Authors: Sue Last, Head of Communications and Engagement, Jessica Bawden, Director of Corporate Affairs

Date published:

Reviewed: Jessica Bawden; 1 December 2016
Rebecca Stephens; December 16
Patient Reference Group; December 16
Clinical Executive; December 16
Governing Body; 10 January 17
Jessica Bawden; June 2018
Governing Body; 3 July 2018

Next review due: June 2019
**Reader Information Box**

<table>
<thead>
<tr>
<th>Name of document:</th>
<th>Communications, Engagement, and Membership Strategy January 2017 – 2021 Refresh June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version:</td>
<td>6</td>
</tr>
<tr>
<td>Status:</td>
<td></td>
</tr>
<tr>
<td>Owner:</td>
<td>Jessica Bawden, Director of Corporate Affairs</td>
</tr>
<tr>
<td>Date of this version:</td>
<td></td>
</tr>
<tr>
<td>Produced by:</td>
<td>Sue Last, Head of Communications and Engagement</td>
</tr>
</tbody>
</table>

**Synopsis**

This strategy reflects the vision and aims of Cambridgeshire and Peterborough Clinical Commissioning Group, working as part of the Sustainability and Transformation Programme, acting as one system, jointly accountable for improving our population’s health and wellbeing, outcomes, and experience, within a defined financial envelope.

This refresh is in response to PWC’s Capacity and Capability Review and supports the implementation of the CCG’s Improvement and Delivery Plan.

**Approved by (Committee):**

XXXX

**Date ratified:**

XXXXXX

**Next review due:**

June 2019

**Enquiries to:**

Susan Last, Head of Communications and Engagement
Contents

Executive Summary .......................................................................................................................... 5
1. Background ............................................................................................................................... 7
   1.1 Our communication and engagement objectives ................................................................. 9
2. What are Cambridgeshire and Peterborough CCG’s vision and values? .............................. 10
3. Our audience ............................................................................................................................ 10
   3.1 Key audiences .................................................................................................................. 10
4. The national and local perspective – what we know .......................................................... 11
   4.1 National drivers ............................................................................................................. 11
   4.2 Local drivers .................................................................................................................. 12
   4.4 Legal requirements ....................................................................................................... 12
5. Our principles for communications and engagement ........................................................ 13
6. Membership ............................................................................................................................ 14
7. Internal communications ........................................................................................................ 15
   7.1 How will we communicate and engage with our staff? .................................................. 16
8. External communications ...................................................................................................... 17
9. Identity and branding ............................................................................................................. 19
10. Reputation management ...................................................................................................... 19
11. Patient and public engagement .......................................................................................... 20
12. Stakeholders ......................................................................................................................... 20
   12.1 How we will deliver engagement ................................................................................... 20
   12.2 How we will take account of patient and public views in our decisions ......................... 22
13. Equality and diversity .......................................................................................................... 22
14. Evaluation ............................................................................................................................... 23
15. Review ................................................................................................................................... 24

Annex 1 – STP Communications and Engagement Strategy
Annex 2 – Engagement Plan on a Page
Annex 3 – Providing Information Guidelines
Annex 4 – CCG Media Handling Protocol
Annex 5 – CCG Social Media Policy and Procedure
Annex 6 – CCG Branding Guidelines
Communications, Engagement, and Membership Strategy 2017 to 2021
Refresh July 2018

Executive Summary

‘The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives.’ - The NHS Constitution

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) constantly seeks ways to improve health outcomes, reduce inequalities, and secure long-term sustainability of services within the allocation of funding. We know that we have a growing and ageing population and we need to ensure that NHS services are available for our future generations. To do this we will need to change the way in which services are delivered. We know that we can only achieve this by excellent leadership, partnerships, and close collaborative working along with extensive and comprehensive communication and engagement with all our citizens.

We have many challenges as a CCG. The CCG ended the financial year 2017/18 with a deficit of £42.1 million and in May 2018, the CCG published findings and recommendations from PricewaterhouseCoopers’ Capacity and Capability Review¹ has identified a number of areas in which we need to improve – communications being one of those areas. The CCG has also been rated Inadequate in the CCG Improvement and Assessment Framework ratings for 2017-2018². In response, this Strategy has been updated to ensure our communications activities, internal and external, continue to improve and support the delivery of our Improvement and Delivery Plan³.

Our refreshed Communications, Engagement and Membership Strategy will see the CCG invest senior time and energy in communicating with staff, stakeholders and the public with renewed vigour. We will consistently engage and communicate with our staff so that they understand and support our Improvement and Delivery Plan, owning and delivering the plan individually and collectively.

We will also ensure that we have regular, open communication with our stakeholders so they understand and support the journey we are taking our organisation. Our communications with the public and patients and their families and carers will reflect our values and our engagement with our members will be supportive and honest.

In Cambridgeshire and Peterborough, all health organisations have joined together with local authorities to produce a local health and care system ‘Sustainability and Transformation Plan⁴’ (STP), which covers the period October 2016 to March 2021 and helps to build a health and care system that is Fit for the Future.
This Strategy sets out how the CCG will ensure that the public, patients, and carers are at the centre of the planning and delivery of services. It sets out the way in which we will engage with the public, patients, and carers when reviewing, redesigning, and reconfiguring services. We will listen to, and act on, feedback as appropriate and we will publish the activity we have conducted and demonstrate how the collective voices have informed our decisions.

The Lay Member - Patient and Public Participation on the CCG’s Governing Body will ensure that the patient voice is heard and the CCG will work with partners to ensure patient and public involvement in the STP.

Working with our partners and the local population we want to develop a health and care system that addresses the challenges we face and that builds more effective models of care.

Our approach to communications will be proactive, timely, open, and two-way. When appropriate, we will work through a Communications Cell with full partners from all health organisations and upper tier local authorities in Cambridgeshire and Peterborough.
1. Background

The Health and Social Care Act 2012\(^5\) gives clinicians responsibility for commissioning healthcare, through Clinical Commissioning Groups (CCGs). The CCG is led locally by clinicians and it aspires to develop services that deliver improved health outcomes for its communities, now and in the future. We will empower patients to make the right choices and to be able to take control of their own health; this can only be done if they have the right information when they need it through effective communication and engagement. We must harness the assets that we have in our communities and we will build, develop, and grow our patient and stakeholder database to support clinical commissioning in Cambridgeshire and Peterborough.

This strategy supports two of the legal duties requiring the CCG to:

- Make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
  a) in the planning of the CCG’s commissioning arrangements;
  b) in the development and consideration of the proposals by the CCG for changes in commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and
  c) in decisions of the CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

  Promote the involvement of patients, their carers and representatives in decisions about their healthcare by promoting their involvement in the decisions which relate to:
  a) the prevention or diagnosis of illness in the patients; or
  b) their care or treatment.

Patient insight is key and we are focused on securing patient involvement in our plans and decision-making and communicating how this is helping to shape healthcare services.

Patient experience information helps to inform us about our public’s perception of us as an NHS organisation and we must learn from these experiences to help raise our performance. We want patients and our public to be involved and to think about the quality of their local health services, that they can influence how they are commissioned, and that people in Cambridgeshire and Peterborough have a good understanding of the challenges facing the NHS now and in the future.

In March 2018, NHS England produced new guidance, Planning, Assuring and Delivering service Change for Patients\(^5\) and this Strategy will ensure that we work with patients and their families in changes that we make to services.
Cambridgeshire and Peterborough is one of the most challenged health systems in England, if not the most, making it essential that we work as a health system to develop robust plans for long-term change. We have in place strong, visible, collective leadership and a well-resourced programme of work to address:

- the health and care needs of our rapidly growing, increasingly ageing population;
- significant health inequalities;
- workforce shortages including recruitment and retention in general practice;
- quality shortcomings;
- inconsistent operational performance; and
- financial challenges which exceed those of any other STP footprint on a per capita basis, such that by 2021 we expect our collective NHS deficit, if we do nothing, to be £500m.

In addition, we are facing practical challenges:

- Our health, local authority and other care services are not always joined-up, not always designed to meet people’s individual needs, and do not always balance physical health with mental health and wellbeing.
- Overall, we spend too much of our time and resources treating illnesses which can be prevented or kept under control in better ways.

The NHS and local government officers have come together to develop a major new Sustainability and Transformation Plan (STP) to ensure that the Cambridgeshire and Peterborough health and care system is Fit for the Future. Our plan aims to:

- improve the quality of the services we provide;
- encourage and support people to take action to maintain their own health and wellbeing;
- ensure that our health and care services are financially sustainable and that we make best use of the money allocated to us; and
- align NHS and local authority plans.

We are working together across the health system and taking joint responsibility for improving our population’s health and wellbeing, with effective treatments and consistently good experiences of care.

Local doctors and other clinicians are leading this work, supported by NHS England and NHS Improvement – the organisations that oversee our local NHS – ensuring that the views of patients and local people shape key decisions.

The STP Communications and Engagement Strategy is a ‘system’ communications strategy incorporating the work that all providers and the CCG do together, but the current version is set out at Annex 1 and shows how we all aim to support the health and care system through STP ‘Fit for the Future’ plan, specifically:
1.1 Our communication and engagement objectives

This Strategy is not exhaustive and it will be reviewed regularly, demonstrating our continuing commitment to delivering this challenging agenda. The CCG has the following communications and engagement objectives which are central to delivering our ambition and our vision:

Organisations commissioning healthcare have a responsibility to communicate and consult with patients and the public as well as with NHS staff (including clinicians). Our aim is to achieve sustained engagement in the CCG’s work in the long term and:

- Ensure that the CCG meets its statutory duties in relation to informing, engaging, and consulting with stakeholders;
- Improve our NHS England rating assurance rating from Inadequate to Good.

Marketing and reassurance to staff, residents, and external stakeholders – communicating an upbeat vision for one system health and care, bringing along key stakeholders and groups:

- Develop, explain, and promote the vision – focus on key elements of the STP;
- Strengthen confidence in the quality and/or sustainability of health and care services in Cambridgeshire and Peterborough, including the emerging role of the HCE;
- Clear messages and identity for the CCG that can be communicated to all audiences;
- Develop consistent, regular, and high quality communications reaching clinicians, staff, stakeholders, the public, and patients.

Launching behavioural change – providing a platform for staff communications and engagement within our own and our partner organisations and other providers to enable rapid implementation:

- Improve and maintain two-way dialogue with our staff at all levels of the organisation;
- Establish a two-way dialogue and cascade to reach 20,000+ clinical and other frontline staff across the health and care system;
- Support the longer-term OD of STP partners.

Identifying, segmenting, and coordinating relationships with a wide range of stakeholders:

- Regular briefings and updates with our staff and external stakeholders;
- Identify and coordinate briefing对话 with key individual stakeholders and opinion formers necessary to achieve the STP.
Encouraging and supporting participation in co-design/co-production of solutions and new ways of working:

• Engagement with patients, public, and stakeholders on specific changes such as Local Urgent Care Centres;
• Provide opportunities for staff and local people to help shape proposals for wider transformation and service change, and have a say in key decisions (including through consultation);
• Actively involve and empower patients, staff, and stakeholders in planning service developments and encourage and enable discussion and feedback;
• Deliver engagement and communication that recognises the financial challenges facing the CCG, the local health system, and the whole NHS;
• Encourage sign up to, and participation through, the CCG stakeholder database.

Educating the public to support implementation of key elements of the STP:

• Healthy behaviours and individual responsibility for health and wellbeing;
• Appropriate and effective ways of using services, including self-care and use of urgent care/A&E.

2. What are the CCG’s vision and values?

Working with member practices, staff, and stakeholders, including patient groups, the CCG has developed the following Vision, Mission and Values and wishes to create an organisation that reflects these in the way it works and how it is perceived.

Vision

Cambridgeshire and Peterborough CCG will work in partnership to improve quality of care, to develop healthy communities through change and innovation, making wise decisions about how we use the resources available to us.

Values

We are committed to being:
• Organised
• Honest
• Decisive
• Innovative
• Ambitious
• Compassionate.

3. Our audience

We have identified a number of key audiences which will form the focus of any communication and engagement. These are set out below but this list is not exhaustive:

3.1 Key audiences

The CCG’s stakeholders include:
patients, carers, and the wider public
• internal – all staff members across the CCG including those in member practices
• stakeholders – local authorities, voluntary sector, Healthwatch organisations, Health Scrutiny/Health Committees, Health and Wellbeing Boards, MPs, Councillors, business and education, and research establishments
• the Mayor and Combined Authority
• other NHS bodies and regulators i.e. NHS England, NHS Improvement, Care Quality Commission
• our providers include:
  Cambridge University Hospitals NHS Foundation Trust
  North West Anglia NHS Foundation Trust
  Cambridgeshire Community Services NHS Trust
  Cambridgeshire and Peterborough NHS Foundation Trust
  East of England Ambulance Service NHS Trust
• the media.

We will work alongside our providers and local authorities to deliver the STP across our area.

4. The national and local perspective – what we know
4.1 National drivers

There is a series of key national drivers for the need to conduct patient and public engagement in the commissioning of services including:

• Five Year Forward View 2014
• General Practice Forward View 2016
• Carter Review (final report) February 2016
• The Health and Social Care Act 2012
• Healthy Lives, Healthy People: Our strategy for public health in England White Paper 2010
• The Local Government and Public Involvement in Health Act 2007 and the Cabinet Office Code of Practice updated November 2013
• The NHS Constitution (2013) gives a legal right to staff and patients to know what they are entitled to and how to access this
• The Equality Act 2010
• Transforming Participation in Health and Care Guidance, NHS England 2013
• The Public Services (Social Value) Act 2012
• STP guidance - Engaging local people. A guide for local areas developing Sustainability and Transformation Plans September 2016

In October 2014, the national NHS organisations came together to publish a five-year strategy for the NHS. This document, the Five Year Forward View⁷, described three gaps which would result from continuing with the status quo:

• The Health and Wellbeing gap: The NHS, together with local authorities and wider
society, must focus more on prevention and become better at keeping people healthy, or else progress in life expectancy will stall and inequalities will widen;

- The Care and Quality gap: New models of care, that build from enhanced primary care and harness new technologies, must be adopted to drive down unnecessary variation in quality of care;
- The Funding and Efficiency gap: The NHS faces a deficit of £21 billion in 2020/21. It must become more efficient to avoid the worst of all scenarios: poor quality services, fewer staff, and restrictions on new treatments (NHS England, the Five Year Forward View).

Since the Five Year Forward View, we’ve been asked by NHS England and NHS Improvement to work as a system to break down the walls between our organisations and to create a “place-based system of care”. We are committed to working together, rather than as separate entities, to serve our population. Central to this is a national ambition to deliver triply integrated care, which brings together primary and hospital care, mental and physical care, and social and health care. Additionally, the General Practice Forward View, published in April 2016, sets out a plan, backed by a multi-billion pound investment, to stabilise and transform general practice.

4.2 Local drivers

There is a series of key local drivers including:

- Delivery of the CCG’s Improvement and Delivery Plan.
- Delivery of Sustainability and Transformation Plans (STP).
- Delivery of the Integrated Transformation Plan, Better Care Fund.
- Delivery of the Joint Strategic Needs Assessments (JSNA)⁸.
- Delivery of the Health and Wellbeing Board Strategies for Cambridgeshire, Peterborough, Northamptonshire, and Hertfordshire.

4.3 Local Voice

We will continue to hold public engagement and/or consultation meetings on a range of projects including any proposed changes and future developments of services. Feedback from all our stakeholders is important and is taken into account in our commissioning decisions.

We will continue to hold Public Involvement Assemblies across Cambridgeshire and Peterborough to seek views on the health and care system, which helped to inform development of the STP.

We will continue to involve all our stakeholders in our local communities to:

- empower people to stay healthy
- encourage people to self-care when appropriate to do so
- promote care as close to home as possible.

4.4 Legal requirements

There is a range of legal requirements on commissioning bodies that impacts directly on the duty of the NHS to consult with patients and the wider public. CCGs are required to comply with this current legislation and policy. In summary these are:
• Equity and Excellence: Liberating the NHS ‘no decision about me without me’ (2010)9
• Transforming Participation in Health and Care (NHS England) (2015)10
• Health and Social Care Act 2012, sections 13Q and 14Z2, which mirror the Real Involvement guidance, Section 242, and apply to CCGs
• Section 11 of the Health and Social Care Act 2001
• Requirement to consult with Overview and Scrutiny Committees (OSC)
• Formal consultation, incorporating the four reconfiguration tests
• Requirement to carry out impact and equality assessments
• The NHS Constitution11
• CCG Constitution12.

5. Our principles for communications and engagement

In line with ‘Transforming Participation in Health and Care’ (NHS England), the CCG’s overarching communications and engagement principles and approach are to:

• ensure that appropriate time is allowed for the planning of activities and commissioning arrangements;
• seek engagement proactively with the communities which experience the greatest health inequalities and poorest health outcomes;
• commence patient and public involvement as early as possible and allow appropriate time for it;
• use plain language and share information as openly and timely as is reasonably practicable;
• treat with equality and respect all patients and members of the public who wish to express views;
• carefully listen to, consider, and have due regard to all such views;
• provide clear feedback on the results of patient and public involvement.

5.1 STP communications and engagement

In addition, our proposed approach incorporates the following STP principles to which all our providers are signed up:

• shared leadership of the communications and engagement programme between the STP Programme Management Office (PMO) team and in-house communication leads of each partner (Communications Cell);
• establishing and maintaining a central resource of consistent and coherent public-facing information through a STP website (standalone) and digital/social media channels, with links to and from partner organisations to ensure wider reach;
  o the key STP projects and activities match those within the CCG and providers e.g. GP member communications by CCG, so a joined-up approach will be taken for communications on these projects;
• developing a distinctive design style and brand for the STP to achieve ‘cut through’ in a crowded market place;
• predominant use of ‘borrowed’ channels for delivery (i.e. cascade by and through partner organisations), as this represents both the most cost effective approach and the ability to use credible, recognised channels;
• widely distributed regular briefings, with staff communication tailored and cascaded locally and differentiated between organisations and teams (where appropriate);
• support to leaders throughout the system to represent and champion the STP and emerging plans, including how to use core materials and messaging;
• close management of key stakeholders to ensure that they are heard and that there are ‘no surprises’, led via named relationship managers, and coordinated and supported by the STP PMO;
• a single engagement programme to enable co-design and support pre-consultation developed and implemented by the STP PMO, with local support
  o the key stakeholders will mirror those in the CCG, providers, and local authorities, so a joined-up approach will be taken for engagement and pre-consultation.

5.2 Working with CCG Directors and STP

To ensure that the Communications and Engagement Team is also aligned to the priorities of the STP and is aligned to the new structures of the CCG. The Team has restructured to ensure that there are clear lines of responsibility for each workstream. This will ensure there is a clear focus on each of the workstreams and will ensure that opportunities for proactive communications are exploited.

The Communications and Engagement Managers will be responsible and accountable to a workstream. Each of the Directors of a workstream will have a named communication person so that communications becomes embedded in the workstream to allow for more opportunities for proactive communications, and to effectively manage any potential negative or contentious issues. Communications leads will also feed into the Communications Cell (STP) to ensure cross-system working, maintaining close links to the STP Communications Lead.

6. Membership

The CCG is a membership organisation, meaning that all practice staff, whether GPs, practice managers, or practice nurses, are members of the CCG. This has its own specific challenges both to communicate to, and engage with, our membership. The CCG sees practices playing a full part in our activities as vital to our success, crucially providing the unique clinical view on which clinical commissioning is founded.

Membership communications are carried out by the CCG’s Communications and Engagement Team to strengthen and improve communications between the CCG and our member practices. Individual practices need to be engaged with effectively and to have the ability to input into the CCG so that they can become effective members of the larger organisation. Member Practices are critical to our success as a CCG and we are focused on members being closely involved in decision making.

It is important to remember frontline staff too, from receptionists and medical secretaries to administrators and practice managers. They too have clear views and an ambassadorial role to play. So engagement work, from formal consultations to service shifts, must encompass clinical and operational engagement.

There are many challenges facing our practices, from GP recruitment and retention to the increasing amount of work they are being asked to do. The CCG needs to develop innovative and efficient ways of communicating and engaging with our
practices to ensure that our two-way dialogue is effective.

We will continue to nurture the relationship with our member practices and our ambition is to become an excellent CCG, working with excellent practices across our patch. It’s important that our members own the CCG through strong systems of peer support and co-design. All of this will be driven by the quality of our engagement and communication with our member practices. Our Clinical Chair and Chief Clinical Officer is now leading our clinical engagement work and so this strategy is drawn up in consultation to represent his views.

7. Internal Communications

Good internal communications is essential for the effective running of any organisation. Staff need to own and understand the vision of the organisation and the strategic direction if we expect them to deliver it. In an ever-changing NHS, staff also need to be kept fully aware of how we work as an organisation, what changes are made and when, and they need to be fully involved and consulted when changes are made internally. This is reflected in our Organisational Development (OD) Strategy and Plan “You Own It….we own it”. The CCG is committed to ensuring that all staff will receive timely and consistent messaging on all areas of our work and openness and feedback will be encouraged. We have produced a short to medium term Internal Communications and OD plan to support staff over the next few months as we embed the Improvement and Delivery Plan into our ways of work. This will be regularly reviewed by the Executive Team.
7.1 How will we communicate and engage with our staff?

“The key to successful staff engagement and communication in tough times are clear, open and honest communication at an early stage combined with a management strategy that is easily understood and draws on ideas from staff and working with staff side organisations.” - Department of Health.

We will deliver internal communications by:

- promoting good communications as part of staff induction;
- producing a regular, easy to access electronic staff publication which keeps staff informed and signposts them to the staff extranet, which is their one-stop shop for all information;
- a programme of regular briefings to staff throughout all locations within NHS Cambridgeshire and Peterborough CCG to ensure that they are kept fully informed and involved in the organisation;
- regularly promoting our vision and values to ensure that staff are fully aware of them and are therefore able to deliver them;
- working to develop a team of staff that are ‘communications champions’ and can become ambassadors for the organisation both internally and externally;
- developing a regular system of communicating.

Our OD Strategy and Plan “You Own It, We Own It” and our People Management Strategy reflect our internal communications approach.

We will work through a Communications Cell with full partners from all health organisations and upper tier local authorities in Cambridgeshire and Peterborough.

The Communications Cell will ensure that all communications activities are concise, timely, and consistent across the system.

The Communications Cell will approve, implement, and monitor the communications plan, ratified by the HCE. The key aims are:

- to articulate and engage stakeholders on the reasons for considering system-wide change in the Cambridgeshire and Peterborough health system;
- to put the clinical case for change and benefits to patients at the top of the agenda;
- to show the partnership across the health system and the support of local authorities for this work;
- to ensure all staff in all organisations receive the same information within the same timeframe;
- to ensure all stakeholders are kept appropriately up-to-date about the progress of the programme;
- to engage all stakeholders, including patients and the public, in the programme;
- to use that feedback to support the development of the programme;
• to engage with the local media proactively and manage reactive media relations to handle media interest and adverse incidents/crises;
• to ensure that politicians support and understand our engagement process;
• to have champions from across the system, not just the NHS, that can talk about the issues;
• to reduce the risk of misinformation and unnecessary concern.

8. External communications

We are continuing to raise our profile with our external stakeholders to establish ourselves as the leaders of the local NHS. We are also continuing to fulfil our responsibility by informing people about the ways in which we are spending public money and engaging patients in the healthcare commissioning (planning and buying) process. We manage our external communications using a variety of different channels as we believe that a ‘multi-pronged’ approach is best so that more people have an opportunity to pick up our key messages.

Our approach will be to:

• build and maintain trust;

• build and maintain relationships with key media across all channels, exploring new opportunities with rising media channels and influential health journalists;

• develop a collective of CCG ‘talking heads’ to be positioned to the media as leading specialists on key ‘health’ topics at CCG, local, and national levels;

• continue to build and develop social media activity and presence, exploring new ways to engage both the media and stakeholders;

• work closely with our partner organisations to enable the CCG to both maximise and control media and communication opportunities and issues;

• promote, celebrate and build on all of our successes in the Cambridgeshire and Peterborough health and care system;

• share information with our partners to strengthen our communication systems;

• develop and manage marketing support and activity for key campaigns and projects including design, media buying, script writing, and media production.
As mentioned earlier in this strategy, we will work as part of the STP Communications Cell to articulate the STP messages jointly across the local health system through the use of our collective networks.

The STP Communications Cell is one of the ways in which we are communicating and engaging with our external audiences. Other ways in which we will communicate and engage are as follows:

8.2 Media

The public gain much of their understanding of the variety and quality of NHS services through the media, which means that it is one of the most important ways in which we reach our public.

People access a broad range of media for information increasing the need to maximise the benefits of being able to communicate with large audiences but to target different media with tailored approaches.

We will work with our partner organisations using a consortia approach to handling the media meaning that we are all ‘on message’. An example of this is the way in which we are working with partner organisations to ensure our winter pressure communications are consistent.

All media communications should be channeled through the Communications and Engagement Team and a media protocol has been developed which will enable member practices to do this. (See Annex 4 – CCG Media Handling Protocol)

We will deliver media relations ensuring that it is relevant, accessible, and informative. We will evaluate the impact of our communications.

8.3 E-communications (websites and social media)

E-communication has become one of the main communications tools as it is low-cost, two-way, and immediate and is therefore an excellent way of communicating with our stakeholders and the public.

The CCG delivers e-communications by:

- maintaining and developing a public-friendly website for the CCG which is a portal for easy access to service and health information for people in Cambridgeshire and Peterborough;
- maintaining a Twitter, Facebook, Instagram, and YouTube presence for the CCG and engaging with other stakeholders through social media;
- the CCG’s website and social media channels link through to, and support, the standalone STP ‘Fit for the Future’ website and social media accounts.

(See Annex 5 – CCG Social Media Policy and Procedure).

8.4 Traditional
We will continue to use the more traditional methods of communicating such as newsletters, posters, leaflets, and flyers, being mindful that many of these will need to be translated and printed in other languages and formats to meet the needs of our diverse population and the Accessible Information Standard (SCC1605)\textsuperscript{13}. (See Annex 3 – Providing Information Guidelines).

We will also need to take into account the cost implications of these and other forms of paid-for communication such as advertising, given the need to make savings within the CCG and the local health economy.

9. Identity and branding

It is essential that we make it easy for patients and the public to navigate their way through the services available to them. The CCG is the custodian of the NHS brand and all it stands for in Cambridgeshire and Peterborough, and our communications will support this. (See Annex 6 – CCG Branding Guidelines).

When producing any material for publication we take account of the NHS branding and nationally-recognised accessibility guidelines to make sure that all our information is accessible to a wide variety of audiences. This includes use of our website and any social media we use and the need to produce our literature in a range of formats if required.

The STP has its own Fit for the Future branding, website, and social media presence.

10. Reputation management

An organisation’s reputation is made up of three components:

a) what an organisation says about itself;

b) what others say about it;

c) how an organisation’s actions reflect a) and b).

Therefore our reputation will be built on the experience of our patients, public, members, partners, and stakeholders. This strategy will help to secure a positive reputation for the CCG, built on trust and excellent relationships. Our reputation and the trust others have in us will be particularly important in the financially challenging times that lie ahead, when we can expect scrutiny from local authorities, the media, and our communities when we face difficult commissioning decisions.
11. Patient and public engagement

In line with our obligations under section 14Z2 of the National Health Service Act 2006\(^1\), the CCG has made arrangements to secure public involvement in the planning, development, and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements. (See Annex 2 – Engagement Plan on a Page).

12. Stakeholders

We need to communicate and engage with stakeholders effectively. Stakeholders are people, groups, or organisations who have an interest in, or can be affected by, our work. To deliver our vision and our strategic objectives, we will work with them to ensure we engage them in our work. Their varying degrees of interest and influence need to be taken into consideration when communications channels are being set up. However, an immediate need for key stakeholder engagement has been identified and the short term stakeholder communications plan has been developed.

The CCG will continue to produce our regular newsletter, and to update our Facebook and Twitter feeds and website pages, to update stakeholders on our developments and activities, locally and CCG-wide.

12.1 How we will deliver engagement

Patient-focused engagement

Working closely with our partners in public health, and through the Primary Care and Integration Directorates within the CCG, we have a wide range of demographic information about our population which informs commissioning. This is primarily included in the Joint Strategic Needs Assessments. From an engagement perspective it is essential that we identify our local population, patients, and communities and that we engage with our most hard to reach and vulnerable groups, their carers, and advocates.

The CCG’s Constitution sets out the broad principles of how we will work with patients, stakeholders, and the public and these are repeated in section 5 above.

Patient Reference Group - Sub-Committee of the CCG Governing Body

We are committed to building and supporting the patient voice within the CCG as part of underpinning our decision making process. We recognise that empowered clinical leadership must go hand in hand with strong patient and public leadership, with patients working with the organisation as ‘critical friends’.

These patient representatives provide constructive challenge and this is a key part of making sure the CCG is very different from previous commissioning arrangements. As part of the CCG’s Constitution we have developed the Patient Reference Group (PRG) which is a formal sub-committee of the CCG’s Governing Body. The PRG is chaired by our Lay Member - Patient and Public Participation, who is a member of the CCG’s Governing Body.

Alongside the PRG, there are a range of other groups with whom we engage on a regular
basis, as set out below:

**Patient Participation Groups**

We have a very strong network of Patient Participation Groups (PPGs), which is helping us to listen to and hear the views of patients. We work with our localities to support and develop engagement and communications with the PPGs to ensure that they are informed and empowered to realise their potential and role in commissioning, and to understand the ways in which they can facilitate local voices being heard in commissioning.

**Patient Forums**

Patient Forums continue to be developed in localities across the CCG’s area to allow for more local voices to be heard.

We work with localities to support these forums and to ensure that the patient voice is heard at a local level as well as at the CCG Governing Body level. Each patient forum sends a representative to the PRG, ensuring that we have clear communication channels for updates and feedback.

**Healthwatch**

Healthwatch organisations are independent from health and social care services. Their role is to ensure that local people’s views are heard in order to improve the experiences and outcomes for people who use services.

The CCG meets with all Healthwatch organisations in our area on a regular basis; we value them as a key stakeholder at all stages in the development and consideration of proposals.

Healthwatch Cambridgeshire and Peterborough has a standing invitation to attend the CCG’s Quality, Outcomes and Performance Committee and the Primary Care Commissioning Committee.

The CCG we will continue to work with Healthwatch Cambridgeshire and Peterborough, Northamptonshire, and Hertfordshire.

**Health Overview and Scrutiny Committees/Health Committees**

Scrutiny Committees/Health Committees have a statutory and important role and help to ensure that local public services are delivered effectively, efficiently, and in the best interests of residents. We meet both formally and informally where the committees review the planning, commissioning, and delivery of health and social care. We will continue to keep them involved and briefed on the CCG’s activities.
Health and Wellbeing Boards

The role of Cambridgeshire, Peterborough, Northamptonshire, and Hertfordshire Health and Wellbeing Boards is to understand their respective local communities’ needs, agree priorities, and encourage commissioners to work in a more joined-up way across the NHS and local councils. This will be done through the Health and Wellbeing strategy for each area. This is an opportunity for partnership working amongst the Health and Wellbeing Board members to explore together the local issues that they have not managed to tackle on their own. The Joint Strategic Needs Assessments and Health and Wellbeing strategies allow the Health and Wellbeing Boards to analyse the wider perspective of wellbeing, helping local partners on the Health and Wellbeing Board to reach a consensus on the priorities to be addressed across the system and how to make best use of collective resources to achieve them.

Combined Authority

We will continue to be an active member of the Combined Authority, ensuring that our system partners are aware of developments and priorities of the Combined Authority and when and how to influence these.

12.2 How we will take account of patient and public views in our decisions

The CCG seeks, and takes account of, the public’s views in consultations on potential changes to services. Patient representatives sit on project boards and provide input to the CCG’s work.

In addition, the PRG reports to the Governing Body on discussions and key points to be raised from its meetings.

We will feedback key issues to the Governing Body which meets in public. This will help to ensure that the public is able to see where their input has been considered and used to inform changes to our plans.

13. Equality and diversity

The CCG has an Equality Delivery System (EDS). This ensures that equality is a key part of Cambridgeshire and Peterborough CCG’s core business and that we deliver on the duties of the Equality Act 2010 and Human Rights Act 1998 when we redesign and review business priorities, taking into account the nine protected characteristics in all we do (age, disability, gender and gender reassignment, marriage and civil partnerships, pregnancy and maternity, race including nationality and ethnicity, religion or belief/lack of belief, sex, and sexual orientation).

We ensure that all staff in the CCG have equality as part of their personal objectives and there is a requirement for all staff to complete mandatory training in this area.
The CCG has an Equality and Diversity Strategy and is committed to ensuring that we promote equality and diversity in all of our commissioning decisions. The Equality and Diversity Strategy is reviewed annually.

14. Evaluation

Evaluation and review of this strategy will be ongoing and in ‘real time’. The effectiveness of channels and products will be monitored continuously and changes and adjustments made as and when necessary. We will also produce a quarterly report for the CCG and review this strategy annually.

Engagement and consultation is not simply about counting votes. Whilst it is important to obtain large-scale quantitative feedback, it is also important to hear people’s voices and opinion. The CCG will assess the level of impact that any proposed changes in services might have on different groups. Even if there is a majority opinion for one option, we need to be aware of any disproportionate negative impact that the same option might have on some parts of the community. Engagement should seek to build the big picture. There are various ways to measure and evaluate our communications and engagement:

Electronic communications: We will analyse the number of unique visitors to our website, and the number of visits, page hits, interactions, and responses. We will also monitor and analyse our social media activity and interaction, such as the number of Twitter followers and mentions – this is under development. In addition, we will undertake email audits from the CCG and inboxes to ensure the messages we receive are responded to in a timely and effective way.

Media and campaigns: We will report and evaluate our media activity on a weekly basis and we will evaluate campaigns to ensure effectiveness and value for money.

Internal communications: We will evaluate the effectiveness of our internal communications through an annual communications audit.

Events: We will analyse events and attendances.

Patient and public focus: There are a number of ways in which we will evaluate our engagement with patients and the public, as follows:

- quarterly meetings with Patient Forums
- relationships with PPGs
- feedback from other patient groups including Healthwatch organisations
- engagement and communication activity with the voluntary sector
- patient satisfaction surveys, to ensure that service users are informed
- public perception surveys to explore to what extent the public feel they can influence the development of the local health service
- patient groups
- patient experience reports
- Healthwatch
- voluntary sector feedback networks.

In addition we will carry out, or take account of, the following:
• local and national staff surveys
• evaluation of engagement
• quarterly communications, engagement, and membership reporting.

Evaluation will be ongoing and we will update the strategy regularly to reflect feedback from our staff, patients, public, partners, and stakeholders.

15. Review

This strategy will be reviewed on an annual basis to ensure it continues to meet the needs of the CCG.
References

Annex 1
Cambridgeshire and Peterborough Sustainability and Transformation Partnership

2018-19 External Communications and Engagement Strategy

Version control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Name</th>
<th>Details of updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>V2</td>
<td>03/07/18</td>
<td>Jane Coulson</td>
<td>Added priority column to the tactical plan.</td>
</tr>
<tr>
<td>V3</td>
<td>09/07/18</td>
<td>Jane Coulson</td>
<td>CP, HW, HWB support group, Comms Cell edits incorporated</td>
</tr>
<tr>
<td>V4</td>
<td>10/07/18</td>
<td>Jane Coulson</td>
<td>JB edits</td>
</tr>
<tr>
<td>V5</td>
<td>10/07/18</td>
<td>Jane Coulson</td>
<td>CP final edits</td>
</tr>
<tr>
<td>V6</td>
<td>10/07/18</td>
<td>Laura Anthony</td>
<td>Formatting</td>
</tr>
<tr>
<td>V7</td>
<td>12/07/18</td>
<td>Jane Coulson</td>
<td>HCE amendments</td>
</tr>
</tbody>
</table>
**Purpose**

The purpose of this strategy is to set out how the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) plans to engage with local people, communities, and other key stakeholders during 2018-19.

All of the STP partners are engaged in the delivery of this strategy.

Our system partners are:
- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridge University Hospitals Foundation Trust
- Cambridgeshire & Peterborough Foundation Trust
- Cambridgeshire Community Services NHS Trust
- North West Anglia NHS Foundation Trust
- Papworth Foundation Trust
- Peterborough City Council
- Cambridgeshire County Council

It seeks to build on the good foundations of engagement over the last two years, to expand awareness of our system programme and of progress made to date amongst key audiences. Also, to strengthen the role of partners, the public and key stakeholders in the planning, development and implementation of our programmes of work.

Within groups and communities, it seeks to build on previous engagement and develop a sense of ownership of the values, priorities and expectations of health and care services which will be used to guide system decision making at all levels.

A separate internal communications and engagement strategy will set-out how we intend to ensure that all of our staff, including clinicians and GPs are kept informed and have the opportunity to be involved.

**Current position**

From an engagement perspective, there has been a mixed picture of progress and success in terms of raising public awareness and building ownership and a commitment to action. Starting in 2015, there has been considerable engagement with clinicians, staff, stakeholder groups, patients and public on how we should develop the STP in our area. Our local authority partners, County, City, District Councils have been partners in the development of the STP. We have established and maintain strong relationships with our City and County Council Overview & Scrutiny Committees, as well as with our two Health & Wellbeing Boards. Key stakeholders have been kept up to date on the progress of STP Fit for the Future projects, however the wider community are less well informed now we are moving towards delivery.
The diagram below shows the stages of engagement from 2015 projected forward to 2019.

The table below gives an overview of our current position with regard to communications and engagement.

<table>
<thead>
<tr>
<th></th>
<th>What has gone well</th>
<th>What has gone less well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness raising</td>
<td>Our plan was informed by numerous stakeholder and public events.</td>
<td>The public and some stakeholders are largely ambivalent towards our programmes of work.</td>
</tr>
<tr>
<td>Involvement in decision-making</td>
<td>We have made good progress in ensuring that there is direct patient, carer and interest group membership of system-wide design and implementation groups i.e. Clinical Communities and Delivery Groups.</td>
<td>There are still gaps for patient, carer, interest group representatives to be filled on some implementation groups.</td>
</tr>
<tr>
<td></td>
<td>We have established robust governance arrangements.</td>
<td>More needs to be done to demonstrate openness and accountability to the public in how the STP is being delivered.</td>
</tr>
<tr>
<td></td>
<td>Leaders, patients, managers and colleagues directly involved in our system</td>
<td>We have not yet, reached a point where we have a critical</td>
</tr>
</tbody>
</table>
programmes of work have a better understanding. | mass of people who are advocates for change.
---|---
Co-production | We have established and maintain strong relationships with our City and County Council Overview & Scrutiny Committees, as well as with our two Health & Wellbeing Boards | There are other key stakeholders who need a more targeted focus in order to ensure that they play a more active role, for example, our MPs, the Combined Authority/Mayors office.
Communications and engagement principles

To guide the progression and delivery of this strategy we have developed some key principles:

- **Shared leadership** of our communications and engagement strategy, between our System Delivery Unit (SDU) and the in-house communication leads of each partner (Comms Cell)

- **A joined-up approach is taken for communications** by partner organisations who have the predominant role in delivery of key projects e.g., out-of-hospital interventions led by CPFT

- Our communications and engagement with all of our stakeholders will be based on the **core values of honesty, integrity and transparency**

- Establishing and maintaining a **single resource of consistent and coherent multi-purpose content and information** which can be tailored to different audiences and delivered via various channels e.g., our website, partner internal communication channels, etc.

- Ensuring that the development and implementation of service change or transformation projects meet the **highest standards of engagement and consultation** and that statutory duties in relation to involving stakeholders and, where appropriate, consultation are observed

- Ensuring that the **patient voice is heard** throughout service change planning and implementation, ensuring that Healthwatch and patient representatives are an integral part of all STP workstreams, programmes and projects

- **Predominant use of ‘borrowed’ channels** for delivery (i.e. cascade by and through partner organisations), as this represents both the most cost-effective approach and the ability to use credible, recognised channels. This also reinforces the messages that the partners are the system not something separate

- Support to leaders throughout the system to **promote consistent and agreed messaging**

- **Close co-ordination with key stakeholders** to ensure that they are heard and that there are ‘no surprises’. Our key stakeholders are listed in the strategy at appendix one and include, Councillors, MPs, Healthwatch, public forums etc

- We will ensure that the **highest standards of engagement** are followed as set out by Healthwatch to ensure local people have their say, namely:
  i. Set out the case for change so people understand the current situation and why things may need to be done differently;
  ii. Involve people from the start in coming up with potential solutions
  iii. Understand who in our community will be affected by our proposals and find out what they think;
iv. Give people enough time to consider our plans and provide feedback; and

v. Explain how we used people’s feedback, the difference it made to the plans and how the impact of the changes will be monitored.

Alongside these principles the STP is fully supportive of the legal duties in relation to public involvement and consultation. The STP itself is not a statutory organisation, the legal duties rest with Cambridgeshire and Peterborough Clinical Commissioning Group as the statutory body. However, in relation to communications and engagement this SDU will fully support the CCG in upholding this legal duty. See appendix 3 below.

**Approach**

As defined in our principles, we will, where possible, use existing channels of communication because our partners across the system produce many forms of communications to differing audiences. Channels already in use across the system are:

- **Digital**: websites, intranets, e-bulletins, video
- **Social media**: Twitter, Facebook, YouTube, LinkedIn
- **Print media**: local, regional, national, trade media
- **Broadcast media**: local, regional and national radio and TV
- **Face-to-face**: public and existing meetings, focus groups and workshops
- **Printed materials**: posters, leaflets
- **Accessible materials and media**: recordings, sign interpreters, translations, EasiRead information

For the future we will:

- explore innovative methods of communications and engagement with our differing audiences, looking closely at how best to communicate with our diverse communities across the area.
- ensure that our communications and engagement are fully accessible and meet the needs of the intended audience, considering the diverse communications needs of people across our area.
- work closely with public and patient support groups, voluntary sector organisations as well as our local Healthwatch organisations to ensure that we maximise on the existing relationships and engagement channels that have been established with people across our area.
- communicate and engage across the whole range of existing statutory and public/patient groups and meetings that are established in the health and care sector.
Communications and engagement will take place throughout the STP process at system level as well as at individual project level ensuring we are having the right conversations with the right people at the right time. See table below:

| **System-wide (example)** | Place-based events  
Three-year roadmap  
Planned care (stroke) possible consultation  
Self-care  
CCG Stakeholder news  
CCC and PCC Shared integrated services  
North/South Alliance Delivery Groups |
| **Programme based (example)** | Better Births  
Healthy Peterborough |
| **Project based (example)** | Adults Positive Challenge  
Trauma and orthopaedics project  
Greater Peterborough Network Integrated (GPN) Neighbourhoods |
| **Condition based (example)** | Wheelchair services procurement  
Diabetes |
| **Seasonal campaigns (example)** | Winter planning  
Summer planning  
NHS at 70  
Annual public meeting NWAngliaFT 2018  
National Health weeks/days such as mental health week, carers week, |
| **Partner specific (example)** | GP surgery procurement work  
Royal Papworth Hospital Opening  
Royal Papworth Hospital Centenary  
Cambs County Council and Peterborough City Council business planning  
Shared and integrated services PCC and CCC Cambs2020  
CUH together  
NWAFT increasing foundation trust membership  
NWAFT staff intranet for merged trusts |

All of our communications and engagement plans are aligned to our four system priorities (appendix 1). More detail regarding leadership, timing, methodology and this alignment can be found in appendix 2. This tactical plan covers the remainder of 2018/19 and encompasses the collective communications and engagement activities of all our system partners.
Audience and stakeholders

For each piece of work, we will map our stakeholders to understand how best to engage them. We have many stakeholders:

NHS/Partners

- NHS England and its local offices
- Department of Health
- Cambridgeshire and Peterborough CCG Member Practices
- Local Medical Committee (LMC)
- Local Pharmaceutical Committee
- GP practices
- GP Federations
- Optometrists
- Dentists
- Pharmacists
- NHS provider Trusts
- Bordering CCGs
- Private and voluntary sector providers
- Health and Wellbeing Boards: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Rutland & Lincolnshire
- Health Overview and Scrutiny Committees: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Huntingdonshire, Rutland & Lincolnshire
- Living Well Area Partnerships
- Education: University - health sciences, research, innovation and training
- Media
- Other Public Services i.e. police, fire etc
- Social Partnership Forum/ Unions
- Professional representative groups
- Cambridgeshire Public Services Board

Patients and the public

- People who use local health services and their carers
- Our area NHS staff, also users of local NHS services
- Healthwatch organisations: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Rutland & Lincolnshire
- Patient Participation Groups (PPGs)
- Patient Forums
- CCG Patient Reference Groups
- BME or community groups
- Patient, or condition, support groups
- Our residents in Cambridgeshire and Peterborough, Oundle, Wansford and Royston
- Interest groups
- Voluntary, community and third sector organisations
Local Government

- Politicians: MPs for Cambridge, North East Cambs, South East Cambridgeshire, South Cambs, North West Cambs, Huntingdon, Peterborough, Corby & East Northants, North East Herts, Grantham and Stamford, Rutland and Melton, South Holland and The Deepings, Leicester East, Leicester South and Leicester West & Bedford
- Cambridge County Council and Peterborough City Council - leaders, councillors, chief executives and officers
- Combined Authority/Mayor
- District Councils - leaders, councillors, chief executives and officers
- Unitary Councils - leaders, councillors, chief executives and officers
- Town and Parish Councils - leaders, councillors, and officers

Evaluation

It is vital that we regularly critically examine our communications and engagement work. This involves us collecting and analysing information on impact, outcomes and opinions around the work we have delivered or are in the process of delivering. This allows us to make judgements about its effectiveness and whether things need changing as we move forward.

The Communications Enabling Group, alongside patient representative groups, will focus on evaluating specifically whether communications and engagement activities were effective and achieved what they intended. They will use the process to gain insight into how to move forward rather than simply measuring successful completion of the activities.

Good evaluation can help sustain communications and engagement objectives and clearly identify where lessons can be learned that will improve programmes in the future.

This strategy will be reviewed annually. The tactical plan (appendix 2) will be reviewed by the Communications Enabling Group at each monthly meeting.
## Appendix 1

Our Partnership is committed to **4 priorities for change**.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At home is best</strong></td>
<td>To create neighbourhoods of 30-60k as a delivery vehicle for preventative and holistic care, so by the end of three years all community based services are delivered through integrated neighbourhoods individually or in partnership.</td>
</tr>
<tr>
<td><strong>Safe and effective hospital care, when needed</strong></td>
<td>To treat patients in the most efficient manner and setting, within the system – making as much use of technology and flexing our capacity-demand planning across all four acute hospital sites as possible.</td>
</tr>
<tr>
<td><strong>We’re only sustainable together</strong></td>
<td>To develop the beneficial behaviours of an ‘Integrated Care System’ by acting as one system, jointly accountable for improving our population’s health and wellbeing, outcomes, and experience, within a defined financial envelope.</td>
</tr>
</tbody>
</table>
| **Supported delivery**                        | **Culture and organisational development**: to develop the capabilities and culture to us to become an effective integrated care system; and collaboratively and collectively deliver the changes across our system year in year out.  
**Workforce**: to collectively understand the workforce requirements that will deliver higher quality and efficient health and social care for our population. We understand the changing nature of health and social care and together we will prioritise key areas of demand and supply and will be innovative to ensure that these needs are met. We are committed to ensuring our workforce are fit, healthy, motivated and proud to work in our system. We will provide access to support, development and flexible career pathways for people to access at the right time for them.  
**Digital**: to be the most digitally enabled local health and acre system in England.  
**Estates**: co-locating services, disposing of underutilised estate and ensuring all buildings are fit for purpose |
## Tactical Plan

<table>
<thead>
<tr>
<th>Priority</th>
<th>Brief description</th>
<th>Lead</th>
<th>Dates</th>
<th>Audience or stakeholders</th>
<th>Method</th>
<th>System priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Place-based engagement events</td>
<td>Aidan Fallon, Jane Coulson</td>
<td>September 2018, January/February 2019</td>
<td>These events will focus on engagement with community groups, condition-specific support groups, voluntary sector groups, community support groups for specific diverse communities and will be open to the public.</td>
<td>Public-events These events will take the form of a public event in each location repeated once in the daytime, and then again in the evening. The public meeting events will have presentations and interactive workshop elements. It will take the form of an update to the public on what has happened since Fit for the Future has launched.</td>
<td>We're only sustainable together Supported delivery</td>
</tr>
<tr>
<td></td>
<td>SDU plans to facilitate place-based engagement events in three localities during 2018/19. The agenda and format will be agreed based on key issues for that area. These will be issue based events, with speakers from key partners involved in delivering services. The agenda will also reflect the North/South alliances and the three-year road map currently in development. The agenda will need to be agreed with input from public health and partner colleagues based on the key issues for each area. The place-based based events are a continuation of previous engagement events for the STP.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The SDU will manage the evaluation and reporting from these events. Feedback from the events will be collated into a place-based feedback report. This report will be shared with all Delivery and Enabling Groups, Projects Groups and Provider and Commissioner Boards and Governing Bodies. The reports from these events will be reported to Healthcare Executive and used to further inform delivery of the Fit for the Future Partnership work.

| **STP Board meeting in public** | To improve on public transparency as the STP progresses in the delivery stages the STP Board has agreed to work towards holding the STP Board meetings in public. As a step towards this all STP Board meeting minutes have been published on the Fit for the Future website. | Catherine Pollard Laura Anthony | Autumn 2018 | Ongoing | Public | STP Board minutes retrospectively published on Fit for the Future website Meet the STP Board session for the public to meet the Board members and ask questions STP Board meetings to be held in public, with papers published on the Fit for the Future website before each meeting. | We're only sustainable together Supported delivery |

| **STP updates** | Regularly published updates that report on STP progress and delivery. These are sent to key stakeholder groups as part of reporting on the STP and published websites. | Aidan Fallon Jane Coulson Laura Anthony | Ongoing | Ongoing | Key stakeholder Public through key stakeholder websites | Supported delivery |

| **Fit for the Future website** | Regularly updated information on STP Board meetings, delivery and | Jane Coulson | Ongoing | Ongoing | Public | Regular information updates | We're only sustainable together |
## Fit for the Future

**Working together to keep people well**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Responsible Person</th>
<th>Timeframe</th>
<th>Stakeholders</th>
<th>Method</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Care (Stroke)</td>
<td>Possible consultation around the proposals for location of rehabilitation care for the area</td>
<td>Sue Last</td>
<td>TBC</td>
<td>Public, key stakeholders</td>
<td>Consultation</td>
<td>At home is best. Safe and effective hospital care, when needed</td>
</tr>
<tr>
<td>Better Births</td>
<td>Communications and engagement on this key programme of work, ensuring public are well informed about all the projects in this programme and have the chance to be involvement or have their say.</td>
<td>Helen McPherson</td>
<td>Ongoing</td>
<td>Public, key patient groups, key stakeholders</td>
<td>Social media, websites, leaflets, posters, press release. Patient Forums</td>
<td>At home is best. Safe and effective hospital care, when needed. We're only sustainable together. Supported delivery</td>
</tr>
<tr>
<td>Winter Planning, summer planning</td>
<td>Preparing communications campaign materials, toolkits, and ensuring public engagement in the planning and delivery.</td>
<td>Jo Hobson</td>
<td>Ongoing</td>
<td>Public, key stakeholders</td>
<td>Social media, websites, leaflets, posters, press release. Patient Forums</td>
<td>At home is best. Safe and effective hospital care, when needed. We're only sustainable together. Supported delivery</td>
</tr>
</tbody>
</table>

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
## Self-care

Preparing communications campaign materials, toolkits, and ensuring public engagement in the planning and delivery

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Last</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

## GP Surgery procurements

Re-procurement of service providers, relocations of practices

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Last</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Hazel Thomson</td>
<td>June 2018 - April 2019</td>
</tr>
<tr>
<td>Simon Day</td>
<td>Directly affected patients, key stakeholders and the public in the affected area.</td>
</tr>
</tbody>
</table>

## Improving access to Primary care procurement

National timetable to extend access in Primary care

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simon Day</td>
<td>Ongoing</td>
</tr>
<tr>
<td>January 2018 - October 2018</td>
<td></td>
</tr>
<tr>
<td>Public, key stakeholders</td>
<td>Engagement, Patient involvement, Patient letters</td>
</tr>
</tbody>
</table>

## Wheelchair service provider procurement

Procurement for a new service provider and development of service specification to meet national criteria.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Hobson</td>
<td>Ongoing</td>
</tr>
<tr>
<td>April 2018 - April 2019</td>
<td></td>
</tr>
<tr>
<td>Wheelchair service users and carers, directly affected patients, public, key stakeholders</td>
<td>Engagement, public meetings, patient meetings, public representation on the procurement project group, documents to support</td>
</tr>
</tbody>
</table>

## Local Urgent Care Service (LUCs) Hub development

Development of local urgent care

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Last</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Particularly public in Fenland, wider public, key stakeholders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home is best</td>
<td>Safe and effective hospital care, when needed</td>
</tr>
<tr>
<td>We're only sustainable together</td>
<td></td>
</tr>
<tr>
<td>Supported delivery</td>
<td></td>
</tr>
</tbody>
</table>
### 111 online
- **Soft launch of new ways of using 111**
- **Jo Hobson**
- **March 2018**
- **Ongoing**
- **Public**
- **Engagement, website, social media**
- **At home is best**
- **Safe and effective hospital care, when needed**
- **Supported delivery**

### Diabetes
- **Promoting health lifestyles, courses**
- **Hazel Thomson**
- **Ongoing**
- **Affected patients, patients at risk of developing diabetes, public**
- **Engagement events, patient literature, social media, website, meetings**
- **At home is best**
- **Supported delivery**

### Stakeholder newsletter
- **Promoting the things that are happening in our system**
- **Hazel Thomson**
- **Quarterly**
- **Ongoing**
- **Public, key stakeholders**
- **Published online, email distribution**
- **Supported delivery**

### Cambridge University Hospitals (CUH)
- **Prevention and operational messages to ease seasonal pressures and supporting system activity**
- **Dail Maudsley-Noble/Alison Bailey**
- **Summer**
- **Ongoing**
- **Staff, patients, public, key stakeholders**
- **Social media, CUH website, press release, internal channels**
- **Safe and effective hospital care, when needed**
- **We're only sustainable together**
- **Supported delivery**

---

**Fit for the Future**  
**Working together to keep people well**
<table>
<thead>
<tr>
<th>Strategy – CUH Together</th>
<th>New strategy launched with priorities for the next 5 years, developed with staff, patients &amp; partners</th>
<th>Alison Bailey/Dail Maudsley-Noble</th>
<th>Ongoing</th>
<th>TBC</th>
<th>Staff, patients, public, key stakeholders</th>
<th>Social media, CUH website, press release, internal channels</th>
<th>Safe and effective hospital care, when needed</th>
<th>Supported delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cambridgeshire and Peterborough NHS Foundations Trust (CPFT)</strong></td>
<td><strong>Pride in our care - strategy</strong></td>
<td>New strategy launched with priorities for the next 3-5 years. Developed with staff, patients, carers and partners</td>
<td>Andrea Grosbois</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Staff, patients, carers, public, stakeholders</td>
<td>Social media, CPFT website, press release, internal channels</td>
<td>Supported delivery</td>
</tr>
<tr>
<td><strong>Launch new digital channels</strong></td>
<td>Launch office 365 to improve staff engagement and continue development of digital channels including staff app and Podcast. Procurement of a new public website and intranet</td>
<td>Andrea Grosbois</td>
<td>July 2018</td>
<td>Ongoing</td>
<td>Staff, patients, carers, partners</td>
<td>Internal campaign to support use of new digital channels including videos, face-to-face briefings, posters, existing intranet etc. Social media, CPFT blog, CPFT website and press release to highlight new digital tools available to public.</td>
<td>Supported delivery</td>
<td>We're only sustainable together</td>
</tr>
<tr>
<td><strong>Winter planning 2018/19</strong></td>
<td>Messages around prevention, support available and what to do in crisis to ease seasonal pressures and support system activity. Key focus will focus on flu, increasing JET and MIU usage and</td>
<td>Andrea Grosbois</td>
<td>September 2018</td>
<td>Ongoing</td>
<td>Staff, patients, carers, public, GPs, ambulance services and partners</td>
<td>Social media, video, CPFT website, messages to GPs via CCG Gateway, press release, internal channels, CPFT blog</td>
<td>Safe and effective hospital care, when needed</td>
<td>---</td>
</tr>
<tr>
<td><strong>Cambridgeshire Community Services (CCS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------</td>
<td>---------</td>
<td>------------</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>North Cambs Hospital redevelopment Wisbech</strong></td>
<td>Redevelopment of community hospital site to deliver improved environment for patients, visitors, staff.</td>
<td>Karen Mason</td>
<td>May 2018</td>
<td>Staff, patients, public, key stakeholders</td>
<td>Social media, CCS website, press releases, internal channels, partner channels, stakeholder meetings</td>
<td>We're only sustainable together At home is best Supported delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Princess of Wales Hospital redevelopment Ely</strong></td>
<td>Redevelopment of community hospital site to deliver improved environment for patients, visitors, staff</td>
<td>Karen Mason</td>
<td>OBC development Sept 2018 – Feb 2019</td>
<td>Staff, patients, public, key stakeholders</td>
<td>Social media, CCS website, press releases, internal channels, partner channels, stakeholder meetings</td>
<td>We're only sustainable together Supported delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Public Meeting 2017-18</strong></td>
<td>Review of innovation and redesign work and how this is improving outcomes</td>
<td>Karen Mason</td>
<td>11 Sept 2018</td>
<td>All stakeholders to be invited</td>
<td>Meeting / presentation with Q&amp;A session</td>
<td>At Home is Best Supported delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Winter 18/19</strong></td>
<td>Support of prevention and operational messages to ease seasonal pressures and support system activity</td>
<td>Karen Mason</td>
<td>Summer</td>
<td>Staff, patients, public, key stakeholders</td>
<td>Social media, website, internal channels</td>
<td>Safe and effective hospital care, when needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## North West Anglia NHS Foundation Trust (NWA Anglia FT)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Responsible Person</th>
<th>Timeline</th>
<th>Target Audience</th>
<th>Method of Support</th>
<th>Delivery Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch of intranet for merged Trust</td>
<td>Single intranet for use across all five hospital sites</td>
<td>Mandy Ward</td>
<td>Already underway</td>
<td>July 2018</td>
<td>Staff Internal campaign using posters, existing intranet and face to face briefings</td>
<td>Supported delivery</td>
</tr>
<tr>
<td>Growing our Foundation Trust Membership</td>
<td>Increasing the number of people signing up as members of our hospitals Trust</td>
<td>Mandy Ward</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Public Meeting, Members’ magazine</td>
<td>We’re only sustainable together</td>
</tr>
<tr>
<td>Annual Public Meeting 2017-18</td>
<td>Review of our first-year post merger, plus showcasing research team work</td>
<td>Mandy Ward</td>
<td>19 July 2018</td>
<td>19 July 2018</td>
<td>All stakeholders to be invited Meeting / presentation with Q&amp;A session</td>
<td>Supported delivery</td>
</tr>
<tr>
<td>Trauma and Orthopaedics project</td>
<td>Work currently being scoped to look at how the Trust uses PCH and HH to manage trauma and orthopaedics patients</td>
<td>Mandy Ward</td>
<td>TBC</td>
<td>TBC</td>
<td>Public, CCG colleagues, Ambulance Service colleagues, Trust staff Possible consultation required – awaiting development of project before a decision can be taken</td>
<td>Safe and effective hospital care, when needed</td>
</tr>
</tbody>
</table>

## Royal Papworth Hospital

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Responsible Person</th>
<th>Timeline</th>
<th>Target Audience</th>
<th>Method of Support</th>
<th>Delivery Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Papworth</td>
<td>Raising awareness of the reasons behind our move and ensuring staff, patients and partners understand what’s</td>
<td>Kate Waters</td>
<td>2018 ongoing</td>
<td>2018 ongoing</td>
<td>Staff, patients, partners, public Website (new website planned for September 2018), social media, media,</td>
<td>Safe and effective hospital care, when needed</td>
</tr>
</tbody>
</table>
| **Hospital opening** | happening when and what it means for them | | | \begin{tabular}{c}
staff briefings, intranet, events \end{tabular} | Supported delivery |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Celebrating Royal Papworth’s centenary</strong></td>
<td>Raising awareness of Royal Papworth’s history and plans for the future</td>
<td>Kate Waters</td>
<td>2018 ongoing</td>
<td>2018 ongoing</td>
</tr>
<tr>
<td><strong>Recruiting new staff</strong></td>
<td>Recruiting new staff in a range of areas to support the move to the new hospital</td>
<td>Kate Waters</td>
<td>2018 ongoing</td>
<td>2018 ongoing</td>
</tr>
</tbody>
</table>

---

| **Cambridgeshire County Council** | | | | | |
|-------------------------------|-----------------------------------------------|----------------|-----------------------------------------------|-----------------------------------------------|
| **Adults Positive Challenge** | Developing a ‘strengths based’ approach to the development of services for vulnerable adults based on increased prevention and early help | Charlotte Black | 2018 | 2019 | Staff, partner groups and ultimately residents and service users | Various – web content and media engagement to start | At home is best | We’re only sustainable together | Supported delivery |
| **Shared and integrated Services** | Programme to build capacity and manage increasing demand by increasingly sharing management, systems, assets with partners - specifically Peterborough City Council | Wendi Ogle Welbourn | February 2018 | End of 2021 (TBC) | Staff in our own and partner agencies and elected Members primarily – will develop to service users and council tax payers as new arrangements begin | Various – workshops, intranet, briefings, video blogs, committee papers and news releases | At home is best | We’re only sustainable together | Supported delivery |
## Business Planning

Setting the strategic direction of the council and its Medium Term Financial plan leading to work to set the councils 2019/20 budget which must be agreed by Full Council in Feb 2019

| Partnerships and Communities committee direct the work – carried out jointly by elements of Business intelligence team (Mike Soper), Communications team (Christine Birchall), Transformation team (Amanda Askham) | July 2018 | December 2018/January 2019 | All residents, and business groups but segmented into ages, stages and geography | Various – to include: Focus groups, Online | We’re only sustainable together |

## Cambs2020

Developing a ‘hub and spoke’ approach to the delivery of CCC’s services. Developing a new smaller administrative ‘hub’ in Alconbury (from Shire Hall) and more service specific ‘spokes’ in our own or partner locations countywide bringing the council closer to the communities it serves. Includes improved flexible working initiatives

| Chris Malyon | May 2018 (council decision although work began in 2015) | Summer 2020 | Staff (current and potential), elected Members, local residents, partner agencies, service users | Intranet, workshops, committee papers, news releases | At home is best We’re only sustainable together |

## Peterborough City Council

**Shared and Integrated Services**

Programme to build capacity and manage increasing demand by continuing to share management, systems, assets with partners - specifically Cambridgeshire County Council

| Wendi Ogle-Welbourn | February 2018 | End of 2021 (TBC) | Staff in our own and partner agencies and elected members primarily - will develop to service users and council taxpayers as new arrangements begin | Various - workshops, intranet, briefings, video, blogs, committee papers and news releases | At home is best We’re only sustainable together |

## Business Planning

Setting the strategic direction of the council and responding to budget pressures/savings to deliver a balanced budget. There are three budget tranches

| Peter Carpenter | June 2018 | April 2019 | All residents, businesses and partners | Various - Council papers, Medium Term Financial Strategy (published) | We’re only sustainable together |
now at PCC, first is June, second is November and third in February

<table>
<thead>
<tr>
<th>Healthy Peterborough</th>
<th>Rolling 12-month campaign concentrating on assisting residents to adopt healthy changes to their lifestyle.</th>
<th>Dr Liz Robin</th>
<th>April 2018</th>
<th>April 2019</th>
<th>All residents</th>
</tr>
</thead>
</table>

online), press releases, blogs, intranet, video, social

Supported delivery

At home is best

We’re only sustainable together

Supported delivery
Appendix 3

Public involvement and consultation by clinical commissioning group

Section 14Z2 Health and Social Care Act 2012

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the way the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution:

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted
Annex 2
Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Governing Body

CCG Patient Reference Group

Formal subgroup of the CCG Governing Body

- Patient representatives from each local area representing Practice Patient Groups
- Healthwatch representatives
- Lay Governing Body member
- CCG Management

Local area patient and public forum
- Cambridge patient forum
- Ely patient forum
- Hunts Patient Congress
- Peterborough patient forum

Insights and patient feedback collected and logged in a database by CCG communications and engagement team

Health and Care Executive

STP Workstreams
- Patient representation on workstream boards and working groups.

Make decisions

Gather feedback and insights

Assess feedback

All other stakeholders

Age specific groups

Condition specific groups

Voluntary groups

Community diverse groups

Practice patient groups

County, City and District Councils

Local health Partnerships, Health and Wellbeing Boards

Health Overview and Scrutiny Committees

Crime and Disorder or Community safety Partnerships
Annex 3
Providing Information
2017 Guidelines
May 2017
Table of Contents

1. Purpose and scope of these guidelines ................................................... 3
2. Background ............................................................................................. 3
3. Roles and responsibilities ........................................................................ 4
4. Executive summary ................................................................................. 4
5. Planning the information to be provided .................................................. 5
   5.1 Aims of the information being provided ............................................... 5
   5.2 Target audience .................................................................................. 5
   5.3 Input from target audience .................................................................. 5
   5.4 Format ................................................................................................ 6
   5.5 What numbers do you need? .............................................................. 6
   5.6 What is your timescale? ................................................................. 6
   5.7 What is your budget? ........................................................................ 6
   5.8 Who will need to sign the publication off? ........................................... 7
6. Producing the information ...................................................................... 7
   6.1 Contact the Communications and Engagement team ............................ 7
   6.2 Write and agree the words .................................................................. 7
   6.3 Writing pointers ................................................................................... 7
   6.4 Style pointers ...................................................................................... 8
   6.5 Copyright and copying ........................................................................ 9
7. Agree the layout and design ................................................................... 9
   7.1 Layout and design pointers ................................................................. 9
   7.2 Approve the first proof ....................................................................... 10
   7.3 Pilot the Information .......................................................................... 11
   7.4 Final approval ................................................................................... 11
   7.5 Arrange translations and/or alternative formats ................................ 11
8. Send to print .......................................................................................... 12
   8.1 Arrange distribution ........................................................................... 12
   8.2 Agree process for reprints .................................................................. 12
   8.3 Agree a withdrawal or review date .................................................... 12
9. Evaluate with the target audience .......................................................... 13
Appendix A – Providing Information Briefing Form ........................................ 14
Appendix B – Process flowchart .................................................................... 15
Appendix C – Guidance on Copyright ............................................................ 16
1. Purpose and scope of these guidelines

- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) recognises the need for up-to-date, relevant information to be produced in a manner that is accessible, cost-effective, and reflects the professionalism of the organisation.

- Patients, service users, and the public (hereafter termed as ‘people’) need information from the CCG to be clear, appropriate, and timely, to help them make informed decisions.

- These guidelines set out how the organisation will provide information to people and the processes put in place to have such information produced.

- Stakeholder engagement is at the heart of the work carried out by the CCG and must be made an integral part of the process for producing public information.

- Understanding and recognising the needs of the target audience is the first step to producing truly effective public information.

- These guidelines apply to the CCG and sit alongside the Department of Health’s Accessible Information Standard (SCCl605) which aims to ensure that patients with a disability or sensory loss receive accessible information and communication support.

2. Background

- Historically, the approach to providing information has been ad hoc, with the Communications and Engagement team working on a number of agreed key corporate publications and responding reactively to requests for published information.

- What is needed is a targeted approach, agreed by the Clinical Executive Committee (CEC) in order to ensure messages reach the targeted audience in the most appropriate way.

- There is a need, taking into account best practice, to involve people who will use the information and the Patient Reference Group (PRG) in the production of leaflets. This should be from the earliest stage of each project and should ensure that the need for providing the information has been identified, where possible, as part of a wider communication strategy and does not sit away from other supportive materials and awareness.

- One of the most practical ways of reducing the burden of implementing the Accessible Information Standard is to improve the accessibility of ‘standard’ information/documents – which will in turn reduce (but, of
course, never remove) the need to produce/provide alternative formats – and to improve staff members’ communication skills generally.

3. Roles and responsibilities

- These guidelines apply to anybody who wants to provide information including via leaflets, booklets, flyers, posters, adverts for services or events, public facing reports, face-to-face, etc. It also applies to the CCG staff working in partnership with other organisations and producing publications in relation to that work.

- These guidelines are not designed to cover items such as letters, forms, and other publications aimed at the individual. However, the general principles should still apply where possible.

- The Communications and Engagement team has responsibility for producing statutory and corporately identified priority public information.

- The resources needed to provide information (e.g. service or condition information) should be made available from the individual service budget.

4. Executive summary

These guidelines will ensure that the CCG:

- raises the standard of information provided to people;
- maximises the impact of information on target audiences;
- provides information appropriately to seldom heard groups;
- ensures material is presented in a professional, corporate style which is clearly identifiable with the CCG and reflects our visions, values, and corporate image, including the correct use of the logo;
- ensures the material produced is clear, concise, relevant, accurate, and in appropriate formats;
- makes it easier for CCG staff to produce high quality, effective, targeted information, in turn raising people’s confidence in the organisation;
- involves patients and carers in the production of public information;
- ensures public information is made accessible to different audiences as appropriate, in line with national policy and guidance, with specific reference to Accessible Information Standard (SCC1605);
- allows for the monitoring of publications, ensuring out of date information is withdrawn or updated as necessary; and
- encourages evaluation of individual publications and acts on feedback.
5. Planning the information to be provided

5.1 Aims of the information being provided

Information should aim to:

- reflect what people want to know and how they want to use it;
- help them to receive the services they are entitled to;
- be clear, concise and produced in language that is easy to understand;
- help them understand their condition or circumstances; and
- enable them to make informed decisions about treatment or living arrangements that suit their condition or circumstances, should they wish to do so.

If you need to inform people about a wide range of services, or give a number of detailed, different instructions, then separate the information into different publications.

The main questions to be addressed at this stage are:

- who is the information for (for example the target audience)?
- how can you ensure that it is relevant and useful to them?
- how do you think it will be used?
- what format will be the most attractive to the target audience? (This is not always in written format. A face-to-face presentation to a specific group or audience may be much more effective than a leaflet or poster, for example.)
- how can you ensure that the information can be easily understood?

5.2 Target audience

Consider exactly whom you are aiming the information at. This could include doctors; nurses; healthcare professionals; patients; stakeholders; the media; older people; children; black and minority ethnic communities; people with disabilities; colleagues; families or people do not for whom English is not their first language.

Thinking about your audience is important when planning content, language, and layout. Think about their reading ability, language, how much they know about the subject, and what they need to gain from reading your publication.

5.3 Input from target audience

Talk to people from the target audience group – as well as the PRG at this stage, this could be an informal conversation. You could also research what other information is being targeted at this group and how effective it is. The earlier in the process you involve the target audience the better as it will save you time later in the process because you will already have an idea of what they want from the information you are producing.
5.4 Format

Before you start a project, research what other relevant material is already available. Are you able to use existing publications, such as those produced by charities, or other appropriate organisations, rather than printing your own material? Or can you send your message in a more appropriate way, for example through staff newsletters, on the CCG website or extranet, via a press advert or press release?

Once you have decided that you definitely need to produce a publication, the next step in the planning process is to select the format you want. The type of publication which best fits your needs will be determined by the message you want to convey, and the amount of information required to do so.

For example, promoting a one-off event may only require an A5 flyer, whereas promoting a new exercise programme for patients with specific health needs might require a 12-page booklet. If you’re not sure about the best format for your publication, contact the Communications and Engagement team for advice.

The format of your publication will also be informed by understanding your target audience.

All information needs to be accessible to the audience to which it is addressed.

5.5 What numbers do you need?

When producing a publication always consider the quantity you require. This needs to be considered at the planning stage as it can affect the cost of producing your publication and the distribution process and associated costs.

5.6 What is your timescale?

When planning your publication, take into account when you need it by. Make sure you leave ample time to go through a drafting process with the Communications and Engagement team and relevant patient groups so that changes and corrections can be made. If other people are involved in producing the publication, make sure they are aware of the timescale and any fixed deadlines you may have (see appendix B flowchart).

5.7 What is your budget?

Producing virtually any publication professionally will incur some kind of cost. If you know what your budget is at the outset, this will enable you to produce the best quality publication you can for your money. It may also affect the options available to you at the design and print stage.

If you have identified that translations will be the most effective method of getting your information over then you will need to budget for that at this
stage. Try and find out how much you have to spend before you begin the process, as this will help the Communications and Engagement team to advise you appropriately. If there is no money available at all there may be other ways of getting your message across.

5.8 **Who will need to sign the publication off?**

You should identify the person who will need to sign off your publication. This might be you or it might be a more senior manager. This person will hold ultimate responsibility for its content, accuracy, and cost.

6. **Producing the information**

6.1 **Contact the Communications and Engagement team**

After planning your publication, let the Communications and Engagement team know about the document at the earliest opportunity. This will enable them to build your document into the publications schedule, and plan the appropriate measures to ensure it is produced on time. Talk through the briefing form (appendix A) with a member of the Communications and Engagement team.

**How can the Communications and Engagement team help?**

The Communications and Engagement team can help with:

- designing your publication, based on the information you provide;
- proof reading, sense checking, and checking for plain English;
- arranging printing of your document; and
- advice throughout the process of producing your publication.

6.2 **Write and agree the words**

Writing the words for your publication might be something you are able to do without any help, depending on the subject matter, or you might want to ask for advice on what to include. Speak to the Communications and Engagement team if you need guidance or, alternatively, you could email the words, preferably in the form of a Word document, directly to the Communications and Engagement team to check over. Please make sure the content is accurate, objective and, if appropriate, evidence based, particularly if there is clinical information in the publication. It is **your** responsibility to ensure its accuracy.

6.3 **Writing pointers**

If you are writing the words yourself, take the following points into consideration before you start.

The writing should be:
• **Clear** – so it can be understood
• **Straightforward** – use fewer words where possible and keep to the necessary information
• **Modern** – using everyday language and current images
• **Honest** – information should be based on current evidence, with references to any evidence where appropriate
• **Respectful** – sensitive to cultural needs and all people, avoiding any stereotypes or political incorrectness
• **Easy to understand** – avoid jargon and acronyms (for example don’t use ‘The CCG’ unless you have first written it out in full) and use plain English to make it easier to read
• **Reader friendly** – personal pronouns such as “we” and “you” are helpful, making the information more relevant to the individual
• **In context** – if patients are due to receive letters, leaflets, or appointment cards alongside the information you have produced, make sure the information does not conflict
• **Non-patronising** – don’t tell your readers what to do
• **Helpful** – if the information you are producing is designed to help people make a decision about something, such as enrolling on a training course, give them the facts. For example is it residential, what are the benefits of completing it, and will there be transport available?
• **Never assume** – do not use language such as “as you are aware”. It’s best to guess that people are not already aware and give them the full picture
• **To the point** – don’t try to cover a wide range of subjects in one publication but if there are similar themes that cross over, make sure there are clear links between the items
• **Directional** – if there are other sources of information, support, or resources available, point people towards them - for example, websites, phone numbers, etc.
• **Up-to-date** – give recent examples, practices etc. and the latest contact phone numbers. Check all contact numbers are correct by phoning them yourself.

### 6.4 Style pointers

There are also a number of style pointers that you should take into account when writing your content, they include:

• **capitals vs lower case** – always use capitals for names of people, names of places, organisation names, titles, job titles, and the first letter of every sentence. However, avoid using capitals within headings or sub-headings and never use capital letters for general descriptions of organisations or professions e.g. the Pharmacist, the Doctor, Town Centre etc.
• **present and active tenses** – where possible use these to bring the information to life, e.g. “your appointment is on…” instead of “your appointment has been made for…”
• **contact details** – use job titles and contact details rather than individual names e.g. ‘contact the cardiac nurse on 01733 622…..’ rather than ‘contact Jane Smith on 01733 622…..’ This is because the person could leave at any time, instantly outdated your publication.

See the CCG Style and Grammar guidelines [here](#).

### 6.5 Copyright and copying

For several years, the Department of Health purchased a licence from the Copyright Licensing Agency to enable staff to make and share copies from books, magazines, and journals more freely than they otherwise would have been able to. This licence covered the whole of the NHS.

If you want to include any diagrams, images, maps, and text from another source you must check whether it is covered by copyright.

As a general rule it is better to source original material wherever possible. The Communications and Engagement team can offer guidance on this. Breaching copyright is a legal offence and it is your responsibility to keep within copyright law. (For further information see Appendix C – Guidance on Copyright Law).

### 7. Agree the layout and design

Once you have finalised the words for your publication, you need to think about how you want to present it to your reader. Speak to the Communications and Engagement team about how you would like to communicate your message, and discuss any design ideas you might have.

#### 7.1 Layout and design pointers

When thinking about the layout and design of your publication, you should take into account the following points:

- Use a minimum **font size of 12** point, preferably 14 (which is readable by a significantly greater number of people)
- Use a clear, uncluttered, and sans serif font such as Arial.
- Try to use no more than two or three different font sizes or styles in any one publication and avoid shadowing and shading – it’s difficult to read
- Align text to the **left margin** and avoid ‘justifying’ text
• Ensure plenty of ‘white space’ on documents, especially between sections. Avoid ‘squashing’ text onto a page and, if possible, include a double-space between paragraphs

• Stick to small blocks of text. Large sections of copy can be daunting, so break it up using headings and new paragraphs

• Complicated information can be divided up using bullets or numbers

• Large, bold font emphasises text; avoid UPPER CASE (it looks like you are shouting), italics and underlining, as they can make text difficult to read

• Numbers – one to nine should be written in words and anything above 10 should be represented as figures unless the number is at the start of a sentence i.e. ‘There was an important meeting. Twenty people attended’.

• Format Word documents and PDFs correctly using styles and accessibility functions/checks. Ensure a correct and consistent heading structure, and that the cursor can move throughout all text.

• Where appropriate use images to illustrate copy and don’t put text over them. Clip art images look unprofessional – find something else to use instead. The Communications and Engagement team has lots of photos you can use

• Use descriptions (‘alt. text’) to explain diagrams or photographs

• Consider making all ‘standard’ printed letters/documents ‘easier to read’ – using plain English, highlighting important information, and supporting text with diagrams, images, or photographs

• Question and answer formats are handy to break up text

• Make sure you are using the right logo. The CCG logo is available on the extranet. If you are not sure where to find it, speak to the Communications and Engagement team

• Print on matt and not gloss paper

• Use page numbers

• Keep track of the electronic originals of documents you print out so you can re-print in larger font or convert to an alternative format if required.

See the CCG Style and Grammar guidelines here.

7.2 Approve the first proof

Once your content and design have been agreed, a first proof of the publication can be drafted and then any further amendments can be made. It may be that seeing your words designed and laid out in a document makes you realise things need adding or deleting.
7.3 Pilot the Information

The approved first proof should be shown or sent to representatives of your target audience. They should be invited to comment on the content style, layout, and accessibility of the information. Remember, they are the people you have identified as needing this information therefore this stage is a very important part of the process.

You will also need to send a copy of the proof to the Communications and Engagement team to send on to the CCG’s Patient Reference Group (PRG). The PRG is a sub-committee of the CCG’s Governing Body with responsibility for patient and public involvement. The Patient Reference Group provides an independent view of the work of the CCG, helps to ensure that the public voice of the local population is heard, and that all public information is clear, concise, relevant, and accurate.

It may take some time to collate feedback (the PRG requires three weeks to review any information sent to them), and this needs to be planned into the production timescale. The proof may need to be modified as result of the feedback received.

7.4 Final approval

Once approved by the Communications and Engagement team and the target audience, the final approval will rest with the budget-holder or manager, or the person you have identified as appropriate to sign the publication off. This is a vital part of the publications process, as the person who signs off the final proof will hold ultimate responsibility for its content, accuracy, and cost.

7.5 Arrange translations and/or alternative formats

If you are producing information for a GP practice in an area where the majority of the population is from a minority ethnic community, you may need to consider translating the information into the relevant community language(s). However, even if a particular language, or languages, has been identified some people may have limited literacy skills in that language. People may recognise the script of their own language and be pleased that it has been used, however it does not mean they will be comfortable with reading the document. It may mean taking advice about whether producing translated information is the best option for a particular target group. You may wish to consider meeting with existing community groups to discuss the information.

All publications and leaflets produced by the CCG will include a standard piece of text outlining that the information is available in alternative languages and formats. The same sentence will then also be translated into the top three languages within the area and used along with the English sentence. The guidance given will be for the stakeholder to contact the CCG via the Communications and Engagement team email address and telephone number. The Communications and Engagement team will take responsibility.
for the production of the translations; however the cost of translation or any printing will need to come from the original budget holder.

After the initial consultation with the target audience group, if translation of the information has been identified as the most effective method of communication they need to be available for distribution shortly after (if not at the same time as the original publication). The same will be true of Braille, Moon or documents with illustrations and text.

Prior to translation or transcription into alternative formats, you need to take steps to ensure and assure the quality and accuracy of the document information. One framework for this is The Information Standard, a quality assurance kitemark scheme for organisations producing health and care information for the public.

As well as correspondence in alternative formats, the Standard includes the provision of patient information – such as that often contained with leaflets or booklets – in alternative, accessible formats where this is in support of direct patient/service user care (including self-care). Organisations should consider their most frequently used patient information leaflets/booklets and take steps to ensure that these are readily available in commonly used accessible formats.

8. Send to print

After final approval your publication is ready to go to print. This might mean printing off copies on a colour printer in-house, or sending to an external printer to print your document. It is vital that all changes are made prior to this stage, as once a document has gone to print it is too late to make any further amendments.

8.1 Arrange distribution

You need to know how you are going to get the finished publication to your audience. Make sure distribution information is accurate and if any changes are made to the delivery addresses that you keep everyone involved in the process informed.

8.2 Agree process for reprints

Speak to the Communications and Engagement team about how reprints would be obtained if needed. The cost of reprints would need to come from the original budget holder.

8.3 Agree a withdrawal or review date

Speak to the Communications and Engagement team about when the publication will need to be withdrawn or updated.
9. **Evaluate with the target audience**

Go back to the target audience group and evaluate with them how far the production of this information achieved the aims that were decided at the beginning of the process. What was successful and what could be done differently in the future?
<table>
<thead>
<tr>
<th>Name of service/department:</th>
<th>Lead officer:</th>
<th>Contact number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job title:</th>
<th>Budget code</th>
<th>Name and signature of budget holder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the aim of providing this information? (for example to get more people to use the service)

Who is the target audience?

What is the main information that needs to be included? (Please give a brief description/bullet points)

How will you contact/liaise with this target audience?

What format/s is the most suitable for this target audience? (for example poster/leaflet)

Will this be required in alternative formats? (for example large print)  
Who will sign off the proofs?

<table>
<thead>
<tr>
<th>Quantities Required</th>
<th>When do you want to distribute this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if printing is required)</td>
<td></td>
</tr>
</tbody>
</table>

Who will distribute this?  
What budget is available?

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY</th>
<th>Agreed Y/N</th>
<th>Date</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement with audience</td>
<td>Already performed</td>
<td>Required</td>
<td>To Patient Reference Group</td>
</tr>
</tbody>
</table>
Appendix B – Process flowchart

1. Agree the aims of the information to be provided, and the target audience
2. Discuss with the target audience
3. Complete the producing information briefing form
4. Contact the communications and engagement team
5. Agree the wording, format, layout and design
6. Approve the first proof
7. Pilot the proof with the target audience and PRG; and act on feedback
8. Final approval
9. Send to print
10. Arrange distribution
11. Agree the process for reprint, and a withdrawal or review date.
12. Evaluate with the target audience.
Appendix C – Guidance on Copyright

Photocopiers and scanners

You may make copies for the purposes of private study, or, research for a non-commercial purpose without asking permission from the copyright holder.

Unless:

• You have been given permission to copy more, it is advisable to stay within the agreed safe coping limits which are:
  o Journal or periodical: one article from any issue; or
  o Published work: one chapter or 5% of extracts.

• You are authorised under a copyright licence to make multiple copies, you may only make single copies.

• You are authorised, any digital copies made must be placed on a network.

• It is impractical, all copies must be acknowledged.

Works in electronic form

You may download for the purpose of private study, or, research for a non-commercial purpose without asking permission from the copyright holder.

Please note:

• When copying from web pages, respect web copyright notices and any copyright statements attached to works.

• Unless explicit permission to copy more is given on the website, only single copies may be downloaded and printed.

• Unless explicit permission is given on the website, copying for research for a commercial reason is prohibited.

• Using material from a subscription database will be governed by contractual conditions.

Breaching copyright is an offence; it is your responsibility to keep within copyright law.
Annex 4
CCG Media Protocol 2017

Contents
1 Introduction ................................................................................................................... 2
2 Objectives ..................................................................................................................... 2
3 Role of the communications team ................................................................................. 3
4 Who deals with queries from the media? ...................................................................... 3
5 What to do if you get approached by the media ............................................................ 4
6 What will the communications team do? ....................................................................... 4
7 What to do if contacted by the communications team ................................................... 5
8 Working with the media and deadlines ...................................................................... 5
9 News releases ............................................................................................................... 5
10 Commenting to the press ........................................................................................... 6
11 Embargoes ................................................................................................................ 6
12 Photographs and photocalls ....................................................................................... 6
13 Press conferences ..................................................................................................... 7
14 Correcting inaccuracies ............................................................................................. 7
15 Ministerial or other visits ......................................................................................... 7
16 Working with partner organisations ............................................................................ 7
17 Emergency media relations ........................................................................................ 7
18 Record keeping .......................................................................................................... 8
19 Equality and diversity ............................................................................................... 8
20 Media relations and the law ....................................................................................... 8
21 Contacts and out of hours enquiries ........................................................................... 8
Appendix 1 Media handling flowchart ............................................................................ 9
Appendix 2 Preparing for a broadcast interview (television or radio) ................................. 10
Appendix 3 Guidance for media interviews (written media, radio or television) ................. 10
Appendix 4 Guidelines for producing news releases ......................................................... 12
1 Introduction

Cambridgeshire and Peterborough Clinical Commissioning Group’s (CCG) reputation can be enhanced by positive media coverage or damaged by negative coverage, so it is essential that the communications team is involved at all stages of any media activity.

The purpose of this protocol is to ensure that media enquiries to the CCG are dealt with appropriately and that those people who may be required to deal with media queries are aware of the preferred procedures.

The protocol supports a culture of open and honest dialogue in the organisation, but also ensures that the reputation of the CCG is protected, and if possible improved, and that the chances of misrepresentation by the media are reduced.

This media protocol has been compiled as part of the CCG’s communications strategy and sets out the CCG’s principles for communication.

Where the media is referred to it covers newspapers, radio, television and online channels of communication.

2 Objectives

1. To improve people’s understanding of the work of the CCG and provide public information.
2. To enhance the reputation of the CCG by promoting and celebrating the successes and achievements of the CCG and its partners.
3. To maintain patient, public and staff confidence in our openness, honesty and accountability.
4. To raise awareness of the process for handling media enquiries.
5. To encourage good media relations while at all times maintaining patient confidentiality and the positive reputation of the CCG.
6. To ensure a co-ordinated response from one single point of contact, the communications team.
7. To reduce the risk of negative publicity resulting from slow or non-responses to enquiries.
8. To provide a framework for encouraging a professional, coordinated and responsible approach to dealing with the media.
9. To clarify staff roles in dealing with media enquiries and action staff should take if contacted by the media, whether in their capacity as a CCG employee, as an expert, or as a representative of another organisation.

Our principles for media communication

Our communication with the media will be:

- Open – honest and transparent
- Consistent – in message and in delivery
- Responsive – proactive and timely
- Accurate – factual and correct
- Accessible – inclusive and representative
- Legal.
3 Role of the communications team

The communications team is responsible for:

- supporting the Governing Body in fostering a culture of openness and transparency in the CCG, managing the reputation of the organisation, and linking the organisation to internal and external stakeholders;
- acting as a source of expert knowledge and support for all staff and Members on media relations;
- managing the CCG’s reputation;
- managing the day-to-day activities of the CCG’s press office including the issuing of news releases and statements, co-ordination of media enquiries and arranging radio and television interviews;
- providing guidelines and rules for staff to follow in the handling of media relations and enquiries;
- providing guidance and advice to members, where appropriate, on media relations;
- the management of sensitive or seriously contentious issues;
- giving advice and expertise to all media campaigns;
- providing advice on any media relations issue;
- providing the timely distribution of news coverage to Members, Governing Body and key members of staff; and
- providing media training where appropriate.

We will do this by:

- working with the Governing Body and senior team in managing the CCG’s relations with local, regional and national media organisations;
- forming and maintaining positive relationships with local, regional and national media, including trade publications;
- having a co-ordinated approach to media handling, linking it in with wider communications activity and taking a campaign based approach wherever possible;
- taking a proactive approach to media planning, using a key events calendar to plan ahead;
- issuing media releases and responding to media enquiries in line with the agreed principles of openness, consistency, responsiveness, accuracy, accessibility and legality;
- actively promoting decisions of the CCG in a way that people understand;
- being clear about the legal framework within which we operate and clearly explaining roles and responsibilities to ensure the highest standards of conduct;
- ensuring fair and accurate representation of the CCG across all communication – includes ensuring adequate and non stereo-typical representation of all communities;
- maintaining accurate records relating to media contact;
- using media enquiries as a way to drive service improvements where appropriate; and
- working with services, partners and members to develop media awareness.

4 Who deals with queries from the media?

All media enquiries must be directed through the communications team in order to provide a coordinated response and maintain the reputation of the organisation. It is also important that responses to media enquiries are handled in a timely and accurate manner.
The communications team deal with each query as it arises and will aim to identify the most appropriate person to offer a response.

The communications team need to be aware of all press and broadcast media activity in order to assist with the necessary arrangements, to advise on the response, and to ensure that the directorate team are made aware.

The communications team may be aware of wider interest in the issue, or a national angle which may have led to the query in the first place.

5 What to do if you get approached by the media

If approached by the media, all staff and Members will initially not answer any questions, but will confirm that they or the appropriate person will get back to them.

Take the callers details, a note of the question and their deadline for a response and contact the communications team on 01223 725317/ capccg.contact@nhs.net.

6 What will the communications team do?

The communications team will contact the relevant staff member and brief them about the media enquiry. It is appropriate for the person with the most relevance to and/or responsibility for an issue to be approached by the communications team for a response to media queries.

Having agreed what the response should be, and the availability and appropriateness of the staff member to talk to the journalist, the communications lead will then set up an interview or provide a written response ‘statement’. An interview may involve either putting the call through directly if the journalist is from a newspaper or magazine, or setting up a radio or TV interview either over the phone, in a studio, or at another location. Every effort should be made to meet deadlines wherever possible.

Remember anything that you say to the journalist, even though not part of a formal interview can be attributed to you.

The CCG will endeavour to give a response to the media within their deadline wherever possible. However, truth and accuracy should not be compromised for speed.

The CCG will always endeavour to give a comment and avoid ‘no comment’. This may mean offering a holding statement while a full statement is drafted.

Due to confidentiality reasons, no comments should ever be made about an individual patient/service users care plan or medical history. Even where the information is already in the public domain, (ie, the patient has told the media themselves) we still cannot confirm that information. General information about service provision can be offered as a response (ie generally someone who requires X service can expect X to happen.)

In these cases we will only supply the media with a statement and will not normally carry out interviews.
The CCG’s clinical leads, Clinical Executive Management Committee and Governing Body will be sent copies of the CCG’s response to any contentious media enquiry for information.

7 What to do if contacted by the communications team

Please assist the communications team by providing all the relevant information about the subject as soon as possible. You’re the expert in that subject and the communications team may not always be aware of something that you know.

The communications team will work with you to pull together the information into a concise and relevant statement, quote, or points for an interview.

8 Working with the media and deadlines

The immediacy of the media means that most news outlets will expect a response the same day. It is usual for journalists from online or broadcast outlets to expect a response sooner than that.

Most media enquiries will require a quick response, particularly in emergency situations. All staff are required to support the communications team to ensure deadlines are met. This ensures the CCG does not lose its right to reply and has the opportunity to provide an accurate, balanced and positive account of its actions.

9 News releases

Members of staff are encouraged to think about their own service and what good news stories the communications team can proactively promote from within their team. This relates to possible stories that can be used in press releases, features, radio interviews and photocalls.

Press releases will be issued to inform the public about CCG decisions and provide information about CCG services. Communications will obtain approval before a press release is issued. Press releases are posted on the CCG website, Facebook page and Twitter feed, and sent to various media.

Information should be provided to the Communications team well in advance of a release being required to allow sufficient time to prepare the release and seek approval.

The majority of local papers that feature the CCG’s press releases are distributed on Thursday each week. With this in mind, the communications team, need to have content for news releases the week before the next edition. Ideally, this should be on the Tuesday of the preceding week in order to allow the press office ample time to produce the press release, draft quotes and gain approval from the relevant people.

However, the communications team recognises that it is not always possible to plan ahead for the issuing of some press releases and will remain flexible in their approach in dealing with these matters.

<table>
<thead>
<tr>
<th>Press Release Deadline</th>
<th>Weekly Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge News</td>
<td>Day before 4pm</td>
</tr>
<tr>
<td></td>
<td>Daily</td>
</tr>
</tbody>
</table>
10 Commenting to the press

As an individual
There are occasions when individual members of staff may wish to comment or write a letter to the media. Any individuals talking to the media or writing to the press in a way that links them to the CCG must inform the communications team in advance.

As an expert
In some instances, the media is interested in obtaining an expert opinion about a story of national significance. The communications team should be informed if the media make direct contact with a member of staff. The individual should make it clear if their statement is a personal or professional opinion on their own behalf rather than on behalf of the CCG.

As a member of another organisation
If individuals agree to be interviewed in a different capacity, for example on behalf of a professional organisation such as a Royal college, or a trade union, the communications team should still be informed if the interview is taking place on NHS premises. It is the responsibility of the individual to make it clear to the interviewer that they are speaking in their capacity as a representative of another organisation, not on behalf of the CCG.

11 Embargoes
Embargoed press releases are issued when the communications team doesn’t want the details published before an event. This can be done by simply including the word ‘embargo’ on the release and the inclusion of the phrase ‘Not for publication before xx/xx/xx’. While most journalists do abide by them, they are not legally enforceable.

12 Photographs and photocalls
When any patient/member of the public is to be featured in photocalls you will need to gain consent for their photograph to be taken stating where the photograph is to be used, and in what context. The communications team hold blank copies of the consent forms, and will require the original, completed consent forms.

Children and young people under 16 years of age will require parental consent to be completed ahead of the photograph being taken.
13 Press conferences
Press conferences can be a useful way of managing the media to announce something major or in the event of a major incident or emergency.

Before deciding on whether to hold a press conference, consider what you want to achieve from the conference and who are going to be the key spokespeople on the day.

Journalists are most interested in the question and answer sessions, not the formal sessions at the start so preparation will be needed in order to answer possible questions that will be asked during the conference. They will almost certainly want one-to-one interviews with spokespeople at the end so again, this will need to be planned for.

14 Correcting inaccuracies
To minimise the risk of inaccuracy, responses to media enquiries should be handled as quickly and accurately as possible. If inaccurate or misleading news stories appear the communications team will contact the journalist and endeavour to rectify the situation as soon as possible.

15 Ministerial or other visits
The communications team should be notified as soon as possible with details of any Ministerial visit.

16 Working with partner organisations
All news releases which refer to other NHS Trusts, local committees and local authority partners will not be issued until the approval of the content has been confirmed with their communications department.

17 Emergency media relations
The CCG, as part of its Emergency Plan, has a Civil Communications Plan which outlines how to handle the media in the event of an emergency.

In the event of a major incident, emergency or break in business continuity, the communications team will liaise with the Emergency Planning team and with the relevant command (usually the Executive Leadership Team) regarding the release of information to the media.

Depending on the situation, this may also involve liaison with other agencies such as the police, the fire service, or other authorities.

Specific media liaison plans are in place in the event of an emergency. Please note that the priority in an emergency is public safety and as such it may not be possible to update staff and members until later.
18 Record keeping
Proactive media releases and briefing notes are stored corporately. They include the date of the release, the author and the content (including any notes to editors).

Responses to media enquiries are stored in a media enquiries database that can be accessed by the whole team. The database captures: the time of contact; name and contact details of the journalist; the deadline that they are working to; the nature of the enquiry; the officer that is dealing with the enquiry; who the officer has spoken to for information; the response to the media and the time that the response was issued.

19 Equality and diversity
Across all of its work the CCG will abide by its commitment and duty to eliminate discrimination, promote equal opportunities, and promote good relations as required by the Equality Act 2010.

A recommendation is also made that anyone who is involved in communicating with the media on behalf of the CCG should attend equality training to ensure that the CCG fulfils its commitment and duty to eliminate discrimination, promote equal opportunities and promote good relations.

20 Media relations and the law
When dealing with the media, staff and members need to have particular regard for: https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice

Along with:
The Data Protection Act (1998)
The Human Rights Act (1998)
The Equality Act (2010)
The Contempt of Court Act (1981) and contempt at common law
The Defamation Act (1996) and defamation at common law

21 Contacts and out of hours enquiries
The CCG does not provide an out of hours press office service. The communications team is only available to deal with press enquiries Monday to Friday, 9am to 5pm (not including bank holidays). Outside office working hours it is the responsibility of director on-call to receive the call and decide on the course of action.

Communications team's general contact details are:
01223 725 317
CAPCCG.contact@nhs.net
Appendix 1
Media handling flowchart

Do you need to inform…?
- Director of Corporate Affairs?
- CCG Chair?
- Chief Operating Officer?
- Chief Clinical Officer?
- Governing Body?
- Clinical management Executive Board?
- Clinical Leads?
- Local Chief Officer(s)?
- Other directors?
- Patient Experience Team?
- NHS Property Services (if filming is to take place in NHS building)?
- Other landlord(s) (if filming is to take place in a private building)?
- Other partner organisations?
- CCG staff?
Appendix 2
Preparing for a broadcast interview (television or radio)

The Communications team will find out:
1. The time and date of the interview
2. If it is live or pre-recorded
3. Who the interviewer is; if it will be down the camera or to the person
4. If anyone else is to be interviewed (patient, MP, union rep); will they be interviewed at the same time
5. What angle the media are taking with their story. What sort of questions they will ask
6. When it will be aired

The communications team then produce a media briefing for the interviewee outlining the above, and providing lines to take on current key issues.

Appendix 3
Guidance for media interviews (written media, radio or television)

The CCG seeks to ensure that members of staff who are likely to be asked to take part in an interview have received appropriate training, although this isn't always possible.

You will not be expected to take part in an interview regarding a subject about which you are not informed. The communications team will have identified you as one of the people with the most knowledge of the subject.

The communications team will be able to discuss the interview with you and help you to draw up pointers, key lines and answers to difficult questions that may be asked.

1. Before the interview:
   - When you agree to do an interview always take some time to mentally prepare. Agree a mutually suitable time with the reporter that fits their deadline but gives you time to ready yourself.
   - Think about what you want to say. The communications team can help you with that.
   - What do you want out of the interview? Even if the interview is in response to a query, use the opportunity to be proactive and think about the key messages. It's sometimes useful to think in terms of three key messages you want to get across.
   - If it is possible, ask to have a short conversation with the reporter first. Ask them what questions they think they are going to ask, talk to them about what information you are able to give and importantly, let them know if there is a part of the issue that you are not able to talk about (i.e. because you do not have data, not your area of expertise, or patient confidentiality). The journalist will appreciate this too as they will be able to think about getting the best interview possible.
• Ask what the first question is going to be - then start thinking about how you will build your key message into your first answer.

• If it is a live interview this may not be possible, however the researcher should be able to give you an idea of the type of questions that you'll be asked.

2. During the interview

• Keep it simple. Try to give clear and concise messages.

• Pre-recorded radio or TV will want short and snappy responses to questions so make sure you get your messages into the answers, but keep it short.

• Live radio or TV will give you the opportunity to go into more detail. However, always try to get your key message out as soon as you can, you may not get the chance if you wait.

• Repeat your key messages. If you have a key message then do make sure you repeat it throughout the interview at appropriate points. The interview is as much about you getting your point across as it is ‘responding’ to the interviewer’s questions.

• Don’t agree with something the interviewer says if you do not agree with it! Sounds simple, but many people find themselves saying yes to a question or statement that is incorrect. For example, media: “Don’t you agree that men are lazier than women? Could become ‘Today, Joe Bloggs, a health professional said that, “men are lazier than women.”’

• Interruptions. During a live interview, the interviewer may interrupt your answer with another question. Do not be afraid to say you want to finish answering the previous question before answering the next one, especially if you have a point to make.

• Don’t try to answer a question you do not have the answer for and risk getting it wrong. It is better to say during the interview that you do not have the facts on something but can try to find out, rather than making it up or ‘filling’.
Appendix 4
Guidelines for producing news releases

• *Note that when producing a news release, a spokesperson should also be lined up for follow-up radio and/or TV interviews.

• They should be written in plain English with clear and concise sentences. Avoid the use of jargon, particularly NHS and legal jargon, acronyms and phrases.

• News releases should contain the basic facts of the story (Who, What, Where, When, Why and How).

• The headline and opening paragraph should explain the story and set out the main facts. Remember, the journalist may only read this far.

• It’s always a good idea to put in any interesting angle at the start – especially if this concerns an anniversary, breakthrough, prize etc. The interest should be based in fact, not exaggerated.

• The second paragraph expands on the first with added evidence and the third paragraph usually contains a quote from the relevant Executive Member or key spokesperson.

• If this person is quoted they should also agree (preferably be media trained) to undertake any follow-up media interviews.

• The final paragraph should give contact details, where to find further information etc.

• If there is a visual opportunity, describe what is available to be photographed (e.g. GP and patient representative, etc).

Format

• Press releases should be 1 – 2 sides of A4 (shorter the better).

• Arial font size 12pt.

• It should be clear if it is a news release, a letter or statement.

• Paragraphs should be no more than two or three short sentences.

• Maps, graphs, photographs and illustrations can be added to the release.

• Quotes should be preceded by the person’s name, job title, colon and the quotation marks i.e. John Doe, Chair of the CCG, said: “The CCG is working towards…”.

• If a quote goes over more than one paragraph, then closed quotation marks should only be used at the end of the last paragraph, and open quotation marks at the beginning of each paragraph preceding this.

• Details of any event, publication etc. must be clear.

Contact details must be given to allow journalists to follow up the story. The contact details of the press office are included in every CCG news release.
Annex 5
Social Media Policy and Procedure

Part One: for staff who use social media in a personal capacity

Part Two: for staff who use social media in their work with external contacts

Ratification Process

Lead Author: Head of Communications, C&P CCG
Head of OD & HR, C&P CCG

Developed by: Head of Communications, C&P CCG
Head of OD & HR, C&P CCG

Approved by: Joint Consultation and Negotiating Partnership (JCNP)

Ratified on and by: January 7 2015
C&P CCG Remuneration & HR Sub Committee

Version Number: 2

Latest revision date: November 2017
Review date: November 2016
### Development and consultation:

This policy was developed by the CCG communications team and the CCG OD & HR team and consulted upon with representatives from Information Technology and Information Governance. This policy has been approved through the Joint Consultation and Negotiating Partnership (JCNP).

### Dissemination

All new and updated policies and procedures are notified to senior managers via email for dissemination to their staff. Notification is also sent to all staff via the bi-weekly staff newsletters.

### Implementation

All staff and managers are responsible for the implementation of this policy.

### Training

Not applicable

### Audit

The CCG HR team will hold a database of all HR policies and a reminder will be sent when a policy is due for renewal.

### Review

This policy will be reviewed by the CCG HR team and the CCG communications team and JCNP every two years, unless an earlier review is required e.g. due to changes in legislation or in NHS direction.

### Links with other documents

This policy should be read in conjunction with:

- CCG Standard of Employment Practice Policy and Procedure
- CCG Information Security Staff Policy
- CCG Code of Conduct for Confidentiality
- CCG Raising Issues of serious Concern at Work (Whistleblowing) Policy and Procedure
- CCG Internet Usage Policy
- Information Governance to include Data Protection
- Integrated Risk Management Policy
- CCG Rules of Procurement
Cambridgeshire & Peterborough CCG  
Social Media Policy  

Revisions

<table>
<thead>
<tr>
<th>Version</th>
<th>Page/Paragraph no.</th>
<th>Description of change</th>
<th>Date approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cover</td>
<td>JCNP – purpose of the policy should be clear in the title</td>
<td>August 2014</td>
</tr>
<tr>
<td>1</td>
<td>Page 6</td>
<td>JCNP – include guidance regarding the professional use of social media</td>
<td>August 2014</td>
</tr>
<tr>
<td>1</td>
<td>Page 9</td>
<td>JCNP – reference to CCG Internet policy</td>
<td>August 2014</td>
</tr>
<tr>
<td>1</td>
<td>Page 7</td>
<td>JCNP – amend and clarify 5.2 re-monitoring of social networking sites</td>
<td>August 2014</td>
</tr>
<tr>
<td>2</td>
<td>Page 5</td>
<td>Updated current social media sites</td>
<td>November 2017</td>
</tr>
<tr>
<td>2</td>
<td>Page 12</td>
<td>Changed information in relation to the functionality of the new website</td>
<td>November 2017</td>
</tr>
</tbody>
</table>
Cambridgeshire & Peterborough CCG
Social Media Policy and Procedure

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>5 - 6</td>
</tr>
<tr>
<td>3.</td>
<td>6</td>
</tr>
<tr>
<td>4.</td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td>7</td>
</tr>
<tr>
<td>5.1</td>
<td>7</td>
</tr>
<tr>
<td>5.3</td>
<td>7 - 9</td>
</tr>
<tr>
<td>5.4</td>
<td>9</td>
</tr>
<tr>
<td>5.5</td>
<td>9 - 10</td>
</tr>
<tr>
<td>5.6</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>10 - 11</td>
</tr>
<tr>
<td>7.</td>
<td>12 - 13</td>
</tr>
<tr>
<td>7.1</td>
<td>12</td>
</tr>
<tr>
<td>7.2</td>
<td>11 - 12 - 13</td>
</tr>
<tr>
<td>8.</td>
<td>13</td>
</tr>
<tr>
<td>9.</td>
<td>13</td>
</tr>
<tr>
<td>10.</td>
<td>13</td>
</tr>
</tbody>
</table>

Part One: for all staff using social media in a personal capacity

Part Two: for all staff using social media as part of their work with external contacts

Monitoring

References

Further guidance
1. Introduction

1.1 Social media is a term commonly used for applications (apps) and websites that allow people to interact with each other in some way by networking, sharing information, knowledge, opinions and interests. Part one of this policy specifically refers to the use by staff of social media in a personal capacity. However, staff members that use social media as part of their work should also refer to part two of this policy.

1.2 Examples of social media sites include:
   a. Social networking sites such as Facebook, Twitter LinkedIn, Instagram or Snapchat
   b. Message boards or forums and online encyclopaedias such as Wikipedia;
   c. Bookmarking websites such as del.icio.ous;
   d. Photo and video content sharing sites such as YouTube, Pinterest and Instagram.

1.3 This list is not exhaustive as social media is a constantly evolving area and the types of social media available may change over time. For the terms of this policy, social media and social networking sites are interchangeable.

1.4 When a member of staff identifies (explicitly or by implication) that they work for the CCG and/or discusses their work on a social networking site, they must behave professionally and in a way that respects the confidentiality of patients, members of the public, work colleagues and the reputation of the CCG.

1.5 The CCG acknowledges that social media provides a number of benefits in which staff may wish to participate in their personal life. However, staff members are expected to use sites appropriately, and in ways that are consistent with:
   a. the CCG values and policies
   b. their individual responsibilities as an employee
   c. any relevant codes of professional conduct.

1.6 The use of social media by staff (either at work or in their personal life) can potentially expose the CCG to information risks. The CCG may also be liable for acts of bullying and harassment by staff, even where that harassment takes place outside of the workplace. All staff must follow the guidelines below in relation to any social media they use or access. Staff members are also personally responsible for any information they place onto social media web sites.

2. Purpose and scope

2.1 This policy sets out a set of principles to adhere to. These are not meant to deter employees from using social media but are necessary to help protect employees and
prevent them from bringing the NHS into disrepute, either inadvertently or intentionally, and outline the potential consequences of doing so.

2.2 This policy applies to all CCG employees to include associates who have a contract for services and deemed to be delivering critical CCG business, including CCG Governing Body members, LCG Chairs and interims.

2.3 This policy cross refers with the standards of employment policy; the information Security Staff Policy, Information Governance Policy to include Data Protection; Code of Conduct for Confidentiality; Whistleblowing Policy; Integrated Risk Management Policy; and CCG Confidentiality Agreements. CCG employees who are also members of a professional body should make themselves aware of any specific or additional guidance issued by that professional body.

3. Definitions

3.1 Social media is the term commonly used for web and app based and other mobile communication technologies that enable messages and opinions to be shared in dialogue with others.

3.2 Social networking enables people to exchange information about themselves, share pictures and videos and use blogs, tweets and private messaging to communicate with friends, family and others (including the public).

3.3 Defamation is the act of making an unjustified statement about a person or organisation that is considered to harm their reputation.

3.5 Cyber-bullying occurs where the perpetrator’s use of information technology creates an intimidating, hostile, degrading, humiliating or offensive environment for the victim.

4. Duties and responsibilities

4.1 The Clinical Executive Committee (CEC) is accountable to the Governing Body for ensuring CCG-wide compliance with policy.

4.2 Managers are responsible to CEC for ensuring policy implementation.

4.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).

4.4 Staff members are responsible for complying with this policy.
Part One: for all staff who use social media in a personal capacity

5. Personal Guidance

5.1 Use of social media – principles
The use social media to make negative or defamatory comments about the CCG, or its officers or members, may result in disciplinary action and potentially legal action on a collective or individual basis. Employees should speak to their line manager if in any doubt.

The principles within these guidelines cover all electronic communication tools but the primary focus is on the use of social media. They provide guidance on what employees should and should not do and help to:

a. Develop good practice
b. Maintain NHS system's security and protect it from viruses
c. Prevent misuse.

All employees should be aware that failure to follow these guidelines could lead to disciplinary action, and in more serious cases could be considered gross misconduct and may lead to dismissal. Possible breaches of the policy which could result in serious disciplinary action including dismissal are:

a. Publishing confidential information acquired during the course of your work
b. Criticising or causing embarrassment to the CCG
c. Advertising or selling information about the CCG.

5.2 Personal use of social media in the workplace and at home
This includes a personal profile on Facebook, Twitter, Instagram in a personal capacity by CCG employees.

a. For employees who disclose they are a CCG employee:
The CCG acknowledges that staff may occasionally use their own mobile or tablet to access social media websites while at work, but usage must not be during working time. Please refer to the Information Security Staff Policy for further information.

i. Employees must ensure that their profile and any related content are consistent with how the CCG would expect them to present themselves to colleagues, patients and service users;

ii. Employees ensure there are no breaches of copyright by using images or written content without permission;

iii. Employees must not distribute sexually explicit material;

iv. Employees should not bully or intimidate colleagues or individuals anyone;
v. Employees should not do anything that could be considered discriminatory against or towards any individual by making offensive or derogatory comments relating to gender, gender reassignment, race (including nationality), disability, sexual orientation, age, religion or belief, marriage and civil partnership or pregnancy and maternity;

vi. Employees must use the same safeguards they would with any form of communication about the CCG in a public sphere;

vii. Employees should not use social media sites in any way which is unlawful;

viii. Employees should remove offending content immediately when asked to do so;

ix. Employees should ensure that if their social media account is hacked, the incident is reported to the sites administration and a record is maintained of any bogus information posted on the account. If the incident or the nature of the material is in danger of breaching CCG policy, staff must notify their line manager immediately.

x. The CCG currently monitors the use of social networking sites to ensure that any use by employees complies with this policy. In the event of a concern being raised regarding a member of staff misusing social media, more intensive monitoring would take place and the concern would be escalated to the Human Resources team and the relevant line manager.

xi. All fraudulent and/or inappropriate activity in breach of this or any of the CCG policies and procedures will be subject to investigation in accordance with the CCG Disciplinary Policy and Procedure. This may result in formal action. The CCG reserves the right to use legitimate means to scan the web for content and will follow up on information about staff that is brought to its attention. Serious breaches of this policy, (e.g. incidents of bullying, harassment or social media activity causing serious damage to the CCG reputation), may constitute gross misconduct and may lead to summary dismissal.

b. Employees, who may not directly identify themselves as a CCG employee;

Employees using social media for personal purposes at home may unintentionally disclose that they work for the CCG by the comments or images that they post.

i. CCG employees should be aware that comments and content they post on social media websites could still be interpreted as relevant to their employment at the CCG even if they did not intend this. For example, employees should not write or report on their view of conversations, meetings or matters that are meant to be private or internal to the CCG.

ii. Employees should not cite or indirectly reference patients, service users in any circumstances, or Health Service Partners where their references directly identify their employment relationship with the CCG.
iii. The CCG does not accept liability for any actions arising out of employee’s personal use of social networking sites.

iv. The CCG currently monitors the use of social networking sites to ensure that any use by employees complies with this policy. In the event of a concern being raised regarding a member of staff misusing social media, more intensive monitoring would take place and the concern would be escalated to the Human Resources team and the relevant line manager.

v. All fraudulent and/or inappropriate activity in breach of this or any of the CCG policies and procedures will be subject to investigation in accordance with the CCG Disciplinary Policy and Procedure. This may result in formal action. The CCG reserves the right to use legitimate means to scan the web for content and will follow up on information about staff that is brought to its attention. Serious breaches of this policy, (e.g. incidents of bullying, harassment or social media activity causing serious damage to the CCG reputation), may constitute gross misconduct and may lead to summary dismissal.

5.4 Respecting others at work when using social media

a. Social media allows photographs, videos, content, comments and links to other websites (such as news stories or blog articles) to be shared; however, it is not appropriate to share work-related information in this way. Images taken at work or at work related CCG events should not appear publicly on staff members’ social media accounts. However, staff can of course share links or posts written from official social media accounts, an example would be sharing a CCG Facebook post on their own Facebook account.

b. Employees must be considerate of all colleagues and not post pictures without permission. If requested, staff must remove information about a colleague if that colleague asks them to do so.

c. Under no circumstances should offensive or inappropriate comments be made about colleagues or visitors on the internet. This may amount to cyber bullying and will be subject to action in accordance with the disciplinary policy and procedure.

d. Some types of bullying and harassment may constitute unlawful discrimination. Allegations may give rise to the possibility of civil claims or criminal proceedings against the offending member of staff. Such action may proceed independently of any internal disciplinary proceedings. The alleged harasser could be personally liable to pay compensation to the complainant if a successful complaint in an Employment Tribunal or other Court was brought against them. Criminal proceedings could lead to conviction and criminal penalties.

e. Defamation can apply to any comments posted, irrespective of whether they are made in a personal or professional capacity. If an individual makes a statement that is alleged to be defamatory, it could result in legal action against the individual and the CCG.

6 Whistleblowing
All employees should be aware that the Public Interest Disclosure Act 1998 gives
legal protection to employees who wish to ‘whistle blow’ any concerns. The Act makes it clear that the process of 'whistleblowing' or 'speaking up' normally involves raising the issue internally first. The CCG raising Issues of serious Concern at Work (Whistleblowing) Policy and Procedure sets out the various means of raising concerns. Using social media to whistle blow without already having raised concerns through the proper channels, would not normally be considered appropriate.

7 Reporting of adverse incidents
Alleged breaches of this policy should be reported to the CCG communications team who will record the following: name and contact details of the person reporting the matter, location of the post and content which is considered inappropriate, how and why the content is considered inappropriate. The communications team will inform the relevant line manager and the Head of OD and HR. If the incident involves person identifiable information, the Caldicott Guardian will also be informed. Incidents should be reported on Datix (please see the CCG Integrated Risk Management Policy for further information regarding Datix).

a. The CCG reserves the right to secure the removal of any such statement/ content.

b. If employees believe they have been subject to cyber bullying by another member of staff or someone connected to the CCG, they should report the behaviour immediately to their line manager.

c. If an employee feels they have inadvertently breached the CCG’s social media policy they must attempt to rectify the breach immediately and must advise their line manager without delay.

8. Practical and ethical guidance for GPs and other clinical health care professionals

a. Privacy
It is important that GPs and other health professionals exercise caution when discussing any details relating to specific medical cases on social media as they have a legal and ethical duty to protect patient confidentiality. Disclosing identifiable information about patients without consent on blogs, medical forums or social networking sites would constitute a breach of General Medical Council (GMC) standards and could give rise to legal complaints from patients. GMC guidance highlights that they should not share identifiable information about patients where it may be overheard or seen on social networking sites.

Social media can blur the boundary between an individual’s private and professional lives. People are often unaware that the personal material they intend to share with friends could be accessible to a much wider audience and that once uploaded onto the web, it may not be possible to delete material or control how widely it is shared. Some social media sites have privacy settings that allow users to control and put restrictions on who has access to their personal information. The default settings on such sites however often permit various types of content to be shared beyond an individual’s network of friends. It is important that doctors and medical students familiarise themselves with the privacy provisions for different social media applications.
b. Facebook and friend requests
   It is possible, and in small communities likely, that doctors may have friends who are patients. In these circumstances, doctors and medical students should be aware of the boundaries that need to be set and be sensitive to the need to maintain a professional relationship in the surgery or clinic. Given the greater accessibility of personal information, entering into informal relationships with patients on sites like Facebook can increase the likelihood of inappropriate boundary transgressions, particularly where previously there was only a professional relationship between a doctor and patient. The BMA recommends that doctors and medical students who receive friend requests from current or former patients should politely refuse and explain to the patient the reasons why it would be inappropriate for them to accept the request.

c. Declaring conflicts of interest
   Doctors and medical students who post material online should be aware of their ethical obligations under GMC regulations to declare any financial or commercial interests in healthcare organisations or pharmaceutical and biomedical companies.

d. Medical education and employment
   Doctors and medical students who post material online should be aware of their ethical obligations under GMC regulations to declare any financial or commercial interests in healthcare organisations or pharmaceutical and biomedical companies. Any material on social media that shows candidates in a bad light could potentially jeopardise job or medical school applications and damage career prospects.¹

¹. This section is from: Using social media: practical and ethical guidance for doctors and medical students
Part Two: For all staff who use social media as part of their work

9. Use of social media on behalf of the CCG or as a representative of a professional body.

a. Negative comments should not automatically be deleted unless they contravene the terms and conditions of the social media platforms containing them (for example racial hatred comments on a Facebook page status update). The social media platform’s terms and conditions need to be reviewed then a measured view needs to be applied – will deletion or allowing comments to stand serve to escalate potential issues?

b. The law on defamation needs to be understood by all members of the team responsible for managing public forums or comment facilities:

i. Defamation is the act of making a statement about a person or company that is considered to have serious harm to their reputation, for example lowering others’ estimation of the person or company, or by causing them to lose their rank or professional standing.

ii. If the defamatory or untrue statement is written down (in print or online) it is known as libel. If it is spoken it is known as slander. There are exceptions to this – for example, posting a defamatory statement online or recording it on a podcast would both be examples of libel.

iii. A company may be held responsible for something an employee has written or said if it is on behalf of the company or on a company-sanctioned space including a blog, tweet or website. Action can also be taken for repeating or linking to libellous information from another source.

iv. Consider whether a statement can be proved before writing or using it (in print and online). In English law the onus is on the person making the statement to establish its truth.

v. An organisation that provides a forum for blogging can be liable for defamatory statements they host.

vi. It is possible to be held liable by contributing to a defamatory press release, either through preparing a draft of the document, providing a quotation for or issuing a statement.

vii. Speculating or adding the term ‘allegedly’ to online content that links to or repeats defamatory information does not exempt it from law.

viii. Re-tweeting, reposting or linking to defamatory content previously shared by others does not exempt you from the law, it can be seen as endorsement.

ix. You do not have to name an individual to be considered to be in breach of the law. Providing sufficient information to make identification may be enough for a claim to be considered.
x. The way that you respond to any claim of defamation is important too. Often the removal of offending material and an apology can be enough to settle a dispute.

10. Monitoring
The implementation and effectiveness of the policy will be monitored through the CCG. The communications team will also monitor any site, page or profile linked or associated to the work of the CCG.

11. References
   a. Share this: Social Media Solutions for PR Professionals
   b. Social Media Best Practice Guide (CIPR)
   c. Immediate Future: Social Media Online
   d. Using Social Media: Practical and Ethical Guidance for Doctors (BMA)
   e. Social Media Guidance (LMC)
   f. Guide to using Social Media in the NHS (NHS Employers)

12. Further guidance
The CCG will make the following guidance available to its employees:
   a. Social Media Solutions for Public Relations Professionals;
   b. Social Media Best Practice Guide, Chartered Institute of Public Relations;
   c. Social Media Online, Immediate future;
   d. British Medical Association Guidance for Medical and Dental Professionals.
Annex 6
NHS Branding Guidelines
Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
May 2017

Contents
1. Introduction ........................................................................................................................2
2. The role of the NHS logo ...................................................................................................2
3. Use of the CCG logo ..........................................................................................................2
5. Shaping Our CCG: Delivering together ..............................................................................4
4. CCG and typefaces ...........................................................................................................5
5. NHS colours ......................................................................................................................6
6. Imagery ..............................................................................................................................7
7. General ...............................................................................................................................7
8. Further information ............................................................................................................7
1. Introduction
Clinical Commissioning Groups (CCGs) are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. It is important that information produced by the CCG is presented clearly to patients, public and staff. Use of the NHS identity, including the logo, colours and typefaces should communicate the CCG role within the NHS clearly and effectively.

2. The role of the NHS logo
The NHS logo is one of the most powerful logos in the UK, carrying:

- over 98% recognition among the general public; and
- very strong levels of credibility, authority and trust.
- As a result of this recognition and trust, the NHS is perceived to be an impartial and credible provider of health advice, information and services.

By using the NHS logo and corporate identity consistently and correctly, you will help patients and the public to:

- identify and access NHS services;
- understand that the service they receive will be delivered in line with NHS Constitution; and
- feel reassured that the service is part of their wider NHS treatment.

Trademark
The NHS logo is a registered trademark, owned by the Department of Health. It is granted for CCGs to use in the interim period before formal authorisation by the NHS Commissioning Board.

3. Use of the CCG logo
Cambridgeshire and Peterborough Clinical Commissioning Group’s logo is:

Cambridgeshire and Peterborough Clinical Commissioning Group

Working with the CCG logo
It is important that you use the CCG logo correctly and consistently in all circumstances.

The CCG logo is made up of two components. These are:

- the NHS logo
- the organisation’s name (Cambridgeshire and Peterborough Clinical Commissioning Group)

When working with the logo you should only use original digital graphic files, which can be downloaded from the staff website.
When the logo is used, it should **always appear in its entirety and undistorted**. You can resize it to suit your purposes, as long as it remains legible, but please don’t:

- move or delete the text
- stretch it
- squash it

**Positioning**

When producing materials, you should position your logo in the top right-hand corner. If this is not possible, use the bottom right-hand corner instead. The logo must not be boxed, and must be the only image in that corner. The NHS logo should only appear once on a page, if there are two or more NHS organisations then the organisations should be listed along the bottom of the page.

Since its introduction, the NHS logo has always appeared top right, and this is where patients and the public expect to see it. Therefore, with the exception of digital applications, the logo should always appear in the top right of materials (when the NHS is leading the work/communication).

There should never be more than one NHS logo on a page. Duplication looks untidy and dilutes the strength and impact of the NHS Identity. There is specific guidance on when two or more NHS organisations are working in partnership.

**Size**

The size of the logo is determined by the paper size and the height of the NHS logo for which there is national guidance.

**Co-branding with the NHS logo**

ALL materials MUST have the CCG logo on them. For all materials that require two organisational logos these should follow the national guidance for co-branding with the NHS logo.

Specifications for co-branding are as follows:

- Positioning: the CCG logo must always be positioned in the top right-hand corner.
- Never redraw the CCG logo, change it in any way, attempt to create it yourself or warp it out of shape.
5. Delivering together

The CCG’s branding demonstrates how we are continuing to deliver high quality services in a sustainable way. By working together, with each other, and with other organisations we can deliver the vison and aspirations of the Cambridgeshire and Peterborough System Wide Transformation Plan.

Delivering together logo should be used on all appropriate documents specifically document covers and PowerPoint presentations. Same as the NHS logo it should always be displayed undistorted, it can be resized to suit your purposes, as long as it remains legible, but please don’t:

- stretch it
- squash it

Full colour

![Delivering together logo](image1)

Greyscale

![Delivering together logo](image2)

The graphical part of the logo can also be used independently of the text as a background or feature image.

![Graphical logo](image3)

Document covers

The logo should be located at the bottom left. The ‘swooshes’ above the logo are an integral part of the branding. There are three standard images for use in the circles. The background colour can be any colour from the NHS colour palette (lower down this document).
Powerpoint
On Powerpoint documents the delivering our CCG logo should be arranged at the top left with the 'swooshes' at the bottom.

4. CCG and typefaces
The official NHS font is the Frutiger family of fonts which should be used on all professionally printed documents. As this font is not available in Mircosoft Word etc, the main font for the CCG is Arial, which should be size 12 and left justified. Various font size adjustments are made for headings but the main text should be no smaller than 12 to ensure that it is easy for people with visual impairments to read. If you are producing a document in large print it should be done in Arial, size 16 as a minimum.

Text should never overlay background images which make the text difficult to read.
5. NHS colours

The NHS corporate colour is NHS Blue (Pantone® 300), this should be used as the primary colour when designing communications materials, it has a high recognition and identity that the communication is from the NHS. This is supported by a vibrant secondary print colour palette of 13 colours.

“Colour printing is expensive so should only be used in exceptional cases.”

<table>
<thead>
<tr>
<th>NHS Colour</th>
<th>Pantone®</th>
<th>C 100% M 0% Y 69% K 43% R 0 G 107 B 84</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Dark Green</td>
<td>Pantone® 342</td>
<td>C 100% M 0% Y 69% K 43% R 0 G 107 B 84</td>
</tr>
<tr>
<td>NHS Green</td>
<td>Pantone® 355</td>
<td>C 100% M 0% Y 69% K 43% R 0 G 107 B 84</td>
</tr>
<tr>
<td>NHS Light Green</td>
<td>Pantone® 368</td>
<td>C 65% M 0% Y 100% K 0% R 91 G 191 B 33</td>
</tr>
<tr>
<td>NHS Aqua Green</td>
<td>Pantone® 3272</td>
<td>C 100% M 0% Y 47% K 0% R 0 G 170 B 158</td>
</tr>
<tr>
<td>NHS Aqua Blue</td>
<td>Pantone® 312</td>
<td>C 88% M 0% Y 11% K 0% R 0 G 169 B 206</td>
</tr>
<tr>
<td>NHS Blue</td>
<td>Pantone® 300</td>
<td>C 99% M 50% Y 0% K 0% R 0 G 94 B 184</td>
</tr>
<tr>
<td>NHS Bright Blue</td>
<td>Pantone® 285</td>
<td>C 90% M 48% Y 0% K 0% R 0 G 114 B 206</td>
</tr>
<tr>
<td>NHS Dark blue</td>
<td>Pantone® 287</td>
<td>C 100% M 69% Y 0% K 11.5% R 0 G 56 B 147</td>
</tr>
<tr>
<td>NHS Purple</td>
<td>Pantone® 2685</td>
<td>C 100% M 94% Y 0% K 0% R 86 G 0 B 140</td>
</tr>
<tr>
<td>NHS Pink</td>
<td>Pantone® 675</td>
<td>C 18% M 100% Y 0% K 8% R 174 G 37 B 115</td>
</tr>
<tr>
<td>NHS Dark Pink</td>
<td>Pantone® 683</td>
<td>C 26% M 99% Y 12% K 50% R 124 G 40 B 85</td>
</tr>
<tr>
<td>NHS Dark red</td>
<td>Pantone® 1955</td>
<td>C 0% M 87% Y 43% K 30.5% R 147 G 22 B 56</td>
</tr>
<tr>
<td>NHS Emergency Services Red</td>
<td>Pantone® 485</td>
<td>C 0% M 100% Y 91% K 0% R 216 G 30 B 5</td>
</tr>
<tr>
<td>NHS Orange</td>
<td>Pantone® 144</td>
<td>C 0% M 51% Y 100% K 0% R 237 G 139 B 0</td>
</tr>
<tr>
<td>NHS Warm Yellow</td>
<td>Pantone® 1235</td>
<td>C 0% M 31% Y 98% K 0% R 250 G 225 B 0</td>
</tr>
<tr>
<td>NHS Yellow</td>
<td>Pantone® Process Yellow</td>
<td>C 0% M 0% Y 100% K 0% R 250 G 225 B 0</td>
</tr>
</tbody>
</table>
For all NHS communications, you can create a background using any colour from the NHS colour palette. However, you need to remember that:

- the base colour should be selected from the NHS colour palette
- the NHS logo should be reversed out (with the lettering within the logo printing the same colour as the background)
- except against a solid NHS Yellow or white background, the NHS logo should print in NHS Blue or black and the lettering within the logo should be white.

### 6. Imagery

Photography and illustrations are powerful and emotive tools that express our values just as strongly as colours and typefaces.

The NHS is not only about making people well. It’s also about keeping them healthy and helping them to make informed choices about their health. And the images that we use in our communications need to reflect this.

**Templates**

A number of CCG templates have been produced, with the branding pre-applied. These templates are available in the Guidance and Information section of the staff website, and within the ‘My templates>CCG’ tab when creating new documents in Microsoft packages e.g Word. They must not be modified or altered without prior consent from the Communications team. Templates must not be provided to anyone outside the trust without prior consent from the Communications team. The following templates are available:

- Powerpoint presentation
- Word report templates
- Letterhead template
- Report templates

### 7. General

On larger documents we recommend using a hyperlinked contents page as these make navigation through the document easier both for staff and the public. A guide to using contents is [here](#).

### 8. Further information

Further information on branding is available on the [NHS England’s brand guidelines site](#).

The CCG’s Style and Grammar guidelines can also be found [here](#).

You can also contact the CCG communications and engagement team at [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net). We recommend that any documents you are getting professionally printed are checked by the communications team before they go to print.