Better communications
Better engagement
Better health
Integrated communications and engagement strategy for NHS Trafford Clinical Commissioning Group

July 2015
## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Chapter 1: The Trafford Story - Creating a responsive local NHS</td>
</tr>
<tr>
<td>5</td>
<td>Chapter 2: Who we are</td>
</tr>
<tr>
<td>8</td>
<td>Chapter 3: Our stakeholders</td>
</tr>
<tr>
<td>10</td>
<td>Chapter 4: Core definitions and principles</td>
</tr>
<tr>
<td>12</td>
<td>Chapter 5: Objectives and messaging</td>
</tr>
<tr>
<td>14</td>
<td>Chapter 6: Resources to deliver our communications and engagement strategy</td>
</tr>
<tr>
<td>22</td>
<td>Chapter 7: Future priorities</td>
</tr>
<tr>
<td>24</td>
<td>Chapter 8: Appendices</td>
</tr>
</tbody>
</table>
Chapter 1: The Trafford Story - creating a responsive local NHS

NHS Trafford Clinical Commissioning Group’s (CCG) communications and engagement strategy, “Better communications, better engagement, better health”, outlines how we will involve, communicate and engage with our many stakeholders, and why.

The CCG is committed to carrying out meaningful communications and engagement on an on-going basis, as this is vital to meet our obligations to those we report to, and the population of Trafford and for us to continue to thrive as an organisation.

This strategy is not just about complying with policy – there are a number of reasons why Trafford CCG believe effective communications and engagement is an important part of its organisation.

As an NHS organisation, Trafford CCG acknowledges the contribution people can make as patients, carers, staff, stakeholders and members of the wider community in promoting healthier lifestyles, setting priorities, planning and developing services and evaluating outcomes. We need to ensure that these citizens are at the centre of our healthcare services, with every level of our commissioning system being informed by listening to those who use and care about our services.

If we engage well with the people of Trafford and build this knowledge into commissioning decisions, we will be better placed to offer services that are responsive and accountable. We recognise the experience and expertise that community members can bring to any debate. To do this well we need to ensure that we understand the differing communications and engagement needs of our diverse communities (for example, some communities may not receive free local newspapers; some communities have a proportion of people who have English not as their first language). Therefore we will use different ways to communicate and engage with the different communities throughout Trafford as required.

The success of our work in improving health and wellbeing in Trafford is based on our effectiveness in communicating and engaging with our communities to ensure they are appropriately involved and effectively informed so that we continue to commission the correct services with have the best impact.
This communications and engagement strategy is supported by a number of other Trafford CCG strategies and policies as well as national policy and reviews, including:

- **Our five year strategic plan 2014-2019** demonstrates how the organisation will fulfil its duties and meet future challenges

- **The operational plan**, which has been drafted to set out in detail how we will deliver the CCG’s strategic objectives

- **A report explaining Key Health Inequalities by Protected Groups (National and Trafford local findings)**

- **Recommendations with regard to communications and engagement following the Francis Inquiry Report and other key national inquiries**

- **The NHS Constitution** which brings together in one place what staff, patients and public can expect from the NHS. It sets out the purpose, principles and values of the NHS and explains a number of rights, pledges and responsibilities for staff and patients alike.

All CCG and partnership communications and engagement activity is co-ordinated by an integrated function and team employed by the CCG. The work is carried out in conjunction with relevant CCG colleagues, as well as executive and clinical board members.

The strategy provides a framework and context that will allow our plans to be continually adapted according to the changing needs of the community and any local or national policy directive.

We hope that this strategy provides the CCG Governing Body, Council of Members, stakeholders and the public, with a clear outline of how our communications and engagement will be shaped and provide further guidance should anyone wish to be further involved in the planning of health services for the people of Trafford.
Chapter 2: Who we are

Trafford CCG is responsible for buying (commissioning) the following healthcare services for Trafford residents.

- Urgent and emergency care
- Out of hours primary medical services
- Elective hospital care
- Community health services, such as speech and language therapy, rehabilitation services, continence services
- Maternity and new-born services
- Children’s healthcare services
- Services for people with learning disabilities
- Mental health services
- Infertility services
- NHS continuing healthcare

We are required to plan services based on the needs of our local population, secure services that meet those needs and monitor the quality of care provided in order to provide the optimal patient experience.

Our budget comes from the Government and we are overseen by NHS England. Our Governing Body is accountable to our GP Council of Members which comprises representatives from Trafford’s 35 GP practices.

Our vision

Our vision is to ensure that the health services we manage for the people of Trafford are provided at the right place and at the right time, and that services are safe, of a high quality and are value for money.

The communications and engagement team contribute towards achieving this by ensuring all necessary audiences are engaged and kept well informed and have an opportunity to input and influence service design and redesign in the borough.

Our values

Our CCG values have been developed in conjunction with our staff, the public and those we regularly work with (our stakeholders).

- **Compassion, respect and dignity:** we will treat everyone as we would expect to be treated

- **Commitment to quality care to improve lives:** we are committed to ensuring our patients receive the best quality, co-ordinated care possible. To continually monitor and improve our services and how we commission them
• **Working together to meet the healthcare needs of Trafford**: we will give patients, families and the public opportunities to be involved and have a voice. We will work together to make improvements for our population.

• **Valuing each other**: we support each other to be the best we can.

• ** Honour, integrity and openness**: we will be transparent in all our actions and decision making.

• **Objectivity and accountability**: we will commission services that meet established and identified needs. The services we commission will be equitable, cost effective and our decisions will be open to scrutiny.

We commit to keeping our values current at all times and to measuring ourselves against them. This will help us attract people to work with us who are aligned with the organisation’s ethos and will help to ensure those values are consistently applied in our stakeholder communications and engagement. We call this ‘the Trafford CCG way’.

**Trafford Health profile**

People living in Trafford vary, health-wise, when compared to the England average. Deprivation is below average but approximately 14.1% (6,200) of children live in poverty.

Male and female life expectancy is similar to the England average but men in the most deprived neighbourhoods of Trafford live 8.5 years less than England average and women 6.8 years less, when compared with more affluent parts of the borough.
Locality working in North, West, Central and South sectors of the borough is being developed to address, at a neighbourhood level, the health inequalities that exist in the borough

Here is an overview of each locality’s health profile:

**North (Stretford and Old Trafford)**
- Higher levels of deprivation than Trafford average
- Majority of Trafford’s Black Minority Ethnic (BME) population live in this locality
- Practices have highest proportion of patients with diabetes
- High rates of:
  - Alcohol-related hospital admissions
  - Hospital admissions for coronary heart disease (Clifford, Gorse Hill, Stretford)
  - Lung cancer

**West (Davyhulme, Flixton, Urmston and Partington)**
- Lowest life expectancy in Trafford (Bucklow St Martin)
- Highest rates of:
  - Alcohol-related hospital admissions
  - Hospital admissions due to falls (Urmston)
  - Nursing and residential homes
- High rates of:
  - Dementia
  - Heart and circulatory diseases

**Central (Sale)**
- Varied deprivation levels across locality but overall health and wellbeing is good
- Respiratory/lung disease rates higher than average
- Higher rates of alcohol admissions to hospital than national average (St Marys and Sale Moor)
- Heart and circulatory disease lower than national average
- Lowest overall cancer rates in Trafford (Sale Moor and Priory)

**South (Altrincham, Hale and Timperley)**
- 32% of Trafford’s population live this this locality – high proportion of older people
- Life expectancy generally better than other localities in Trafford
- Breast cancer generally higher but lung cancer is low (Hale Centre, Bowdon, Hale Barns)
- Lower than national average for heart attacks and heart disease

Chapter 3: Our Stakeholders

Organisations as complex as Trafford CCG need to have strong relationships with multiple stakeholders in order to be successful.

The CCG’s stakeholders will be engaged and communicated with on different levels and for different purposes. Many organisations will have different levels of understanding about the CCG, what they expect from it and will have differing concerns about local services we are planning or providing.

Stakeholder mapping work to date has identified a number of broad audience/stakeholder categories including the following:

<table>
<thead>
<tr>
<th>The general public and communities</th>
<th>Staff; Governing Body and CCG Member Practices</th>
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<tbody>
<tr>
<td>Community groups and voluntary organisations</td>
<td>Partner organisations - including Trafford Council and Public Health England</td>
</tr>
<tr>
<td>Patient groups and representatives - including our established Public Reference and Advisory Panel (PRAP) and Integrated Care Reference Group (ICRG)</td>
<td>Statutory and regulatory bodies - including NHS England; Healthwatch Trafford and Trafford Health and Wellbeing Board</td>
</tr>
<tr>
<td>Special interest / pressure groups and individuals</td>
<td>Local health and social care clinicians and providers</td>
</tr>
<tr>
<td>Trade unions</td>
<td>Local MPs</td>
</tr>
<tr>
<td>Press and media</td>
<td>Local councillors</td>
</tr>
</tbody>
</table>

Currently, our stakeholder distribution list holds over 75 representatives for groups, organisations and providers across and outside of Trafford that we work with closely. This is updated regularly as we continue to build and develop further relationships with more stakeholders.

This distribution list is broken up into the protected characteristics (further details overleaf) for those who are representative organisations which help us to carry out targeted communications.
Stakeholder feedback

NHS England commission an independent organisation on behalf of all CCGs to conduct a 360° stakeholder survey which gives stakeholders the opportunity to feedback on their relationship with their local CCG.

A good working relationship allows stakeholders to provide CCGs with vital information and advice about the local population, which will inform commissioners to make the best possible commissioning decisions.

The CCG 360° stakeholder survey helps ensure these strong working relationships are in place as well as highlighting areas where further engagement is needed.

The results from the survey will provide Trafford CCG with data to:

- continue to build on relationships
- allow for ongoing organisational development
- help us evaluate progress
- inform commissioning decisions

The results will also provide NHS England with assurances and evidence that stakeholder relationships are essential to CCG commissioned services, so that quality and outcomes are improved for patients.

For results of the latest survey and the actions we are taking arising from it please contact Hannah Stoddart, Communications and Engagement Specialist for Stakeholders, via email: Hannah.Stoddart@nhs.net or telephone: 0161 873 9505.

Diverse communities

The CCG also ensures it achieves its obligation to engage with diverse communities and groups, defined as the ‘protected characteristics’, as stated in the Equality Act 2010:
Chapter 4: Core definitions and principles

Communications

Good communications are ‘two-way symmetrical’, in that it relies on honest, open communications that fosters mutual understanding.\(^1\) Doing communications well is not just about ensuring there is a system in place for dealing with journalists, or providing a function for producing leaflets. Good communications should be an intrinsic part of every organisation, from the way staff are treated by their managers to fostering an open and transparent culture.

Engagement

Engagement is not just about ‘talking to people’. Real engagement is about fully involving patients, the public, local communities and wider stakeholders in decision-making processes. Engagement does not just mean ‘consultation’. Consultation is a type of engagement, as the function of engagement reaches far wider in ensuring that people’s views are taken into account during healthcare commissioning at every step of the way. Good commissioning needs patients and the public at its heart.\(^2\)

The above definitions of communications and engagement principles highlight the value of open and honest communications as an aid to understanding and securing involvement with public and stakeholders.

Trafford CCG has built communications and engagement into its Commissioning Approvals Policy to ensure that every business case that goes forward for approval has factored in these requirements and that any new project we undertake has appropriate communications and engagement activity planned to support it.

Arnstein’s ladder of participation (‘A ladder of citizen participation’ - Sherry R Arnstein, 1969) is a useful model that demonstrates the many different levels of engagement that are possible to fully involve our communities.

- The first step of participation is informing by providing communities across Trafford with information about the CCG and opportunities to be involved in helping to shape commissioning decisions.

- The second step is consulting which involves obtaining patient, carer and public experiences or feedback to capture evidence for changes to services. It is also important for clinical and other stakeholder views and experiences to feed in to inform proposed developments and changes.

- The third step of participation is involving by working directly with patients, carers and the public to ensure that they can support the design of

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\(^1\) Managing Public Relations, 1984, James Grunig and Todd Hunt

\(^2\) Better health, better experience, better engagement, August 2001, Department of Health
commissioned services and that this in turn helps to ensure services are utilised effectively.

- The **fourth step** of participation is **collaboration** with stakeholders in each aspect of the decision making process. This could be in relation to their healthcare or in the commissioning intentions of a service. By effectively collaborating we will increase the likelihood of achieving the best possible outcomes to our commissioned services.

- The **fifth step** of participation is **empowering** which is an aspirational goal to meaningfully place decision-making in the hands of the public and clinicians.

Four key principles underpin all our communications and engagement work:

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<tr>
<th>Principle</th>
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</thead>
<tbody>
<tr>
<td>We aim to be clear and use plain language</td>
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<tr>
<td>We aim to be open, honest, transparent and accountable to the community</td>
</tr>
<tr>
<td>We aim to engage equally and with respect to participants</td>
</tr>
<tr>
<td>We aim to listen properly and feedback to participants</td>
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</tbody>
</table>
Chapter 5: Objectives and messaging

As an NHS organisation, Trafford CCG belongs to one of the most trusted brands there is. As such we carry high expectations as custodians of the NHS name and reputation.

There is significant evidence to support the value that effective communications and engagement contributes to improving organisational effectiveness and performance.

Within the NHS, evidence finds that better-performing trusts committed more resources to communications, and had communications teams that were more influential. It also found that staff in trusts rated as ‘excellent’, were significantly more likely to understand their roles than those in weak-performing ones.³

Our responsibilities

As stated by the Department of Health⁴, Clinical Commissioning Groups (CCGs) have many legal responsibilities and some that explicitly link to aspects of communications and engagement, including to:

- Secure public involvement in the planning of commissioning arrangements and in developing, considering and making decisions on any proposals for changes in commissioning arrangements.
- Commission health services that are provided in a way that promotes the NHS Constitution and promote awareness of the NHS Constitution amongst patients, staff and the public.
- Promote the involvement of individual patients and their carers and representatives where relevant, in decisions relating to the prevention or diagnosis of illness in them or their care and treatment.
- Consult patients, the public and partners in developing, or making significant revisions to, the commissioning plan.
- Have a published constitution that sets out the arrangements made by the CCG for the discharge of its' functions

Our objectives

We know we want to communicate and engage well as this is best for our community and stakeholders; it is best practice and our organisation and its performance will thrive in doing so.

³ The Communicating Organisation, 17 December 2009, Department of Health
⁴ The functions of clinical commissioning groups, 12 June 2012, Department of Health
There are, however, some specific objectives that allow us to plan and tailor our communications and engagement activities. These are to:

- Raise the profile of NHS Trafford CCG as the local and responsive commissioner of NHS services in the borough
- Develop and maintain a recognisable identity for Trafford CCG that will act as a familiar point of reference for the community
- Build knowledge in the community about the services that are available and effective ways to improve health and wellbeing
- Build effective relationships with the CCG’s member practices and thus improve its functioning
- Develop and maintain effective mechanisms for patient and public involvement throughout Trafford
- Develop and maintain channels for effective two-way communications and engagement activity with all audiences
- Ultimately support and strengthen the strategic and transformational work of the CCG to improve health and reduce inequalities in Trafford

Our core messages

In addition to bespoke campaigns or projects, there are core messages that can form the basis of generic information about the CCG:

Examples:

- The CCG is a GP-led organisation responsible for buying a range of health and care services for patients of Trafford GPs
- The CCG offers many different opportunities to shape strategies and contribute to commissioning decisions for patients, families and carers who wish to share views and feedback
- The CCG is committed to working with other local agencies to transform health and wellbeing in Trafford to achieve the right care, in the right place and at the right time
- The CCG is committed to achieving and surpassing local and national quality standards
- Reducing the gap in health outcomes between the most and least deprived communities in Trafford is one of the CCGs key priorities
- The CCG is determined to secure a financially sustainable health economy
Chapter 6: Resources to deliver our communications and engagement strategy

Trafford CCG has an in-house communications and engagement team that consists of communications and engagement specialists, each of whom leads on designated areas, and an administrator.

The Associate Director of Corporate Services and Organisational Development (OD) manages the team and acts as Head of Communications and Engagement, as detailed in the chart below.

All of the work that the team produces is planned and carried out in conjunction with relevant stakeholders both internally and externally and in-line with the CCG’s Programme Office work plan for the upcoming year.

In detailing this activity it is useful to consider delivery across four disciplines:

1. External communications and engagement
2. Internal communications
3. Media relations and campaigns
4. Digital communications
1. External communications and engagement

The CCG is embedding a culture that has engagement at its heart. On various levels, engagement is embodied within the processes of the CCG and this is illustrated in the commissioning cycle, pictured on the next page.

There are many ways in which our organisation involves patients and the public in decision-making, as well as gathering the views and concerns of patients to feed into service intelligence. Examples of how we actively engage our various audiences are below:

<table>
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<tr>
<th>Roadshows</th>
<th>Friends and Family Test</th>
<th>Focus groups</th>
<th>Complaints and PALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact into the CCG</td>
<td>Soft data</td>
<td>Public Advisory Group</td>
<td>Patient stories</td>
</tr>
<tr>
<td>Surveys / polls</td>
<td>Healthwatch</td>
<td>Patient reps</td>
<td>Provider data</td>
</tr>
</tbody>
</table>

When connecting with the public in these ways, our aim to encourage people to utilise the services we fund for their health and wellbeing and signpost them to appropriate information and services to help them make informed health decisions.

In addition, we gather views using a range of methods as summarised below. Patient experience data from our providers of services is also used to give the CCG an
insight into the services we commission.

The **Trafford Talks Health** network is a CCG database of over 850 interested patients, residents and stakeholders who have permitted their details to be held by us and who want to kept updated and have their say about health services locally.

The database is regularly used as a resource for recruiting patients or members of the public into any form of engagement activity, from taking part in online surveys about general health topics, to forming new patient reference groups or patient panels who will be scrutinising specific services or issues.

Where people have consented, the database also holds demographic information to allow us to make sure we are engaging with those with protected characteristics.

The CCG has a duty to engage with members of the public from the **protected characteristic groups** outlined in the Equality Act 2010 and detailed on page 10.

Trafford CCG ensures that reasonable support will be offered to encourage local people from the protected characteristic groups to take part in ongoing engagement activity through regular events and similar opportunities.

Examples of how we do this can be found on our website, www.traffordccg.nhs.uk.

To find out more about the work the CCG has undertaken to understand the needs of, and involved, those from certain protected characteristic groups, contact Hannah Stoddart, Communications and Engagement Specialist (Stakeholders/Partners) via email: hannah.stoddart@nhs.net or call 0161 873 9505.

On occasions there is a need for a more formal process of engagement and involvement, particularly if Trafford is implementing, or is part of, a significant service change. This would necessitate a public consultation leading to the steps listed below:

- **Engagement** – We will gather general views to find out what people want and embed these into any changes planned
- **Pre-consultation** – We will gather views on changes proposed in response to engagement phase
- **Options appraisal** – We will find out what people think about any potential models of new / revised services
- **Consultation** – We will implement a formal process to gather opinions on the detail of proposed changes
- **Post-consultation** – We will explain before the changes are implemented

In addition, all consultation activity will adhere to the following national ‘four tests’:

1. Having support from GP commissioners
2. Demonstrating public and patient engagement with key stakeholders
3. A clinical evidence base
4. Consistency with current and prospective choice\textsuperscript{5}

The CCG’s governance structure demonstrates the priority placed on local engagement at the heart of decision making. We regularly interface with two public groups, detailed below.

**The Public Reference and Advisory Panel (PRAP) and the Integrated Care Reference Group (ICRG)** are important scrutinising bodies for the CCG. The former is a formal subcommittee of the Governing Body and members are recruited via a formal interview process to ensure individuals have the required skills.

The PRAP hears about CCG service lead’s present upcoming business cases to the PRAP and seeks recommendations to ensure our work, its planning and commissioning is value for money, fair and equitable. Members of the PRAP are often invited to be involved in other CCG work streams and projects.

The ICRG has an open membership and its main focus is the development of new joined-up care services and where required, tests the success of newly implemented services.

Each body feeds back local information and views into the organisation to help inform patient choice, plans and decisions and they are an important voice regarding quality of local services.

The close working relationship with organisations who represent patients and communities, for example **Healthwatch Trafford**, is again reflective of the importance placed on patient and public involvement in the CCG in every aspect of our work.

To learn more about the PRAP or if you are interested in joining the ICRG, please contact Tracy Clarke, Communications and Engagement Specialist (Public/Patients) via email: tracy.clarke8@nhs.net or call: 0161 873 6008.

**Appendix 1** illustrates the governance structure of the CCG and the relative position of the PRAP.

**Appendix 2** provides a PRAP representative outline

**Appendix 3** outlines the ICRG’s role

**Appendix 4** details the list of regular stakeholders and third sector partners that the CCG engages with on a frequent basis.

\textsuperscript{5} Equity and excellence: Liberating the NHS, July 2010, DH
2. Internal communications

The CCG is a member organisation made up of Trafford’s GP practices who sit on a Council; several member GPs also serve on the CCG’s Governing Body and act as clinical leads.

GP leads and CCG commissioning managers work side-by-side to develop the future direction for health service commissioning and provision in Trafford. This close relationship was built following a programme of engagement with clinicians, key partners and stakeholders, as well as patients and members of the public.

Some of the opportunities for communicating and engaging internally with our membership are:

**Networking and education**
- Frameworks to allow staff at member practices to network and drive commissioning work, from practice manager and practice nurse meetings, to clinical learning events

**Member briefings**
- Regular feature-led updates sent as an e-newsletter to members, focusing on core commissioning business, such as integration, long term conditions, personalisation and urgent care

**GP Council of Members**
- Agenda-setting, decision-making, voting, and opportunities for real involvement and feedback

Internal communications also covers the CCG’s 90+ workforce.

Keeping staff fully updated and involved at all times is vital to help the organisation operate as effectively as possible. Good internal communications and engagement can help motivate employees do the best possible job.

In an approach reflective of the organisation’s values, the CCG adheres to a principle of releasing information to staff and members either before, or at the same time as, information is released externally. Wherever possible, all information is communicated face-to-face before being backed up with a written briefing to ensure clarity.
The following internal communications and engagement channels are regularly utilised:

<table>
<thead>
<tr>
<th>Annual General Meeting</th>
<th>Staff surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Staff Awards</td>
<td>Focus groups and learning events</td>
</tr>
<tr>
<td>Staff forums (formal/informal including employee voice sessions)</td>
<td>Screen saver messages and call-to-action</td>
</tr>
<tr>
<td>Email; Staff Briefings; Member Briefings (ad-hoc/topical e.g. news of developing services and new starters)</td>
<td>CCG team and directorate meetings</td>
</tr>
<tr>
<td>Lunchbox learning events led by clinicians</td>
<td>Face-face monthly update from Senior Management Team to all colleagues</td>
</tr>
<tr>
<td>Council of Members (quarterly)</td>
<td>GP learning events (quarterly)</td>
</tr>
</tbody>
</table>

Clinical leadership and engagement has always been a priority for the CCG. The clinical education team have developed successful quarterly GP learning events, supported by the communications and engagement administrator. They are all-day events with a morning session designed specifically for practice managers and afternoon clinical sessions consisting of four to five topics designed for all practice staff and counting towards Continuing Professional Development (CPD) time.

3. Media relations and campaigns

Proactive media relations activity and campaigns are key tactics for raising awareness in the community about the work of the CCG and its partners.

Different themes, developments, milestones, events and opportunities are exploited to convey topical information as well as the core messages and workstreams of the CCG.

Typically, over a given year, consumer and member-facing work might include:

- Fortnightly health column ‘Your Health Matters’ in Trafford’s weekly newspaper the Messenger which is circulated to XXX homes and with an online edition
- Design, print and production of campaign literature, ensuring the CCG brand is reflected across all materials
- External promotion of the CCG at events
- Writing and adapting health related communications
- Disseminating corporate/member information
- Preparation of media statements with a view to both promoting and protecting the reputation of the CCG
- Online updates and social media activity
- Roll-out of numerous campaigns throughout the year

In addition to CCG specific work the team liaises with health and social care colleagues nationally and across Greater Manchester (GM) to ensure campaigns are joined-up and GM wide initiatives are rolled out appropriately at local level.
Spokespeople for the organisation are drawn from representatives on the Governing Body and the relevant clinical leads. Press releases, statements and externally released information will be prepared within the communications and engagement team and sent for official approval before release.

The CCG adheres to the following principles in its media handling:

- We will provide clear, timely and accurate information
- We will be open, while considering reputational issues and respecting confidentiality
- We will endeavour to provide a good and timely service to the media, as a conduit to the communities we serve

The list of regular press and media used by the CCG is included as appendix 5.

The CCG has a corporate identity that has been produced to complement its statutory NHS logo, and demonstrate its commitment to the concept of integration resulting in the right care at the right time at the right place. Part of the role of the CCG’s communications and engagement team is to help to ensure that the organisation’s identity, both internally and externally is used appropriately, according to a set of guidelines that also covered an accessibility policy.

We have a role in ensuring that all messages published on behalf of the CCG are consistent and comply with the organisation’s brand guidelines and the team works to protect and enhance the reputation of the CCG amongst its target audiences.

The CCG should be a recognisable and highly-regarded identity that acts as a familiar reference point for the local community and our stakeholders.

This recognition will help us to stimulate meaningful engagement and make it easier for the public to access information and services.

To ensure that our messages can be accessed by the widest possible audience, we supply materials in alternate formats and languages on request.

The CCG’s Branding and Communications Guidelines are included as appendix 6.

4. Digital communications

This covers online communications and social media activity. These are essential elements in ensuring that the CCG can reach widely into the Trafford population.

Our public-facing website (www.traffordccg.nhs.uk) is fully accessible and aimed at enabling the public to navigate our service provision and understand our responsibilities using clear, user-friendly language. The website is mobile-optimised to ensure it can be accessed fully on smartphones and tablets.

The site allows people to send complaints, concerns and comments which are monitored and responded to by our Patient Advice and Liaison Service (PALS).
Alongside the main website, we operate a staff intranet and GP extranet. The staff intranet is a key resource for the 90+ workforce of the CCG as a document repository, as well as a forum for debate and discussion. The extranet for GP members allows a secure e-platform for the sharing of learning and knowledge and is already proving popular with GPs in the borough.

We use Twitter (www.twitter.com/TraffordCCG) to communicate the CCG’s own updates as well as health information, local news and topical items that may be of interest to our followers. Use of social media in this way encourages the flexible sharing of information and aids brand recognition.

Since inception in April 2013 we have built over 3000 followers who regularly ‘retweet’, ‘favourite’ and converse with us online.

Appendix 7 details NHS Trafford CCG’s social media policy.
Chapter 7: Future priorities

The influences on communications and engagement activity are numerous. From national policy to local strategic direction, there are a host of factors that will shape the work programmes of the communications and engagement team of the CCG in coming months and years.

As the NHS is a highly political landscape there are regularly factors at a Greater Manchester (GM) and National level that we need to address and effectively communicate on a local level. An example of this is the Greater Manchester Devolution, which will come into play formally in 2016 and which will undoubtedly have strong implications for effective communications and stakeholder engagement.

Also coming up in 2015/16 is the Trafford Care Co-ordination Centre (TCCC), a proactive health and social care system and a first of its type in the country.

The TCCC will offer a joined-up approach to Trafford patient’s health and care experience and is the epitome of integrated care which will ensure patients always get the right care and at the right time through an effortless journey. The communications and engagement team must ensure that the public understand integration and what the TCCC’s role will be in helping the Trafford health and social care economy achieve it. We will be supporting and guiding CSC as the provider to ensure that all users and potential users of the Centre are fully aware of the services being provided through it.

A move towards locality working (North, Central, West and South) will increase the “out of hospital” offer across Trafford by improving the quality of services and working at a micro level to ensure the needs of patients within their particular areas are met.

In accordance with the “out of hospital” strategy, the communications and engagement team will undertake targeted engagement in each area to help ensure Trafford patients are fully informed and have an influence in their healthcare.

Another influencer will be the further development of integrated hubs across the localities of Trafford; one of the key elements of the Primary Care and Estates strategies of the CCG. To complement this, each member of the communications and engagement team has been assigned a locality on which to lead. They will take responsibility for identifying the most appropriate times and methods to communicate and/or engage at a locality level in order to achieve the most accurate picture of how the public feels about services.

To a large extent, the communications and engagement specialists in the team are segmented by stakeholder, all with a generic job title - Communications and Engagement Specialist, and then an area of expertise highlighted, as follows:

- Communications and Engagement Specialist (PR and media)
- Communications and Engagement Specialist (Public)
• Communications and Engagement Specialist (Stakeholder)

In addition to the locality work, the communications and engagement team works to support the messaging and approach within our strategic priorities and the commissioning cycle.

Please refer to **appendix 8** for our planning template.
Chapter 8: Appendices

Appendix 1 - Governance Structure of NHS Trafford CCG
Appendix 2 – Public Reference and Advisory Panel outline
Appendix 3 – Integrated Care Reference Group role
Appendix 4 – List of community and third sector stakeholders
Appendix 5 – List of regular press and media used by NHS Trafford CCG
Appendix 6 – NHS Trafford CCG branding guidelines
Appendix 7 – NHS Trafford CCG social media protocol
Appendix 8 – Communications and Engagement planning form
Appendix 1

Trafford CCG: Governance Structure

www-traffordccg.nhs.uk
Appendix 2
Public Reference and Advisory Panel Representative
Outline

Duties and responsibilities

As the Public Reference and Advisory Panel develops, it is expected that the time to be committed by members will increase. You will be expected to undertake the following tasks:

- Preparing for meetings of the Panel by reviewing any papers, reports or literature circulated in advance of the meeting
- Participating fully in Panel discussions, providing a viewpoint that is in the best interest of patients and the general public
- Reviewing existing and proposed clinical policies.
- Considering and assessing business case developments to provide a Trafford perspective
- Feeding local information and views into the CCG from your local neighbourhood and/or organisation which you represent
- Contributing to Panel discussions about future developments of the Panel, as appropriate
- Where required, advising the CCG of the most appropriate way to communicate with those to whom they work with or communities they live within.
- Undertaking induction/training/personal development.
- Adhering to the policies and procedures of NHS Trafford CCG, with particular regard to confidentiality, health and safety, equal opportunities and media relations.

Key accountabilities

To work with others on the Panel to receive and review proposals and policies, propose changes and debate and agree requests for local variations.

Commitment

- As a Public Reference and Advisory Panel representative, you will be required to commit to approximately 2-3 hours per month, made up of attendance at one meeting every month (lasting 2 hours) and background reading and preparation in advance of meetings. These meetings are likely to occur during office hours, though the times of meetings are to be determined locally.
- In addition, the role may require you to attend further Public Reference and Advisory Panel meetings if it is deemed necessary to hold meetings more frequently.
- There will be a full induction session which successful applicants will be required to attend.
Appendix 3

Integrated Care Reference Group - Role

The Integrated Care Reference Group's (ICRG) main focus will be the development of new integrated care services and where required, to test the success of newly implemented services.

As part of this, the ICRG will be expected to play a variety of roles during different stages of the review or establishment of a new service. For example:

**At research/review/design/planning stages**

- hear more about how services are being designed within integrated care,

- provide advice on how best to engage with public, patients and stakeholders,

- where required, assist the CCG in obtaining patient feedback on current services which may be up for review (eg surveying patients, discussions, focus groups) or to test views on other ideas for a new service

- help to publicise opportunities for patients/public to get involved in research (focus groups, surveys, etc)

- provide advice on how best to communicate upcoming changes to services

- be updated on plans regarding how implementation will be undertaken, with the opportunity to provide suggestions to ensure that the needs of patients, public, carers and stakeholders are recognised.

**At implementation stage**

- highlight any patient feedback received to the CCG

- undertake mystery shopper exercise or visit new service (if required)
At post-implementation stage

- review performance and patient feedback (where required)
- undertake mystery shopper exercise (where required)

It should be noted that it could take up to 2 years to implement and review some services.

Questions the ICRG should ask of commissioners:

Service development

- Has sufficient research/engagement been undertaken to understand the needs and views of patients, carers and stakeholders?

- Have clear communication plans been developed to ensure both staff and public/patients/carers/stakeholders are communicated to about the redesign / service change / implementation?

- Is there anything missing which you think the CCG has not considered?

- How could the ICRG give support to the ongoing service development?

At implementation stage

- What is working well?

- What could be improved on?

At post-implementation stage

- Has the project met its desired outcomes? (these will need to be agreed at the start of the project)
Appendix 4

Trafford stakeholder list

Patients and public
Trafford Talks Health
Network
Neighbourhood forums
Mother and parenting groups
Patient participation groups

Pressure and special interest groups
Fertility groups
Environmental groups
Mental health groups
Senior Community Action Group
Individual influencers
Trafford Housing Trust community panels

Expanded community groups, organisations and Provider list
ACE Women's Group
Age UK Trafford
Altrincham & Bowden Civic Society
Alzheimers Society (Trafford)
Arthritis Care, Altrincham & District
Autistic Society
Black Health Agency
BlueSCI
BME SIP
British Red Cross
Broadheath Partnership
Broomwood Partnership
Butterflies young parents group
Cancer Aid & Listening Line (CALL)
Central Manchester Foundation Trust
Citizens Advice Trafford
Culture in Trafford
Disability Advisory Group
Empowering Muslim Youth Project
Epilepsy Action South Manchester
Family Support Network Trafford (FASNET)
Flixton Heart and Stroke Group
Friends of Altrincham General Hospital
Friends of Trafford General Hospital
G Force
Genie Networks
George House Trust
Greater Manchester West
Greater Manchester coalition of disabled people
Hard of Hearing Group
Healthwatch Trafford
Henshaws Society for the Blind
LD SIP
Lions Club of Urmston
LMCP Care Link
Longsight & Moss Side Community Project
Lostock Community Partnership
Lostock Residents Association
Manchester Lesbian and Gay Foundation
Mastercall
New Way Forward
Nwas’
Old Trafford Partnership
Parkinsons UK Trafford Branch
Partington EngAGE
Pennine Care Foundation Trust
Phoenix Futures
Positive Partington
Psychosexual Counselling
Public Health Trafford
Redeeming our communities
Sale West & Ashton Partnership
Special Educational Needs Family Support Group (SENFSG)
St Francis Church
Stockdales of Sale and Altrincham
Stroke Association
Stronger Communities
Talkshop
The Counselling and Family Centre
Thrive Trafford
Trafford Cancer Patient User Participation Group
Trafford Care Consortium
Trafford Care & Repair
Trafford Carers Centre
Trafford Centre for Independent Living
Trafford Council
Trafford CVS & Volunteer Centre
Trafford deaf partnership
Trafford Diabetes Support Group
Trafford Diverse Communities Board
Trafford Housing Trust
Trafford Mental Health Advocacy Service
Trafford Parent Partnership
Trafford Sound
Trafford Tenants and Residents Federation
Trafford Youth Cabinet
Urmston Partnership
UHSM
Voice of BME Trafford
Voluntary Community Action Trafford (VCAT)
Voluntary Transport Group
Wai Yin Chinese Women's Society
Woodsend Community Group
Woodsend Interest Groups
Young People's Counselling service
Youth Parliament

**Outside Trafford**
Christies Foundation Trust
Bolton CCG
Salford CCG
Central, South and North Manchester CCGs
Stockport Cerebral Palsy Society
Salford Royal Foundation Trust
CwDP
Greater Manchester Police
MASH
### Appendix 5

#### Trafford media list

<table>
<thead>
<tr>
<th>Media</th>
<th>Format</th>
<th>Distribution</th>
<th>Frequency and Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Messenger</strong></td>
<td>Hardcopy newspaper and online</td>
<td>Trafford residents. Two versions – Sale and Altrincham; Stretford and Urmston.</td>
<td>Weekly (Thurs) – copy deadline Friday before the 11th of the month before.</td>
</tr>
<tr>
<td><strong>The Advertiser</strong></td>
<td>Hardcopy newspaper and online</td>
<td>Trafford residents. Two versions – Sale and Altrincham; Stretford and Urmston.</td>
<td>Weekly (Weds) – copy deadline Friday before the 11th of the month before.</td>
</tr>
<tr>
<td><strong>Manchester Evening News</strong></td>
<td>Newspaper and online</td>
<td>Greater Manchester residents</td>
<td>Daily – copy deadline 4pm the day before.</td>
</tr>
<tr>
<td><strong>The Transmitter</strong></td>
<td>Hardcopy community newsletter</td>
<td>Partington and Carrington residents. Free community newspaper – 4000 copies delivered to M31 postcode</td>
<td>Monthly (aside from January and May). Copy deadline – differs slightly but by the 11th of the month before.</td>
</tr>
<tr>
<td><strong>Health Service Journal</strong></td>
<td>Hardcopy and online magazine</td>
<td>National – health professionals</td>
<td>Weekly</td>
</tr>
<tr>
<td><a href="http://www.pulsetoday.co.uk">www.pulsetoday.co.uk</a></td>
<td>Online magazine</td>
<td>National – GP’s and health professionals</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Trafford Carers Centre – Carers News</strong></td>
<td>Hardcopy newsletter</td>
<td>Trafford carers and stakeholders</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>TAP (Trafford Advice Partnership)</strong></td>
<td>Hardcopy newsletter</td>
<td>Trafford stakeholders</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Pulse – Trafford Housing Trust</strong></td>
<td>Hardcopy newsletter</td>
<td>Distributed to all Trafford Housing Trust tenants – approx. 12,000 people</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Voluntary Action Trafford (VCAT) newsletter</strong></td>
<td>Hardcopy newsletter</td>
<td>Trafford volunteers, volunteer groups and stakeholders</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Peace FM</strong></td>
<td>Trafford Radio</td>
<td>BME groups</td>
<td></td>
</tr>
<tr>
<td><strong>BBC Radio Manchester</strong></td>
<td>Greater Manchester Radio</td>
<td>Greater Manchester residents</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6

August 2013

Branding and communications guidelines
Introduction

Welcome to Trafford Clinical Commissioning Group’s (CCG) branding and communications guidelines, which aim to provide you with a handy reference document to help you produce good quality written and verbal communications on behalf of the organisation.

The guidelines have been produced to ensure that we have a consistent approach to communicating with our colleagues, patients, partners and stakeholders, and also to help make sure that everything we present is carried out in a professional manner.

As well as being informed by the guidelines set by the NHS for clinical commissioning groups when using the statutory NHS logo, this document also takes into account best practice when it comes to accessibility, ensuring that those who may have difficulty communicating can still understand the information we provide.

Logos and corporate identity

When adding the CCG’s statutory NHS logo to documents, it should ideally be placed on the top right side of the page. If this is not possible, the bottom right-hand corner can be used instead.

The logo should have a clear ‘exclusion zone’ around it as detailed here. The clear space (shown as X) is proportional and is defined as the height of the NHS logo.

If you need to amend the size of the logo, make sure that it is changes at scale so that it does not distort the shape or look of the logo.

![Click the logo and drag from one of the corners to accurately increase or decrease](image)

If you are working with a partner organisation or sponsor company where there may be a need to place the CCG logo alongside another organisation’s logo, take advice from the communications and engagement team, as logo placement depends on the nature of the relationship.
A corporate identity has been developed for the CCG, which uses the official NHS colour palette and complements the use of our statutory NHS logo. You can access a range of Microsoft Office Word and PowerPoint templates to use when producing your documents and presentations.

Fonts, formats and capital letters

All written CCG communications should be carried out using the standard Arial font, using at least 12pt font size as a minimum. An outline of what font size and style to use when creating a document is detailed below.

<table>
<thead>
<tr>
<th>Document heading (Arial, bold, 16pt, left aligned)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document sub-heading (Arial, bold, 14pt, left aligned)</td>
</tr>
<tr>
<td>Main document wording (Arial, 12pt, left aligned)</td>
</tr>
<tr>
<td>Additional sub-headings (Arial, underline, 12pt, left aligned)</td>
</tr>
</tbody>
</table>

Recommended paragraph spacing is to use single lines, unless you are circulating a document for comments, when it may be beneficial to use 1.5 or double line spaces.

Try to keep capital letters to a minimum. Too many capital letters make it much harder for people with visual impairments or conditions such as dyslexia to read, and also for those where English is not their first language.

The only exceptions for using capital letters should be the following:

- Organisation names
- Formal committee or body titles
- Legal terms
- Job titles
You should also avoid using italics, as this can also make it more difficult for people with visual or reading impairments to decipher the words. Using bold and underline together can also be tricky for some people to read.

Ensure any written documents are left aligned rather than justified, as justified text is also harder to read.

Be cautious with the use of colour in written communications, as the NHS brand guidelines mean that there is a strict colour palette that can be used, which have all been tested to check they are visually accessible. The CCG’s corporate identity follows these guidelines, so use this as a guide or ask the communications and engagement team for advice if you are unsure.

Tone of voice and plain English

All NHS communications should be:

- Clear
- Concise
- Honest
- Open

In addition, CCG communications should also demonstrate our values of:

- Compassion, respect and dignity
- Commitment to quality care to improve lives
- Working together for patients
- Selflessness and recognition that everyone counts
- Integrity, openness and honesty in all our interactions
- Objectivity and accountability in all we do.

All communications should enhance the understanding of the reader or the listener, should be respectful and completely clear about what actions need to take place.

We should convey a consistent tone of voice that is personal and direct, talking to the individual in a way that embraces plain English, whether it is a speech, an email or a technical business case document.

A good tip is to think about all communications as if it is taking place one-to-one with a patient. Even an internal document could still be subject to a Freedom of Information request, which means a member of the public may need to understand it.

The Plain English Campaign is active in finding and exposing bad examples of communications, with NHS organisations often the culprits as they can be guilty of producing over complex information full of jargon and acronyms.

Cheshire, Warrington and Wirral NHS Commissioning Support Service (now Cheshire and Merseyside Commissioning Support Unit) was a winner of one of
the Plain English Campaign’s Golden Bull Awards in 2012, with the following excerpt:

A unique factor of the NHS Cheshire Warrington and Wirral Commissioning support organisation is its systematised methodology for project and programme management of small, medium, large service re-design and implementation…Building in equality and risk impact assessments the options are taken through a process to arrive at the content for an output based specification and benefits foreseen as a result of the implementation.

The service is inclusive of full engagement with Clinical Commissioning Groups who direct at decision-making points how they wish the proposal to be deployed (re-commission, de-commission or changes to current services/providers), and lastly an implementation team who see the service redesign through to evaluation and benefits realisation.

Out of ten Golden Bull Awards made in 2012, four were given to NHS organisations!

The Plain English Campaign also recently had this to say about the Healthier Together ‘Strategic Direction Case’ document, which resulted in negative coverage about the programme in the Manchester Evening News in April 2013:

“We would like to know how much this awful report cost the NHS to carelessly put together,” asks Plain English founder Chrissie Maher. “It’s one of the worst things I’ve seen in a good while, the people of Greater Manchester deserve far better and it’s a runaway favourite for a 2013 Golden Bull award.”

What follows are real examples of ‘before and after’ plain English editing:

<table>
<thead>
<tr>
<th>Before</th>
<th>After plain English editing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>From a social worker guide</strong></td>
<td></td>
</tr>
<tr>
<td>For the purpose of working with patients whose first language is not English a recommendation of good practice involves the utilisation of interpreting services.</td>
<td>Please use the interpreting services when working with people whose first language is not English.</td>
</tr>
</tbody>
</table>

| From a sports strategy |  |
Consideration should be given to the identification of an individual to orchestrate access to funding and to develop programmes that contribute to the aims of specific regeneration initiatives. We must identify or recruit someone to access funds and develop programmes that contribute to the aims of our regeneration initiatives.

From hire conditions

A charge is not normally made for the use of parks and open spaces if the event is for Charity or Fund Raising purposes but if the event is of a commercial nature the hirer will be advised of the hire charge after their application has been received. The Council does not normally charge for the use of parks or open spaces if the event is for charity or fund-raising. If the event is commercial we will contact you about the hire charge once we receive your application.

Here is a checklist to use when undertaking any written or verbal communications:

- Do not use any jargon.
- Do not use acronyms (if using them is unavoidable, make sure you explain what it stands for).
- Do not use abbreviations (rather than using Latin terms such as etc., i.e. and e.g., instead use and so on, please note and for example).
- Avoid using technical language (if it needs including, make sure you explain clearly what it means).
- Use grammar and punctuation accurately, but keep it simple. If you need to use a lot of punctuation then your sentence is probably too long!
- Present and structure information in a way that makes it clear when you’re moving onto a new subject or topic.

Accessible communications

As an NHS organisation, and as an organisation that has compassion, respect and dignity at the heart of its values, we have a responsibility to ensure that no matter who we are talking to, they can easily understand what we are saying to them.

What follows is a general checklist to ensure that any communications you are producing or delivering are accessible.

Do not make assumptions

Do not assume that who you are writing to or talking to can understand you. Any audience, from colleagues to members of the public could have a disability that may impair their understanding of certain communications.
Be aware

Some disabilities may not always be obvious. It is not just the deaf or hard of hearing, or those that are blind or visually impaired that may need extra support when communicating with us. People with other physical disabilities, such as mobility problems, may not as easily be able to access online information if they do not have the right computer technology in place in their homes.

Ask for advice

If you are unsure of how to assess someone’s needs or what may need putting in place to support communications with a particular group or individual, ask for advice from an equality and diversity expert or speak to the communications and engagement team.

There are a range of tools that can be used, some of which the CCG already has in place as a contract, and some that can be bought in as and when needed:

- Interpreters
- Translations
- Braille
- Large print
- Audio
- Sign language
- Subtitles
- Easy read versions

Promote different formats

For any publications, make sure that you include this standard paragraph advising that your letter, report or any document you are sending, is available in other formats:

This document is also available in large print, audio, Braille versions and in different languages at request by contacting the Trafford CCG.

Postal address: Email: [Insert contact number]
Trafford CCG Tel: [Insert contact number]
3rd floor Text relay: 18001
Oakland House
Talbot Road
Manchester M16 0PQ

Ideally, a paragraph that explains that different formats are available should be displayed in alternative languages as well. The following image, which features the main languages used in Trafford, can be inserted into letters and other documents along with an appropriate contact telephone number:
If you receive a request for alternative formats or translations, the communications and engagement team will be able to help you provide this.

Think carefully

When putting communications together, think carefully about what you are adding. Using visuals in presentations can be a good way of describing the point or message you are trying to get across, but be careful not to make it too complex. A diagram that is too detailed or animated graphics could end up actually making it harder for someone to understand.

Before completing your written work, check that it can be easily understood if read out loud. For example, some patients may need to have information read to them by a carer, or some may need a family to interpret the information for them.

Online communications

The same principles when communicating using more formal written communications should be applied when communicating traditionally informal methods, such as emails. The same corporate font and format should be used, and messages should be written in a professional, yet easy to understand way.

There is not currently a capability to roll out an automated e-signature for CCG employees, so instead, it is advised that everyone uses the format below:

[Full name]
[Job title]
NHS Trafford Clinical Commissioning Group
3rd Floor, Oakland House
Talbot Road
Feeling free to add any particular accreditations or professional qualifications you may have to the signature.

Make sure you tick the box that means your signature also appears on email replies and forwards rather than just on newly created emails.

Trafford CCG has a Twitter feed, and the ‘A New Health Deal for Trafford’ campaign to redesign services at Trafford General Hospital has a Twitter feed and a Facebook page. Staff are actively encouraged to participate in the CCG and other health service / professional social media activity, but please do bear in mind that even when using social media personally, you are also a representative of the organisation.

Use common sense and if in doubt about what you should and should not say, please ask the communications and engagement team for advice. For example, there is strict guidance during elections as to what NHS staff are allowed to communicate in their capacity as an NHS employee.

**Verbal communications**

All of the best practice in terms of communicating in a clear and concise way, and avoiding the use of jargon and acronyms, also applies to verbal communications.

Verbal communications can entail anything from speaking in an internal meeting, to presenting to a large external group, but the principles should be the same for all.

To ensure that anyone contacting Trafford CCG receives a professional service, it is recommended that everyone uses the following ‘script’ when answering the phone:

“- Hello / good morning / good afternoon
- Trafford CCG / Clinical Commissioning Group
- [name] speaking”
Appendix 7

Trafford CCG social media policy

Introduction and aims

This document provides guidance to all Trafford CCG staff 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, you are an ambassador for our business; this includes on social media sites. Trafford 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 your interests and to advise you of the potential consequences of your behaviour and any content that you might post online.

The aims of this document are to: provide clarity to staff 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 brought into disrepute and that it is not exposed to legal risk; and ensure that internet users are able to distinguish official corporate information from the personal opinion of staff.

Scope

This policy applies to staff directly employed by Trafford 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. Each business area should assess the value of using these tools in an official capacity, and follow this policy if they decide to do so.

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, and often non-existent. 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 you could be identifiable as a CCG employee, or when commenting on CCG-related matters in a public forum.

Staff should use their own discretion and common sense when engaging in online communication. Be mindful that what you publish will be public for a long time.

Use the same principles and standards that you would apply to communicating in other media with people you do not know. If you wouldn’t say something in an email or formal letter, don’t say it online.

If you are discussing the CCG or related issues, identify your name and role with us. Write in the first person and make it clear that you are speaking for yourself and not on behalf of the CCG. Be aware that people who join your networks and participate in groups that you are a member of may be colleagues, clients, journalists or suppliers. It is also possible that people may not be who they say they are and you should bear this in mind when participating in online activities.

Respect your audience. Don’t use personal insults, obscenities, or engage in any conduct that would not be acceptable in the workplace. Don’t pick fights, be the first to correct your own mistakes, and don’t change previous posts without indicating that you have done so.

Note that use of CCG equipment and networks to participate in social media activities during your own time is covered by the Internet Usage Policy.

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

While we encourage staff to use social media to reflect positively on the work of Trafford CCG it is important that the organisation maintains a coherent online presence through official channels.

Therefore, without having gained approval from the Communications Team, you must not engage in setting up any social media site that seek to represent the official views of the CCG.

Before establishing a presence on any social networking media, a business case must be prepared, outlining how this activity will benefit the programme or business area and the benefits to be realised, compared to the costs in time and resources of doing so.

This business case must be closely aligned to the overall communications strategy. Given the time and resource involved in effectively managing a presence in social networking media, there must be a clearly evidenced demand from an audience for engagement activity using a particular channel, rather than engagement using existing online networks.
Responding to the media
As an organisation, we do not encourage staff to engage in exchanges in response to published media comment. If you read something online that you feel is factually incorrect, inaccurate or otherwise needs an official response from the CCG, then you must refer the matter to the Communications Team.

Online surveys
If you wish to run an externally facing online survey, contact the Communications Team. It is important that the organisation takes a joined-up approach to contacting stakeholder groups, so survey activity may need to be considered in the context of other work.

Personal blogs
If you are writing a personal blog, you should adhere to the guidance given above if your blog touches on any work related matters. You should also include a disclaimer which says: “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 are representing yourself as a CCG employee, you may not provide professional references about any current or former employee, contactor, vendor or contingent worker.

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 Trafford CCG.”

Non-compliance
Staff should remember that they are ultimately responsible for what they publish online and that there can be consequences if policies are broken. If you are considering publishing something that makes you even slightly uncomfortable, review the policy above and ask yourself why that is. If you’re in doubt or in need of further guidance, please contact the Communications Team to discuss.

Non-compliance with the policies associated with this guidance may lead to disciplinary action in accordance with the CCG’s Disciplinary Policy.
Further information and assistance

The Communications Team are available to give help and advice, and should be consulted in the early stages of the planning process.

Monitoring and review

Because of the rapidly evolving nature of digital communications this policy will be reviewed on a six monthly basis, 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.
## Appendix 8

### Communications & Engagement planning form

#### Your details

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Job title:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Department:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Directorate:</td>
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<tr>
<td></td>
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<tr>
<td>Phone:</td>
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<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

#### Useful guidance

### Legal requirements and terminology

It is a legal duty to involve users of services or their representatives in:

- the planning and provision of services
- the development and consideration of proposals to change the way services are provided
- decisions affecting the operation of services

In this legal context, the term ‘involve’ includes a range of activities, from providing information to large-scale public consultation. Locally however, Trafford CCG uses the term ‘engagement’ to describe this range of activities and further guidance is on the next page.

### Our standards for best practice

In order to ensure our engagement activities are consistent and meaningful, Trafford CCG has the following minimum standards for best practice:

- The activity must be needed
- Conducting the activity must make a difference
- There must be enough time to prepare the activity and invite people to participate
- There must be enough resources (financial, physical, staff) to carry out the activity
- An evaluation must take place after the activity
- Materials should comply with Trafford CCG branding and style guide
The Project’s Equality Analysis needs to be shared to aid in planning

The ‘Health Inequalities’ document must be taken into account to identify gaps

An evaluation must take place after the activity

Types and levels of engagement

The terms ‘consultation’ and ‘involvement’ are often used interchangeably with ‘engagement’ and different organizations may use any one of these terms to mean the same thing. At Trafford CCG, we use the term ‘engagement’ to mean any of the following:

<table>
<thead>
<tr>
<th>Engagement Type</th>
<th>Description</th>
<th>Level of Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform</td>
<td>Providing quality information to support public and GP practice understanding of services and activities. <em>Level of influence</em>: public/GP practices are passive receivers of information</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>Obtaining the views and experiences of the public and GP practices on a range of open issues. <em>Level of influence</em>: public/GP practices share general views and experiences</td>
<td></td>
</tr>
<tr>
<td>Consult</td>
<td>Obtaining feedback from the public and GP practices on proposals to inform decision making. <em>Level of influence</em>: public/GP practices give views about a fixed proposal or idea</td>
<td></td>
</tr>
<tr>
<td>Involve</td>
<td>Working with the public and GP practices to explore solutions to specific issues and concerns. <em>Level of influence</em>: public/GP practices help identify potential ways forward</td>
<td></td>
</tr>
<tr>
<td>Collaborate</td>
<td>Working in partnership with the public and GP practices in decision-making. <em>Level of influence</em>: public/GP practices help decide on ultimate way forward</td>
<td></td>
</tr>
<tr>
<td>Empower</td>
<td>Public/GP practice decision-making and/or devolved budgets leading to service commissioning. <em>Level of influence</em>: public/GP practices make decisions directly themselves</td>
<td></td>
</tr>
</tbody>
</table>

For the purpose of this form, the term ‘public’ includes patients, their carers and families and stakeholders.
How to engage

Engagement activity isn’t just about surveys, public meetings and patient representatives at business meetings. These more traditional methods each have their place, but there are also many other ways to engage with people. Our communications and engagement team can give you advice and help you to identify an appropriate method(s), in addition to making sure you comply with Trafford CCG’s branding and style guidelines.

Hannah Stoddart  
3rd sector & Stakeholder  
0161 873 9505

Tracy Clarke  
Patient & Public  
0161 873 6008

Lauren Collins  
PR & Media  
0161 873 9527

Christopher Walker  
Administrator  
0161 873 6048

All email addresses are in the global address book.

<table>
<thead>
<tr>
<th>Planning your engagement activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
</tr>
<tr>
<td>Topic / area of service concerned</td>
</tr>
<tr>
<td><strong>Why</strong></td>
</tr>
<tr>
<td>Why do you wish to undertake the engagement activity?</td>
</tr>
<tr>
<td>What are the expected outcomes and benefits?</td>
</tr>
<tr>
<td>Has anything similar already been done? If yes, please give details.</td>
</tr>
<tr>
<td>How does this fit in with Trafford CCG’s corporate objectives?</td>
</tr>
<tr>
<td>After considering the Health Inequalities document, has it identified any inequality that this project needs to reduce?</td>
</tr>
<tr>
<td>Has an Equality Analysis been completed?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Who</td>
</tr>
<tr>
<td>Who is the Project Lead?</td>
</tr>
<tr>
<td>Who are the specific target groups?</td>
</tr>
<tr>
<td>Do you need to involve any stakeholders? (Who?)</td>
</tr>
<tr>
<td>How many people do you hope to engage with?</td>
</tr>
<tr>
<td>Are you offering any incentives or support for people who participate?</td>
</tr>
<tr>
<td>When</td>
</tr>
<tr>
<td>When will the activity start and end? Is it a recurring activity?</td>
</tr>
<tr>
<td>NB: it is good practice to give members of the public at least 3 weeks’ notice</td>
</tr>
<tr>
<td>How</td>
</tr>
<tr>
<td>Do you have any initial ideas for how you could engage with people?</td>
</tr>
<tr>
<td>What engagement support would you like from our team?</td>
</tr>
<tr>
<td>£</td>
</tr>
<tr>
<td>Do you have a budget for running this engagement activity?</td>
</tr>
</tbody>
</table>
### Planning your communications activity

Outline what type of communications support is required.

<table>
<thead>
<tr>
<th>What type of communications support is needed to supplement the engagement activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. press releases; promotional materials; online promotions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Methods and channels for the communications, e.g. media, website/intranet/extranet</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Timescale</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Budget</th>
</tr>
</thead>
</table>

### Evaluating your communications and engagement activity

In order to ensure that activity is meaningful, it is important to evaluate and test whether it helped reach the intended objectives.

<table>
<thead>
<tr>
<th>How will you evaluate the engagement activity and how will you know if it has been a success?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How will you report / feedback the outcomes or information gathered within the CCG?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How will you feedback the outcomes to the patients / public who took part?</th>
</tr>
</thead>
</table>