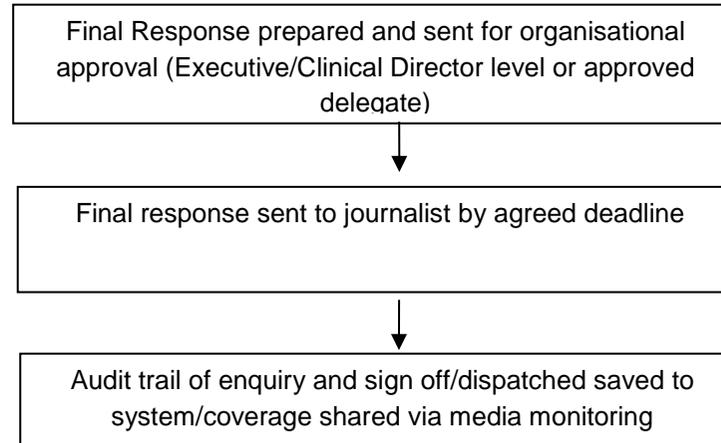
The person who speaks in public for the organisation must be well trained, well prepared, know their subject and be able to reassure people that everything is being done to put things right

## **Out of hours**

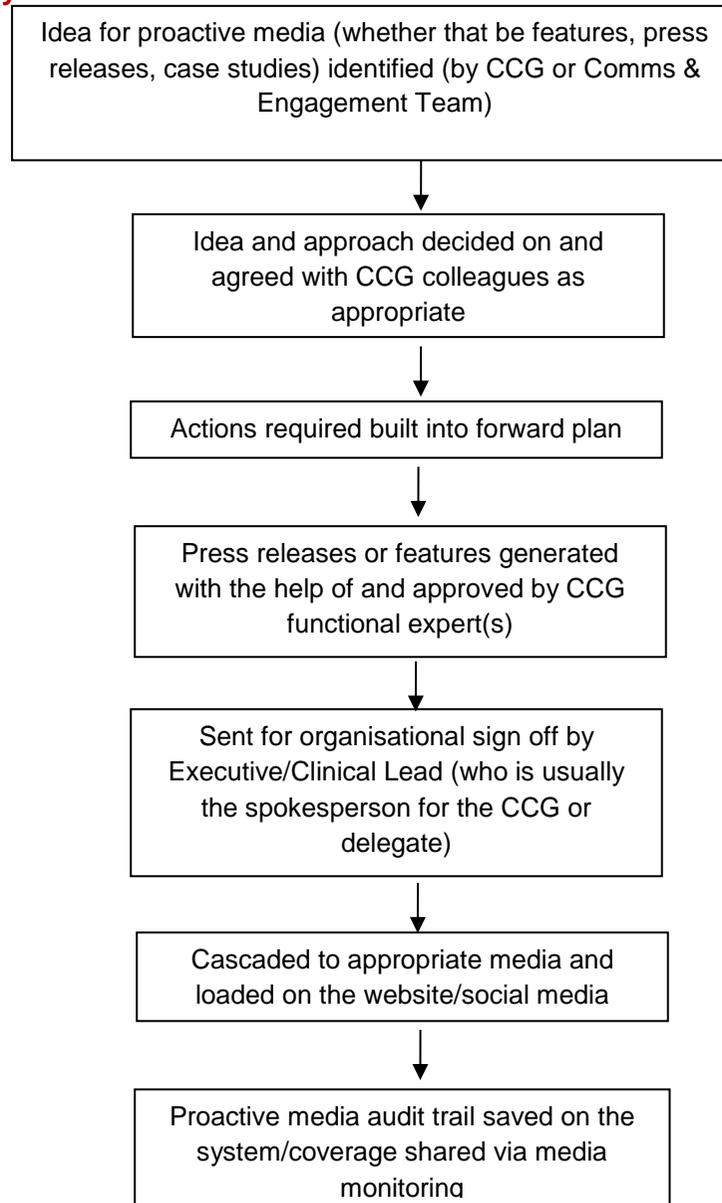
The CCG's Communications and Engagement Team does not routinely provide an out of hour's media service. The CCG continues to participate in the manager on call rota and media responses out of hours forms part of this arrangement.

## Reactive Media Relations for NHS Bury CCG





## Proactive Media Relations for NHS Bury CCG



## Appendix 3 - Social Media Operating procedure/guidance

### Introduction and aims

This document provides guidance to all NHS Bury CCG staff and Members on social media networks and other online tools such as blogs, discussion forums and interactive news sites.

Social media describes websites and online tools which allow users to interact with each other in some way by sharing information, opinions, knowledge and interests.

Every day, people talk online about us. As an employee, staff are ambassadors for our organisation; this includes on social media sites.

NHS Bury CCG uses social media to provide opportunities for genuine, open, honest and transparent engagement with stakeholders, giving them a chance to participate and influence decision making.

The purpose of this policy is to help protect the organisation, but also to protect staff interests and to highlight the risks and benefits of social media.

The aims of this document are to: provide clarity to staff and Members on the use of social media tools when acting independently or as a representative of the CCG and give them the confidence to engage effectively; ensure that the organisation's reputation is not compromised and that it is not exposed to risk; and ensure that internet users are able to distinguish official corporate information from the personal opinion of staff and Members.

This document also encompasses guidance on what to do in the event of a Freedom of Information request, a patient enquiry or complaint.

### Scope

This policy applies to staff directly employed by NHS Bury CCG. It also applies to all third parties and others authorised to undertake work on behalf of the CCG.

This document is not a social media strategy, or guidance on how to use individual social media tools and platforms.

## **Principles**

Many staff already use social media in a personal and professional capacity. Rather than try to restrict this activity, it should be a demonstration of our commitment to a culture of openness.

The line between personal and professional social media use is increasingly blurred. For example, there is a tendency for people to maintain just one Twitter account, which is used to post a mixture of business related and personal content.

However, posts made through wholly personal accounts may breach policy if they bring the organisation into disrepute. This includes situations when an individual could be identifiable as a CCG employee, or when commenting on CCG-related matters in a publicly accessible forum.

Staff and Members should use their own discretion and common sense when engaging in online communication and be aware that what they publish will be accessible in the public domain.

Staff should use the same principles and standards that they would apply to communicating in other media with people they do not know. A simple rule of thumb is, if you wouldn't say something in an email or formal letter, don't say it online.

If an individual is discussing the CCG or related issues, they should identify their name and role, write in the first person and make it clear that they are speaking for themselves and not on behalf of the CCG. People who join networks and participate in groups may be colleagues, clients, journalists or suppliers. It is also possible that people may not be who they say they are.

Respect your audience. Don't use personal insults, obscenities, or engage in any conduct that would not be acceptable in the workplace.

Staff should refer to the Internet Usage Policy in relation to the use of CCG equipment/resources.

## **Representing the CCG online in an official capacity**

The CCG encourages staff to use social media to reflect positively on the work of NHS Bury CCG through i.e. Re-Tweeting good news, it is important that the organisation maintains a coherent online presence through official channels. The only official social media sites which represent the official views of the CCG are managed by the CCG's Communications and Engagement Team.

## **Responding to the media**

As an organisation, we do not encourage staff to engage in exchanges in response to published media content relating to the CCG. If a colleague reads something online that

they feel is factually incorrect, inaccurate or otherwise needs an official response from the CCG, this should be referred to the Communications and Engagement Team in the first instance [buccg.communications@nhs.net](mailto:buccg.communications@nhs.net) 0161 762 3106.

### **Online surveys**

If a colleague wishes to run an externally facing online survey, they should contact the Communications and Engagement Team. It is important that the organisation takes a joined-up approach to contacting stakeholder groups and survey activity may need to be considered in the context of other work.

### **Personal blogs**

If a colleague is writing a personal blog, they should adhere to the guidance given above if their blog touches on any work related matters and they should also include a disclaimer which indicates that: *“Any views expressed in this blog are entirely my own and not those of my employer.”*

### **References and endorsements**

For social networking sites such as LinkedIn where personal and professional references are the focus:

If you provide a personal reference or recommendation, include this disclaimer: “This reference is being made by me in a personal capacity. It is not intended and should not be construed as a reference from NHS Bury CCG.

### **Non-compliance**

Staff and Members are ultimately responsible for what they publish online. If you are in doubt or in need of further guidance, please contact the Communications and Engagement Team.

### **Further information and assistance**

The Communications and Engagement Team is available to give help and advice.

### **Monitoring and review**

Because of the rapidly evolving nature of digital communications this policy will be reviewed regularly and when required in accordance with the following: legislative changes; good practice guidance; case law; significant incidents reported; new vulnerabilities; and changes to organisational infrastructure.

## **Moderation Policy**

### **Introduction**

This policy applies wherever NHS Bury CCG's digital communication channels enable comment and feedback from the public. This includes social media channels, and any website or forums hosted by the CCG.

The policy applies equally to NHS Bury CCG staff participating in online discussions, whether through internal or external communication channels.

### **Moderation guidelines**

When submitting comments, we ask that users bear in mind our community guidelines.

The purpose of the guidelines is not about censorship; rather, it is to ensure that comments relate to the particular subject being discussed. Moderation will not be used to suppress legitimate, reasoned discussion.

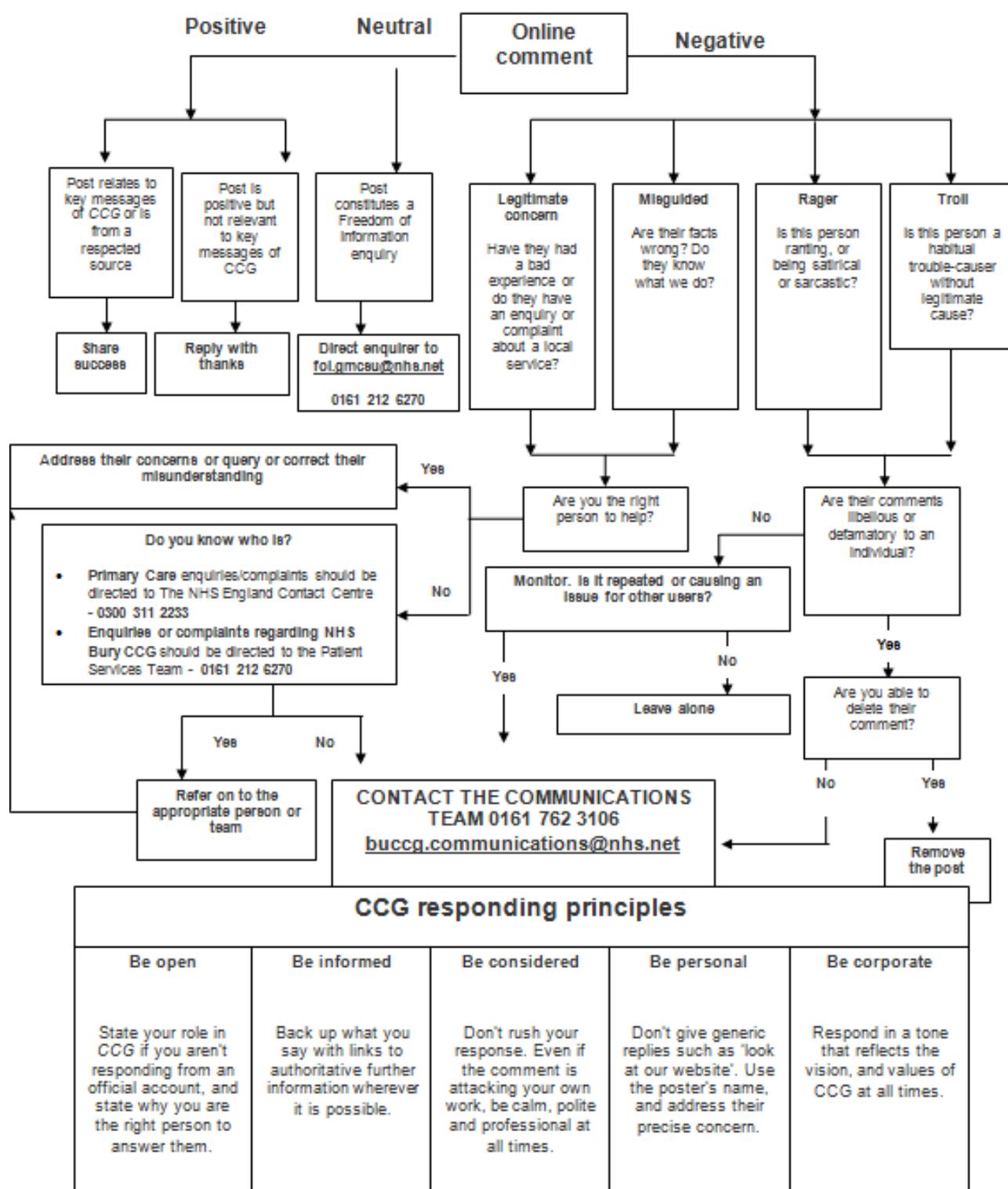
Comments will be left untouched if they:

- Are on-topic
- Respect other users
- Are not malicious or offensive in nature, or constitute a personal attack
- Do not incite hatred on the basis of race, religion, gender, nationality or sexuality or any other personal characteristic
- Do not reveal personal details, such as private addresses, phone numbers, email addresses or other online contact details
- Do not impersonate or falsely claim to represent a person or organisation
- Are not solely party political in nature
- Do not include swearing, hate-speech or obscenity
- Do not break the law – this includes libel, condoning illegal activity, and breaking copyright
- Do not advertise commercial products and services – you can mention relevant products and services as long as they support your comment
- Are in English, as we do not have the resource to moderate comments in other languages

We reserve the right to suspend comments at any time. Where we choose to moderate a comment for a reason other than those listed above, we will email the commenter explaining our reason.

On occasion, comments on forums or websites may be pre-moderated. This means that comments will not be published instantly. Comments will be checked first by moderators who will monitor the site during working hours and aim to process comments as quickly as possible.

## Social media response and escalation flowchart



## Appendix 4 - Equality Analysis

<b>NHS Bury Clinical Commissioning Group Equality Analysis Form</b>	
<b>The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.</b>	
To be completed at the earliest stages of the activity and before submitted to any decision making meeting and returned via email to GMCSU Equality and Diversity Consultant for NHS Bury CCG <a href="mailto:samina.arfan@nhs.net">samina.arfan@nhs.net</a> for Quality Assurance:	
<b>Section 1: Responsibility (Refer to Equality Analysis Guidance Page 8)</b>	
<b>1</b>	Name & role of person completing the EA:  Alison Mitchell
<b>2</b>	Directorate/ Corporate Area  Communications & Engagement/Corporate Services
<b>3</b>	Head of or Director (as appropriate):  Lisa Featherstone
<b>4</b>	Who is the EA for?  NHS Bury CCG
<b>4.1</b>	Name of Other organisation if appropriate  N/A
<b>Section 2: Aims &amp; Outcomes (Refer to Equality Analysis Guidance Page 8-9 )</b>	
<b>5</b>	What is being proposed? Please give a brief description of the activity.  Communications & Engagement Strategy; The approach and ways in which the CCG will communicate and engage with it's stakeholders
<b>6</b>	Why is it needed? Please give a brief description of the activity.  There is a need to define the strategic approach on how the CCG will engage with its stakeholders
<b>7</b>	What are the intended outcomes of the activity?  Engaged and informed stakeholders
<b>8</b>	Date of completion of analysis (and date of implementation if different). Please explain any difference  Completion of Strategy September 2019

9	Who does it affect?	All stakeholders of the CCG		
<b>Section 3: Establishing Relevance to Equality &amp; Human Rights</b> (Refer to Equality Analysis Guidance Page 9-10)				
10	<b>What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.</b>			
	<b>General Public Sector Equality Duties</b>	<b>Relevance (Yes/No)</b>	<b>Reason for Relevance</b>	
	To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	N		
	To advance equality of opportunity between people who share a protected characteristic and those who do not.	N		
	To foster good relations between people who share a protected characteristic and those who do not	N		
10.1	<b>Select and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right</b>			
	<b>Protected Equality Characteristic</b>	<b>Positive (Yes/No)</b>	<b>Negative (Yes/No)</b>	<b>Explanation</b>
	Age	Y		Communications and engagement activity is tailored to be inclusive of all groups
	Disability	Y		“
	Gender	Y		“
	Pregnancy or maternity	Y		“
	Race	Y		“
	Religion and belief	Y		“
	Sexual Orientation	Y		“
	Other vulnerable group	Y		“
	Marriage or Civil Partnership	Y		“
	Gender Reassignment	Y		“
	Human Rights (refer to Appendix 1 and 2)			“
	If you have answered No to all the questions above and in question 10 explain below why you feel your activity has no relevance to Equality and Human Rights.			

<b>Section 4: Equality Information and Engagement (Refer to Equality Analysis Guidance Page 10-11)</b>									
<b>11</b>	<b>What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details. (Refer to Equality Analysis Guidance Page 11-12 )</b>								
	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">Details of Equality Information or Engagement with protected groups</th> <th style="width: 50%; text-align: center;">Internet link if published &amp; date last published</th> </tr> <tr> <td style="text-align: center;">Routine and bespoke engagement has informed the Communications &amp; Engagement Strategy</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>11.1</b></td> <td><b>Are there any information gaps, and if so how do you plan to address them</b></td> </tr> <tr> <td></td> <td>Gaps in engagement of specific groups if identified will be addressed in the action plan of the Communications &amp; Engagement team</td> </tr> </table>	Details of Equality Information or Engagement with protected groups	Internet link if published & date last published	Routine and bespoke engagement has informed the Communications & Engagement Strategy		<b>11.1</b>	<b>Are there any information gaps, and if so how do you plan to address them</b>		Gaps in engagement of specific groups if identified will be addressed in the action plan of the Communications & Engagement team
Details of Equality Information or Engagement with protected groups	Internet link if published & date last published								
Routine and bespoke engagement has informed the Communications & Engagement Strategy									
<b>11.1</b>	<b>Are there any information gaps, and if so how do you plan to address them</b>								
	Gaps in engagement of specific groups if identified will be addressed in the action plan of the Communications & Engagement team								
<b>Section 5: Outcomes of Equality Analysis (Refer to Equality Analysis Guidance Page 12)</b>									
<b>12</b> Complete the questions below to conclude the EA.									
What will the likely overall effect of your activity be on equality?	Ensure that there is equality in the way the CCG communicates and engages with all stakeholders								
What recommendations are in place to mitigate any negative effects identified in 10.1?	N/A								
What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	N/A								
What steps are to be taken now in relation to the implementation of the activity?	Implement the approach and action plan								
<b>Section 6: Monitoring and Review</b>									
<b>13</b>	If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.								
Monitoring through CCG workstreams and committee structure									