

WORCESTERSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST

COMMUNICATIONS POLICY

This policy should be read in conjunction with

Trust's Service User and Carer Information policy; Interpreting and Translation policy;
Foundation Trust Membership Strategy and Community Engagement policy.

Worcestershire Mental Health Partnership NHS Trust Policy Data

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Search Criteria

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When documents are updated, notification will be circulated throughout the organisation. Policy amendments may occur at any time and you should always consult the PDF file held on the Trust's Intranet.

1 INTRODUCTION

1.1 Worcestershire Mental Health Partnership NHS Trust (the Trust) is committed to effective communication. The Trust serves a population of approximately 570,000 people, has a workforce of approximately 1,500 people based at over 50 sites across the county, and works with a wide range of statutory and voluntary organisations.

1.2 In carrying out its work the Trust and its staff will communicate with:

- Service users, their families and carers
- Members of the local community and community organisations (the public)
- Members of the proposed Foundation Trust
- Local, regional and national media
- NHS organisations including Department of Health, Strategic Health Authority, Primary Care Trusts, NHS Trusts, Foundation Trusts, Monitor
- Statutory agencies including the Care Quality Commission, Audit Office, Health Service Ombudsman
- Local Authorities, including County, District, Borough and Parish Councils.
- Voluntary sector organisations at local, regional and national levels
- Organisations representing service users and carers at local, regional and national levels
- Campaign groups at local, regional and national levels
- Members of Parliament and Councillors
- Organisations and companies providing services and goods to the Trust

1.3 Communication is inextricably linked to the public perception of the services that the Trust provides. Research from IPSOS/MORI suggests that there is a very clear correlation between public satisfaction with a public sector organisation and how clearly that organisation is able to explain its role and priorities. It is therefore important that the Trust has a clear policy for communication that is understood by all staff.

1.4 Methods of communication are constantly evolving and this policy is intended to include communication by visual (eg: television), verbal (eg: radio), printed (eg: newspapers and magazines) and electronic (eg: text and social media) means.

1.5 This policy applies to all staff working for the Trust, including temporary staff, students, voluntary workers, and staff who are seconded to the Trust, by contract or otherwise. The Trust's Senior Management Team have a responsibility for conveying information, and ensuring that line managers have appropriate mechanisms for cascading information to their teams and thus to all staff

2 AIM

2.1 The aim of this policy is to:

- Effectively manage the Trust's reputation in the media
- Ensure service users, their families and carers, staff and the public are informed about the Trust's services
- Promote the Trust by explaining how we work and raising awareness of our services and our intention to become a Foundation Trust
- Ensure that the processes of delivering care to service users are understood
- Support the planning and delivery of campaigns and initiatives
- Convey corporate messages to enhance understanding of the Trust's decisions and actions
- Motivate staff by celebrating our successes and linking individuals' work to the goals of the organisation
- Ensure staff have the information they need to do their job effectively
- Account for the NHS by explaining policies, strategies and justifying corporate actions

3 CONTENT

3.1 Trust communications should provide:

- Information about services provided by the Trust and promotion of the Trust 'brand'
- The achievements, activities and intentions of the Trust and its staff at individual, team and corporate levels
- The aims, objectives and values of the Trust and its performance against targets
- Information about any planned changes to services, whether as a result of a local, regional or national decision
- Information about services, care, treatment available to service users and carers (see the Trust's Service User and Carer Information policy)

- An opportunity to comment on and engage with the Trust

4 STANDARDS

4.1 Communication involves everyone and to be effective must be organised and systematic. Communications should be conducted in such a way as to promote the Trust's values and principles, and all staff have a responsibility to ensure that high standards of communication are established and maintained.

4.2 All communications should therefore be:

- Timely: ensuring information arrives at a time when it is needed, is relevant and can be interpreted in the correct context.
- Clear: ensuring information is communicated in plain language, is concise, easy to understand, avoids jargon and is not open to misinterpretation.
- Open: ensuring the reasons for decisions are clear, reasons for non-disclosure are articulated and questions are answered.
- Corporate: consistent with the Trust's aims and objectives, reflecting a consistent Trust view and adhering to the NHS and Trust guidance and brand.
- Appropriate to the audience providing the right information to the right people in the right manner at the right time.
- Two-way: encouraging feedback from service users, carers, staff and the public (see the Trust's Community Engagement policy)

5 EXTERNAL COMMUNICATIONS

5.1 External communications with individuals and bodies outside the Trust should be used to inform, influence and gain support for the work of the Trust.

5.2 The NHS and the Trust will continue to attract media attention and it is therefore important for the Trust to establish constructive relationships with the local media, and to have clear arrangements in place for responding to enquiries in a timely way.

5.3 When appropriate the Trust will work in partnership with other health, statutory and voluntary sector organisations, including the Worcestershire Acute Hospitals and Primary Care Trusts and Worcestershire County Council, to communicate with service users, carers and the public.

5.4 The Trust will develop and maintain an Internet website to provide information to service users, carers and the public. In consultation with service user, carer and community representatives the Trust will periodically review and develop the Internet to ensure it meets the requirements of users and is 'user-friendly'

6 RESPONDING TO THE MEDIA

6.1 The Trust's nominated external communications lead is the Head of Community Engagement and Patient Experience.

6.2 To facilitate a high standard of external communication, the Trust will ensure that the following arrangements are in place for responding to media enquiries:.

- During normal working hours, it will be the responsibility of all staff to ensure that all media enquiries are directed to the Trust's nominated external communications lead or in his/her absence to the Chief Executive's office.
- In the absence of the nominated external communications lead the Chief Executive will decide on who is to respond to the media and the nature of the response. Generally the Chief Executive will nominate the Executive Director who is best placed to act on behalf of the Trust or a staff member with particular or specialist knowledge to respond on behalf of the Trust.
- Outside office hours, the Director on-call will be responsible for responding to media enquiries and will either respond at the time, or report the matter to the nominated external communications lead at the earliest opportunity, who will be responsible for ensuring a response is made.

6.3 It is equally important for the Trust to promote a positive image and to be proactive in communicating good news stories. The Trust will ensure that the following arrangements are in place for the production of Trust press releases:

- Trust press releases will be prepared by the Trust's nominated external communications lead in conjunction, when appropriate, with staff with relevant and/or specialist knowledge
- The wording of Trust press releases will be agreed with the Chief Executive, or an Executive Director acting on his/her behalf. When appropriate, and with the

agreement of the Chief Executive, the wording of Trust press releases will be agreed with other organisations. Where appropriate the Chief Executive will agree the wording of a Trust press release with the Chairman.

- Staff named in a press release will generally be advised of the content prior to publication.
- All Trust press releases will be made available via the Trust intranet at the earliest opportunity.

6.4 The Trust will occasionally need to adopt specific communications policies for an event or situation. Such policies will be produced by the Trust's nominated external communications lead in conjunction, when appropriate, with staff with relevant and/or specialist knowledge.

6.5 The Trust has an agreed communications policy for pandemic flu. (See Appendix 1) This has been developed with the Trust's Emergency Planning Officer, and communications staff at NHS Worcestershire and Worcestershire Acute Hospitals NHS Trust.

7 INTERNAL COMMUNICATIONS

7.1 It is recognised that successful communication depends as much on the everyday actions, skills, knowledge and values of Trust staff, as on any policy or procedure. The Trust employs over 1500 people across the county and it is clear that the role of staff as 'brand ambassadors' and advocates for the service is integral to Trust communications.

7.2 Research suggests that one in four people get their information about the NHS from NHS staff. Ipsos/MORI research in 2008 demonstrated that the opinion of staff, particularly if it is a negative opinion of the NHS, is the third most relevant factor influencing an individual's satisfaction with the NHS. Well informed, motivated staff who understand the Trust's objectives and vision are therefore likely to give a positive message and be strong advocates of the Trust both in their communities and in their work with service users and carers

7.3 The Trust has a duty to inform staff in a timely and effective way to ensure they know what is expected of them, are advised about issues that affect their work, and are informed of any changes that could affect them in the foreseeable future.

7.4 The Trust will maintain an Intranet to provide information for staff and as the repository for the current clinical, corporate, human resources and risk management policies and procedures.

7.5 In consultation with staff the Trust will periodically review and develop the Intranet to ensure it meets the needs of staff and is 'user-friendly'

8 TEAM BRIEF

8.1 TEAM BRIEF (also known as Corporate Briefing) is the Trust's process of cascading information from the Chief Executive to all staff. It is produced and distributed by the Trust's Executive Assistant.

8.2 The principal purpose of TEAM BRIEF is to ensure that at least once every month teams are brought together by team leaders to develop a sense of belonging and to build relationships

8.3 TEAM BRIEF happens each month and should be a two-way process – informing staff about key issues for the Trust and enabling staff to inform managers about any issues they have

8.4 Managers have a responsibility for ensuring that TEAM BRIEF is given in a timely way to ensure that all staff are receiving the same message at broadly the same time. Managers should also deal with any questions raised by staff and encourage staff to raise any issues.

8.5 All staff across the Trust should be given the opportunity to receive TEAM BRIEF verbally. However it is recognised that some staff may be absent at the time of TEAM BRIEF and managers are therefore responsible for making a written version available on staff noticeboards. TEAM BRIEF will also be posted on the Trust Intranet.

8.6 Another important role of TEAM BRIEF is to identify any 'local' news for inclusion in future editions. Managers should report such news to the Executive Assistant.

8.7 When appropriate and affordable the Trust will develop, following consultation with staff representatives, additional and alternative methods of communicating with, and receiving feedback from staff.

9 SOCIAL MEDIA

9.1 Methods of communication are constantly evolving and the development of social media provides a new and challenging agenda for the Trust.

9.2 Social media is a term used to describe user-created text, video, audio and multimedia items that are published and shared in a social environment.

9.3 Social environments allow items to be read, viewed, listened and responded to by anyone.

9.4 Social media includes:

- Blogs and Twitter – electronic diaries / chatter
- YouTube and Flickr – videos and photographs
- Wiki – encyclopedia style information, that anyone can amend or add to
- Podcast – recorded information that can be played back at anytime

9.5 Social networking sites are online places where users can communicate with others using their computer. They include Chatrooms, Instant Messaging and online Forums

9.6 The Trust can not control the content of social media and those creating content may be staff, service users, carers, visitors or the general public. Whilst some host sites have a policy to enable inaccurate or offensive content to be removed this is limited and subjective.

9.7 Those creating social media content may make positive or negative comments about the Trust, its services, facilities and staff. Monitoring such methods is time consuming and responding will, in many cases, be counter productive.

9.8 Trust staff are expected to be aware of and adhere to Trust policies regarding confidentiality and to behave appropriately when creating social media content.

9.9 Trust staff need to be aware of the potential for service users, and visitors to take photographs, make video or audio recordings that could be published on social media or network sites. The need to protect patient confidentiality should guide staff in addressing these issues.

9.10 The Trust will develop, when appropriate and affordable, the use of social media to improve its communications both internally and externally.

10 SELDOM HEARD GROUPS

10.1 The Trust aims to engage all those people who use or have an interest in the services we provide or seek to provide. It is acknowledged that there are some people and communities who are seldom heard by statutory agencies and the Trust is therefore working towards ensuring that we engage with these people or communities.

10.2 The Trust has identified the following seldom heard groups within Worcestershire as those we will prioritise over the next three years:

- People from Black and Minority Ethnic (BME) Communities
- People with sensory impairments
- People who live in rural isolation
- People who are homeless
- Lesbian, Gay, Bisexual or Transgender people
- Ex-services personnel

10.2 The Head of Community Engagement and Patient Experience will work with the Trust's Equality and Diversity Manager and Community Development Workers to ensure that communication takes account of the needs of seldom heard groups.

10.3 Staff will ensure that communication takes account of the needs of each individual and that translating and interpreting services are made available to those who need these.

10.4 Managers will ensure that all staff are made aware of the Trust's interpreting and translation policy and the service available to support this.

11 COMMUNICATIONS ACTION PLAN 2009/12

What	Who (lead is the first named)	When
Conduct a survey of staff to ascertain their views of internal communications	Head of Community Engagement and Patient Experience	By July 2009
Review the content and distribution of TEAM BRIEF	Executive Assistant; Head of Community Engagement and Patient Experience;	By December 2009
Review the Trust's Internet and Intranet sites	Governance Information lead Head of Community Engagement and Patient Experience; Human Resources Manager;	By July 2010
Establish links with seldom heard groups	Head of Community Engagement and Patient Experience; Equality and Diversity Manager; Community Development Workers	By December 2010
Communication links in place with seldom heard groups	Head of Community Engagement and Patient Experience; Community Development Workers	By July 2011
Development of social media	Head of Community Engagement and Patient Experience; Governance Information lead;	By December 2011

Influenza Pandemic Communications policy

It should be noted that this policy:

- *should be used alongside the Trust's Plan for Pandemic Flu*
- *should be used alongside the Worcestershire NHS pandemic influenza communications and engagement plan*
- *assumes that direct contact with the general public will be through other NHS or Department of Health services;*
- *recognises that NHS Worcestershire will be the lead organisation for communications locally.*

1. Introduction

- 1.1 This policy seeks to address a range of internal and external communications issues which may arise during an influenza (flu) pandemic.
- 1.2 Given the uncertainty around any future outbreak, its timing, duration, and severity, and the likely involvement of a number of other agencies in managing communications, it would be neither advisable nor possible to produce a detailed plan of communications activity covering all eventualities.
- 1.3 This policy focuses on communications issues that are likely to affect Worcestershire Mental Health Partnership NHS Trust.
- 1.4 Both internal and external communications will be based on the use of established channels of communication in preference to new, untested methods.

2 Key messages

- 2.1 The focus of local communications activity will be to support the work of the West Mercia Local Resilience Forum, the West Midlands Strategic health Authority and NHS Worcestershire by:

- Providing reassurance and regular accurate updates to service users, carers and staff using data collected for the Department of Health
- Disseminating local advice and information on precautions to take in conjunction with NHS Worcestershire
- Providing advice and information on use of health services and the support available for self-help, home care and bereavement in conjunction with NHS Worcestershire

2.2 Information for service users and carers whose first language is not English will be made available as required with the assistance of the Trust's Community Development Workers and use of the Trust's chosen provider of interpreting and translation services .

3. External Communications

3.1 A local communications centre will be established and staffed by communications staff from local NHS organisations (the Worcestershire Communications team)

3.2 The Worcestershire Communications team will work together, pulling in resources as necessary, although it is likely that this centre will be virtual with staff communicating using existing networks.

3.3 The purpose of the centre will be to address communications needs on a consistent basis and to provide support for communications for the local NHS.

3.4 The Worcestershire Communications team will be responsible for liaison with West Mercia Local Resilience Force and with regional and national NHS communications leads. All communications from Worcestershire Communications team will need to be approved and signed off by West Mercia Local Resilience Force Gold Command and/or local NHS Chief Executives.

3.5 It is expected that press releases will be issued at regular intervals during the day at the height of the pandemic, decreasing to one per day as the pandemic wanes. These timings will be adhered to ensure the relationship with the media is maintained.

3.6 Records will be maintained showing the contacts and the queries. All press releases will be numbered and indexed. An answer phone will be activated out of hours and queries responded to as soon as practical.

3.7 If the Trust's communications lead is not available the first point of contact for all staff in respect of general communications will be the Worcestershire communications team.

4 Internal Communications

4.1 Prior to any outbreak it is important that staff are aware of the plans being made to deal with any pandemic, to provide them with reassurance and also to provide them with information which they can help disseminate to service users and carers, and the public in general.

4.2 Well-informed face-to-face meetings provide reassurance and a chance for staff to ask questions and have them answered immediately. However, operational pressures may make it difficult for such briefings to take place with any regularity and email and the Intranet are the quickest and most cost effective method of reaching the maximum number of Trust staff.

4.3 Information may additionally be given via:

- TEAM BRIEF
- Payslip attachments or directly mailed letters
- Leaflets and Posters posted on the intranet and general notice boards

4.4 During a pandemic, it will be important to keep staff up to date with

- Key developments
- The availability of vaccines
- Admission and discharge policies and procedures
- Operational pressures within the organisation
- Infection control precautions

4.5 All communications will be index linked so that staff can track to see whether they have received all the information.

- 4.6 Any information bulletins to health professionals, including clinical guidance and public health advice, will be issued to relevant staff as directed.
- 4.7 Staff must not speak to the media without prior consultation with the nominated Trust communications lead or the Trust's Chief Executive in accordance with the Trust's Communications Policy.
- 4.8 If the Trust's communications lead is not available the first point of contact for internal communications will be the on-call executive. The Worcestershire communications team will provide advice and support as required.
- 4.9 All members of the Worcestershire Communications team will have access to the 'all staff' email listings for every Worcestershire NHS organisation to ensure cover in the absence of the communications staff in one or more of the organisations.