

# Communications policy for internal and external communications

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## NHS Shetland Document Development Coversheet\*

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APF	Staff Governance Committee	Board

Date	Version	Group	Reason	Outcome

Examples of <b>reasons</b> for presenting to the group	Examples of <b>outcomes</b> following meeting
<ul style="list-style-type: none"> <li>Professional input required re: content (PI)</li> </ul>	<ul style="list-style-type: none"> <li>Significant changes to content required – refer to Executive Lead for guidance (SC)</li> </ul>
<ul style="list-style-type: none"> <li>Professional opinion on content (PO)</li> </ul>	<ul style="list-style-type: none"> <li>To amend content &amp; re-submit to group (AC&amp;R)</li> </ul>
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**\*To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
16/01/24	Minor formatting edits by IG Dept. Saved as version 0.2

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## 1. Introduction

Communication is key to running an effective organisation. Within NHS Shetland it is essential that we as individuals and teams interact with each other to keep up to date with what is going on in the organisation. We also have procedures that govern how we interact with external stakeholders, including the media. This Communications Policy provides clear guidance as to the required standards for internal and external communication in a number of areas, and the various methods that can be utilised.

## 2. Purpose of this policy

Employees need to have adequate information and clear guidance to enable them to communicate effectively and in a way that ensures that their personal and professional reputation and that of NHS Shetland is never compromised.

All staff share the responsibility of good communication. The Corporate Communications function is only one piece of the jigsaw in terms of liaising effectively with one another and all our external stakeholders.

This policy should be read in conjunction with the NHS Shetland Communications Framework, the NHS Shetland Social Media Policy and the procedural documentation as appended.

Staff should feel equipped to:

- Communicate as best they can and understand the variety of methods available to them;
- Comply with NHS Shetland policy with regard to day to day communication methods;
- Be able to refer to the policy as a guidance document but further support can always be provided by line managers or the communications team.

This policy applies equally to all representatives of NHS Shetland: staff, board members, bank workers, agency workers, volunteers and contractors. For the purposes of this policy the terms 'staff' and 'employees' relate to all of the aforementioned groups.

In addition, staff must recognise the risk of breaching the regulatory or professional codes of conduct that applies to their professional bodies, e.g. <https://www.nmc.org.uk/standards/code/>; <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>.

Staff who create or circulate any communication which is deemed to be discriminatory or offensive to any recipient, either internal or external to NHS Shetland, will be in breach of this policy.

## 3. Roles and responsibilities

Responsibility for this policy sits with a number of individuals. Ultimately, each member of staff should take responsibility for their own adherence to the communication policy and procedures.

### 3.1. Executive responsibility

Overall responsibility for the policy lies with the Chief Executive (CE). The CE or their delegated officer will ensure the policy is developed and kept up to date.

### **3.2. Director of Human Resources and Support Services**

The Director of Human Resources and Support Services (through the Head of Information and Digital Technology) will ensure that NHS Shetland's digital infrastructure will support and maximise effective internal and external communications.

### **3.3. Line managers**

Individual managers are responsible for ensuring staff adhere to the communication procedures linked with this policy.

## **4. Communication**

This policy will be communicated through the monthly newsletter and found on the staff intranet/website. Staff will periodically be reminded about the policy and examples of good practice flagged in newsletter articles.

## **5. Review, monitoring & evaluation**

This policy will be monitored and reviewed every three years or sooner in light of any national NHS changes or the introduction of additional communication platforms.

## **6. Methods of communication**

Internal communication relies on three fundamental principles:

- It needs to be a two-way process
- It needs to have an open and clear style
- It needs to be accessible and reach everyone within the organisation

### **6.1. Internal communication routes**

- Team meetings
- Line management support and supervision
- M365 – Teams, Microsoft Viva and other applications that sit in the platform
- Emails
- Board and committee meetings
- Corporate communication vehicles: weekly bulletin, monthly newsletter, staff intranet
- Staff consultation (e.g. iMatter)

### **6.2. What we are working towards**

We are starting to understand the potential that Microsoft 365 (M365) offers us to improve our internal communication. In the coming months we hope to be in a position, working with Information Technology and Information Governance colleagues to, as a minimum:

- Develop and deliver a new intranet platform that staff can engage with
- Utilise the new intranet for sharing information, thereby allowing the weekly bulletin to shorten to a small list of time sensitive information with links for further information

- Begin to use tools such as Microsoft Viva and the communications functionality in the Loop app which will allow communities to be established and more focussed messaging through internal social networking

As the M365 communications tools develop, we will continue to review what is useful for improving our internal communications.

### **6.3. External communication routes**

- Board meetings
- Annual review
- Public engagement and consultation
- Press releases/enquiries
- Website
- Social media platforms – corporate accounts on Facebook, X (Twitter), Instagram, LinkedIn
- FOI and model scheme of publication

A number of communication protocols are appended to this policy which detail how to utilise some of the above internal and external modes of communication, including where appropriate the authorisation process for the release of information.

These include:

- Internal control guidelines for communications (Appendix 1)
- Responding to media enquiries (Appendix 2)
- Patient condition requests for information (Appendix 3)
- Draft press release template (Appendix 4)
- Crisis communications support (Appendix 5)

## **7. Requesting support with communications**

If a member of staff would like assistance with a planned project, they should contact the communications team in a timely manner, providing sufficient time to plan, create and deliver a piece of work.

## **8. Accessibility and Plain English**

### **8.1. Accessibility**

We work with a wide range of people. These people all have different access needs. It is our responsibility to make sure that all our written communications can reach as many of these people as possible. We can work towards this by using plain English and signposting people either to pre-existing documents in alternative formats and languages or to enable requesting this when it is clinically indicated.

If you have written some public facing information, get someone to check you are saying what you think you are saying. The communications team is always happy to support with this. Also try to write in plain English ([www.plainenglish.co.uk](http://www.plainenglish.co.uk)).

Plain English summary guidelines:

- Keep sentences short, such as 15-20 words. Break up longer sentences into shorter ones.
- Where appropriate use you and we, rather than the organisation or NHS Shetland. This is friendlier and is what you would use in conversation.
- Use language appropriate to the reader. This means using the simplest words and everyday English to fit the situation.
- Write for your audience – think about what they want or need to know, not what you want to tell them.
- Avoid jargon and acronyms. Jargon is a barrier which prevents many people from engaging with the written word. If you need to provide a glossary. If you have to use acronyms, give the full name the first time it is used in a document with the acronym in brackets.



## Rapid Equality and Diversity Impact Assessment – Communications Policy

### Which groups of the population do you think will be affected by this proposal?

#### Other groups:

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff
- Lesbian, gay, bisexual and transgender people

**Stakeholders:** All internal staff and external audiences, including the general public, policy makers, government, NHS colleagues, voluntary organisations and those affected by the delivery of healthcare in Shetland.

### In the following sections, please consider what positive and negative impacts you think there may be and which specific groups will be affected by these impacts?

#### What impact will the proposal have on lifestyles?

For example, will the changes affect:

- Diet and nutrition
- Exercise and physical activity
- Substance use: tobacco, alcohol and drugs?
- Risk taking behaviour?
- Education and learning or skills?

All groups positive impact:

- Improved communications
- Openness and transparency
- Improved reputation
- Consistent standards
- Accessible, timely information provision

#### Will the proposal have any impact on the social environment?

Things that might be affected include:

- Social status
- Employment (paid or unpaid)
- Social/Family support
- Stress
- Income

Positive Impact for NHS Staff re employment: better informed = better engaged = healthier workplace.

<p><b>Will the proposal have any impact on the following?</b></p> <ul style="list-style-type: none"> <li>• Discrimination?</li> <li>• Equality of opportunity?</li> <li>• Relations between groups?</li> </ul>	<p>Access to information if visually impaired - Braille/talking information provided on request</p> <p>Language barriers - Make-up of community through census/survey data. Translations offered as standard</p> <p>Older People - older people face a range of barriers when accessing information. These could be difficulty in reading documents written in small fonts or many of them not being able to access electronically based documents.</p>
<p><b>Will the proposal have an impact on the physical environment?</b></p> <p>For example, will there be impacts on:</p> <ul style="list-style-type: none"> <li>• Living conditions?</li> <li>• Working conditions?</li> <li>• Pollution or climate change?</li> <li>• Accidental injuries or public safety?</li> <li>• Transmission of infectious disease?</li> </ul>	<p>Accessibility of information to all, clarity and user-friendliness for the various audiences, consideration of languages, two-way communication etc. are principles to maximise equality in communication. By stating that accessibility of information and communication to all people is a fundamental principle, the consideration of all protected characteristics (i.e. race, gender, disability, age, religion/belief, transgender, pregnancy, marital status and sexual orientation) is therefore implicit and explicit.</p>
<p><b>Will the proposal affect access to and experience of services?</b></p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Health care</li> <li>• Transport</li> <li>• Social services</li> <li>• Housing services</li> <li>• Education</li> </ul>	<p>Positive impact to access to healthcare services – more accessible information for all groups.</p>

**Summary sheet**

<p><b>Positive Impacts (Note the groups affected)</b></p> <p>The Communications Policy sets out the basic principles for the Board’s communication activities and processes – including communication activity undertaken across all departments and delivered by a range of people who work to these corporate principles. This output promotes or improves equality by providing a commitment to engage with the stakeholders of NHS Shetland in a range of ways, taking into account their communication needs and preferences, regardless of background.</p>	<p><b>Negative Impacts (Note the groups affected)</b></p> <p>Age - There is a general acceptance that older people face a range of barriers when accessing information. These could be difficulty in reading documents written in small fonts or many of them not being able to access electronically based documents. The Policy has given due regard of these issues.</p> <p>Disability - There is a particular acceptance that disabled people face a range of barriers when accessing information. This is supported by the Equality Act 2010. Our Equality Outcomes Report highlights the need for information to be accessible to meet specific needs of people with disability.</p> <p>Race - There is a particular acceptance that people for whom English is a second language face a range of barriers when accessing information.</p>
<p><b>Additional Information and Evidence Required</b></p>	
<p><b>Recommendations</b></p> <p>Not discriminatory – The main principles of the Communications Policy include effective and appropriate access to information for all, as well as promoting effective two-way communication, in order to enable the Board to shape services which are relevant to the needs of its communities. The Policy is therefore designed to ensure that communication is inclusive for all. By its very nature, its implementation will seek to ensure the elimination of any potential discrimination in communication activity. We acknowledge the importance of engaging those individuals and groups with whom we have yet to successfully interact.</p>	
<p><b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b></p> <p>A full Equality Impact Assessment is not required. This has been agreed because the Communications Policy had considered equality issues with regard to age, disability and race at the outset of its development and addressed these gaps according. This makes the Policy equality proof with any negative impacts on some of the characteristics proportionately addressed and mitigated and also taking cognisance of the positive impacts as highlighted above.</p>	