



# Policy:

## Media policy

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### Summary of policy

This policy outlines how media relations is handed in SHSC, it explains the role of the Communications Team and what staff should do if they are approached by the media.

<b>Target audience</b>	All staff
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<b>Keywords</b>	Media, journalist, journalism
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### Storage & Version Control

Version 4 of this policy is stored and available through the SHSC extranet/internet. This version of the policy supersedes the previous version. Any copies of the previous policy held separately should be destroyed and replaced with this version.

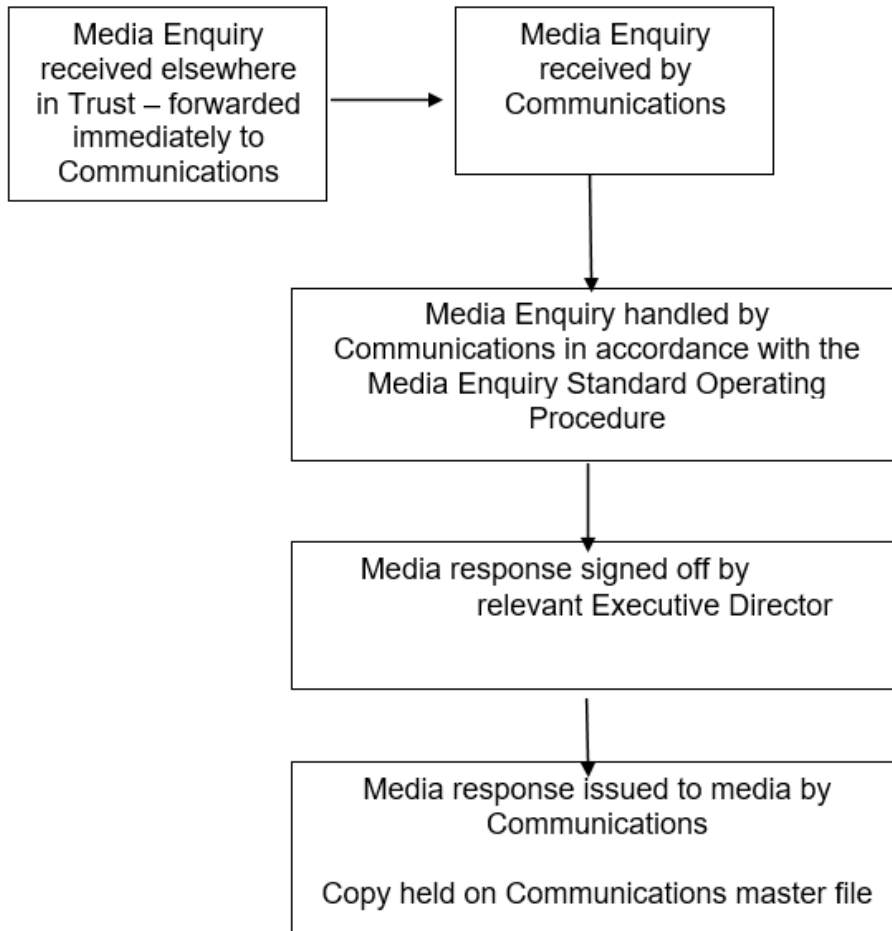
## Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created		New policy commissioned by EDG on approval of a Case for Need.
1.0	Approval and issue	Jan 2016	Amendments made during consultation, prior to ratification.
2.0	Review / approve / issue	Oct 2017	Early review undertaken to update the policy to in order to comply with new regulatory requirements.
3.0	Review / approval / issue	Dec 2020	Full review completed as per schedule but did not get up-loaded onto the Intranet as December PGG highlighted some amendments were needed.
3.1	Amendments recommended by PGG on 14 December 2020	Dec 2020	The section on Freedom of Information has been amended slightly. Reference to Appendix H has been removed from the Policy as there is no Appendix H.
4	Amendments on 22 November 2023	Dec 2023	Section 7 has been amended to reflect the trusts Emergency Preparedness, Resilience & Response Communications plan.

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## Flowchart



## 1. Introduction

All public-sector organisations have a duty to be open and transparent when communicating with the public. We have a responsibility to provide clear information and robust assurance to our service users, carers, staff and the public about the services we provide.

Effective media handling helps to protect the reputation of the Trust and of the NHS. A failure to manage media relations successfully can negatively impact on the Trust's reputation.

We work proactively with the media to promote greater public awareness and understanding of mental health, learning disability, dementia issues as well as other health issues and to challenge the stigma and discrimination that can affect people with these conditions.

The Trust's Communications Team is responsible for co-ordinating all media relations activity which relates to the work of the Trust.

At all times we fully respect our service users' rights to privacy and confidentiality. We will not provide any information about any individual's care to the media without the appropriate consent unless this information is already legitimately in the public domain or it is deemed that withholding this information may place the service user, staff or the public at risk.

Dealing with the media requires a planned, sustained and regulated approach which this policy seeks to put in place. The Communications Team aims to make sure that any media coverage of the Trust is informed and accurate as possible.

## 2. Scope

This policy applies to all those working in the Trust in whatever capacity, including volunteers (including service user volunteers), governors, students, bank and agency workers and secondees, who are collectively referred to as staff in this policy.

All staff are expected to comply with this policy at all times to protect the privacy, confidentiality and interests of the Trust and our services, employees, staff and service users.

Breach of this policy may be dealt with under the Trust's Disciplinary Policy or any other policy guiding professional behaviour, including the Trust's Constitution and Code of Conduct. In serious cases, breaches may be treated as gross misconduct leading to summary dismissal.

## 3. Purpose

This policy explains how and why we work with the media and provides guidance to staff.

## 4. Definitions

**Communications Team** – team of professionals employed by Sheffield Health & Social Care NHS Foundation Trust to deal with all communications matters and media handling.

**Journalist** – a writer or editor for a newspaper or magazine or for television or radio

**Media** –newspapers, broadcast news outlets (i.e. television and radio news) and online publications.

**Media enquiry** – an approach from the media for information, comment or access to facilities in pursuit of a media/public story.

**Proactive** – publicising information or stories that are of interest to the media, rather than expecting the media or public to know what is going on or to approach us for more information or waiting until problems develop.

**Reactive** – reacting to media interest or enquiries rather than initiating or instigating publicity.

**Social media** - a generic term which refers to websites, online tools and other interactive communication technologies which allow users to interact with each other in some way, by sharing information, files, opinions, knowledge and interests. As the name implies, social media involves the building of communities or networks, encouraging participation and engagement.

## 5. Summary of the Policy

- The Communications Team are responsible for **all media liaison**.
- Staff should direct any queries from the media to them.
- If comment from our service users is required, only those who are able to give informed consent and are judged as well enough should be approached.
- There should be no unauthorised filming, photography or recording on Trust premises.
- The Communications Team issues all our media releases and maintains a record of everything that is issued.

## 6. Duties

The **Board of Directors** is accountable for ensuring a commitment to open, honest and timely communication with all stakeholders.

The **Chief Executive** is accountable for ensuring appropriate systems and resources are in place to deliver the Board's commitment to open, honest and timely communication with all stakeholders.

The **Executive lead** is responsible for overseeing the work of the communications team in leading on delivery of the policy.

**Line Managers** are responsible for making sure their staff are aware of the policy and that they work in accordance with the policy and its requirements at all times.

**Staff** are responsible for familiarising themselves with the contents of the policy and making sure they work in accordance with the policy and its requirements at all times.

**Communications staff** are responsible for advising staff and managers on the policy and associated standard operating procedures, monitoring the policy, as

appropriate and recommending amendments as required and ensuring the policy is adhered to throughout the process.

## **7. Procedure**

### **7.1 Role of the Communications Team**

The Communications Team is responsible for **all media relations** activity on behalf of the Trust including:

- Responding to all media enquiries about the work of the Trust and any associated activities. This includes responding to all requests for interviews and all requests to film/record/photograph on Trust premises.
- Identifying proactive media opportunities, advising and supporting teams on using the media to promote service developments and key achievements.
- Producing and distributing press releases/statements to the media about the work of the Trust.
- Responding to media interest about the work of the Trust. No one should speak to the media in their capacity as an employee of the Trust without approval from the Communications Team.
- Monitoring press, broadcast media and web coverage relating to the Trust and providing briefings for members of the Executive Management Team and the Board of Directors as appropriate.
- Crisis media handling. This involves media handling in relation to issues which may result in high profile, negative and/or misinformed media coverage and media handling of any major incident.
- Co-ordinating requests for case studies and interviews with service users, carers and staff, ensuring that appropriate consent is sought and documented.

The Communications Team will endeavour, subject to press/media deadlines, to ensure that appropriate clinical and managerial staff are involved in discussions about any proposed response and that, where appropriate, any external organisation(s) are informed and involved.

In the unlikely event that a member of the Communications Team cannot be contacted to deal with an urgent media enquiry, then staff must pass the call to the most senior manager they can locate. The senior manager must then liaise with the Director on-call.

Any media calls received out of hours should be directed, via the switchboard, to the Duty Manager on call who is responsible for deciding the course of action.

The Communications Team will aim to ensure that any media coverage of the Trust is as well informed and accurate as possible. We will seek to correct (where possible) any intended publication of inaccurate or misleading information which may damage the reputation of the Trust, individual members of staff or service users within the constraints of our duty of confidentiality. Should inaccurate information be published about the Trust we will consider appropriate measures to redress the inaccuracy.

### **7.2 Media Enquiries**

The Communications Team should be, and normally is, the first point of contact for members of the media enquiring about any issues in relation to the Trust or its staff.

The Communications Team will either answer the enquiry directly using the information supplied by relevant members of staff or ensure that an appropriate member of staff is supported to respond on behalf of the Trust.

Any enquiries from the media relating to the Trust must be directed to the Communications Team who will arrange for an appropriate response.

Any members of staff who are contacted by the media must refer the call to the Communications Team immediately. Staff are **not** permitted to make contact with the media to pass on information nor to express opinions in relation to any service user or other matter related to the Trust. The only exception to this is when they have obtained prior express permission from the Communications Team.

Contacting the media outside of this arrangement is a breach of this policy and may result in disciplinary action being considered or taken in line with the Trust's Disciplinary Policy (see Section 6.6).

Most media enquiries are made directly to the Communications Team. However, if any media enquiry is received elsewhere in the Trust (including any request to film on Trust sites) staff must:

- Make a note of the caller's name and phone number/e-mail address, the media they are representing and the nature of their enquiry
- Inform them that an appropriate person will call or e-mail them back
- Pass the information to the Communications Team as soon as possible. This is standard practice and journalists will be aware of this requirement.

Should staff be approached by the media to comment – either off or on the record – they should decline the request and redirect the journalist to the Communications Team without fail. This is standard practice and journalists will be aware of this requirement but may still make approaches in the hope someone will provide them with the information they require.

We have an absolute duty of care to our service users. This includes observing and maintaining service user confidentiality in line with the NHS Code of Confidentiality. Under normal circumstances there will be no basis for disclosure of confidential and identifiable information to the media (see Section 6.3).

The Communications Team will endeavour to cooperate with the media at all times. However, there will be occasions when information cannot be released either because it would breach service user confidentiality or because it could cause unnecessary damage to the Trust.

### **7.3 Confidentiality**

The Trust respects service users' rights to privacy and confidentiality and will not provide any information about an individual's care to the media without their consent. Under no circumstances should any information be provided to the media



about any individual who is currently receiving treatment from the Trust, who has done so in the past or whom may be on a waiting list to receive treatment.

The Trust standard procedure is neither to confirm nor deny whether an individual is receiving treatment from our services. The rights of our service users to privacy and confidentiality will always take precedence over requests for information from the media or the reputation of the Trust. These rights extend beyond the death of an individual and their confidentiality will continue to be respected by the Trust.

The Communications Team is responsible for co-ordinating all responses to the media in relation to individuals who have received or are currently receiving treatment. We will only provide the media with information about service users if it is already legitimately in the public domain via:

- An official statement issued by the police or governing bodies
- Inquests
- Independent external inquiry reports
- Judicial proceedings
- Hearing or reports made to regulatory bodies.

Should the media receive information about an individual's contact with any of our services directly from either a service user or their family, our duty to maintain service user confidentiality remains, even if this results in the Trust being unable to address potentially critical and/or one-sided media coverage. We will not engage in discussion about any individual's care and treatment via the media.

In exceptional circumstances, disclosure of service user information may be in the public interest i.e. where failure to disclose information might place the service user, staff or members of the public at risk. Ultimate responsibility for approving the legitimacy of requests for service user information to be made public lies with the Trust's Caldicott Guardian. Should such a situation arise, the Communications Team will work with the relevant clinical and management teams to prepare an appropriate statement for the media, usually in writing. Legal advice will be obtained as necessary.

Where there is media interest in an individual service user and the responsibility of care is shared with another organisation, for example a local authority partner, the Communications Team will aim to ensure that there is an agreed, joint position between the organisations about how to respond. However, our position on maintaining service user confidentiality will remain, even if this differs to the approach taken by the other provider.

The protection of confidential information also applies to staff. Confirmation of staff employed by the Trust is not confidential and is available by contacting the

switchboard. However, we have a responsibility to ensure that no other information is provided to third parties unless this is legitimately in the public domain. Under no circumstances will the following information be released to the media about any employee:

- Address and home telephone number
- Medical history
- Disciplinary procedures
- Staff sickness
- Personal living arrangements such as family life and sexuality
- Appraisal results and references
- Any other information which has been given in confidence.

In certain circumstances such as independent inquiries or court proceedings it may be necessary to release information to the media about Trust employees. In doing this, the Trust will support staff where they acted to the best of their ability and where there is no question of wrongdoing.

In situations where a member of staff is suspected of misconduct or incompetence the Trust will remain impartial. The Trust may need to publicly state what action it is taking to ascertain the full facts. This may include giving details about the suspension of a member of staff pending an internal investigation or other relevant details. As an NHS organisation we have a commitment to be open and accountable.

#### **7.4 Consent**

Service users may be approached to support proactive or reactive media activity on behalf of the Trust. Only those service users who are able to give informed consent and are judged as well enough should be approached. The Communications Team will brief the clinical team who will make the first approach to the service user, fully explaining the nature of the project and the extent to which the service user would be involved.

If consent cannot be obtained from the service user because of incapacity or death, a close relative – personal representative – must consent before any service user details are disclosed to the media. In such circumstances the Communications Team and the Information Governance team must be consulted and must approve all planned media engagement.

Where a service user is not competent to make a decision about disclosure, the views of family members must be sought and decisions made in the service user's best interests.

Where the service user is under the age of 18, written consent must also be sought from the next of kin/guardian and details of the long-term implications must be discussed fully with all relevant parties.

Where information is already in the public domain consent is not required either for confirmation or a simple statement that the information is incorrect.

However, where additional information is to be disclosed, for example, to correct statements made to the media, service user consent must be sought. It may well be though that disclosure without consent may well be justified in the public interest.

The service users(s) concerned and/or their representatives must be advised of any forthcoming statement and the reasons for it.

Disclosures need to be justified on a case by case basis and must be limited to the minimum information necessary in the circumstances.

### **7.5 Filming, Recording and Photography on Trust Premises**

There should be no unauthorised filming, photography or recording on Trust premises. Any request for filming, recording or photography involving the work of the Trust must be considered in the context of our primary duty to protect the wellbeing of service users, carers and staff as well as the reputation of the Trust.

The Communications Team should be notified of any such activity and of any approaches by the media at the initial stages of negotiation and before any agreement is given. The proposal will then be considered by the appropriate clinical and management team with advice and support from the Communications Team.

The request will be judged against the following criteria:

- Will the activity negatively impact on the day to day running of services?
- Will the activity improve public understanding of mental health, dementia, learning disability or other specialist health area?
- Will the activity challenge the stigma and misconceptions about mental health, dementia, learning disability or other specialist health area generally and the work we do?
- Will the activity clarify or increase public understanding of an issue that is in the news?
- Will the activity promote or portray the work of the Trust in a positive light?
- Will the activity support the Trust's strategy and vision?
- Will the activity address any misrepresentations of the Trust or mental health, dementia, learning disability or specialist health generally?

The Communications Team will seek further details about any proposal for filming, recording or photography on Trust premises which will include:

1. Explanation of overall concept and the context in which the Trust's participation is requested
2. Background information about the media organisation and the people involved in the proposal as well as examples of previous broadcast/published work where appropriate
3. Full details of transmission or publication – where the material will be used and when
4. Other organisations/individuals involved in the project
5. Size of the crew who will be on site and information on the technology to be used
6. Information on which Trust sites and/or staff would be involved, filming schedules and timetables etc.

The Communications Team will co-ordinate formal agreement and approval with the clinical team and the appropriate senior leader.

Before any filming, recording or photography can take place on Trust premises, the appropriate consent forms must be signed by the media organisation, the clinical team and the Communications Team as well as any service users that may be involved. The appropriate consent forms are available on request from the Communications Team. There will be occasions where consent forms are tailor made for individual projects and this will be supported by the Communications Team.

On occasion, it may be appropriate for a contract to be drawn up to meet the particular circumstances of the project. Should this be considered necessary, the Communications Team will draw up the contract with the media organisation and liaise with the Trust solicitors as required. In addition, the Communications Department will make all necessary security arrangements, including alerting security staff and arranging for an escort. Please be vigilant: if any staff spot an unescorted member of the media on Trust grounds or anyone with camera equipment, please inform both the reception staff on the specific site and the Communications Team immediately.

Anyone who films or takes photographs on Trust premises without prior authorisation should be asked to leave. We cannot prevent people from filming or taking photographs if they are not on Trust premises. However, they should be asked to stop on the basis that this could be distressing for service users and families. Please contact the Communications Team if you need advice or support on this issue.

## **7.6 Staff Contact with The Media**

The Trust is committed to encouraging a climate of openness in order to address any issues of malpractice, abuse or general concern. Raising concerns promotes good governance and accountability.

Members of staff with serious concerns about any aspect of the Trust's work are encouraged to raise this through the appropriate channels (e.g. line manager, Human Resources team (People directorate), Freedom to Speak Up Guardian, Trade Union representatives) as described in the Raising Concerns, Freedom to Speak Up (Whistleblowing) Policy. The Trust is committed to act appropriately and without delay on information received from staff.

Victimising staff or deterring them from raising a concern about abuse or malpractice is a disciplinary offence. The rights of staff in relation to this important issue are set out in the Public Interest Disclosure Act (1998) and in the Whistleblowing (Speaking Up) Policy.

Contacting the media is not an appropriate or effective way of addressing concerns arising from the workplace. There is no guarantee that the media will represent staff views accurately or responsibly. In addition, adverse media coverage may reflect badly and unfairly on other parts of the organisation and may cause unnecessary concerns among service users, carers and others about the standard of clinical services.

Members of staff should not provide information directly to the media or indirectly including through social media platforms such as Twitter and Facebook or online forums about the Trust's services or activities without authorisation from the Communications Team. Members of staff must not disclose any information about service users either to the media or on social media or online forums. All staff should make themselves aware of their responsibilities under the Social Media Policy for Staff.

It will be regarded as a disciplinary matter if any member of staff releases information to the media which breaches service user confidentiality or is deliberately inaccurate or defamatory towards the Trust, individual staff or service users. Any alleged breach of this will be fully investigated by the Trust and appropriate action will be taken.

## **7.7 Emergency and Crisis Media Handling**

The Communications Team will co-ordinate all aspects of Emergency Preparedness, Resilience & Response communications in accordance with the Communications plan for Emergency Preparedness, Resilience & Response. The plan provides guidance for handling a communication when a major incident is declared in alongside the command structure. The plan details the audiences that will be considered and the channels we will use to communicate with them.

The Communications Team will also coordinate crisis media handling relating to the Trust's work. This involved media handling in relation to issues which may result in high profile, negative and/or misinformed media coverage and media handling in relation to major incidents.

In the case of inquests, judicial proceedings and hearings at the General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) etc staff are required to inform their relevant Deputy Director or senior leader if they are giving evidence. The relevant senior leader will notify the Communications Team if the case has or is likely to attract significant media attention.

Clinical staff are also required to let inform their Professional Director or Trust Lead of the above (for example, Executive Medical Director, Executive Director of Nursing, Professions and Quality ).

Our primary objective in the handling of a crisis is to limit the possible detrimental effect which negative media coverage may have on service users, staff and the Trust's reputation. In giving the media the facts, our aim is to correct any misconceptions and put the incident in context. Providing the facts can help to provide balance to a story which may otherwise have been blown out of proportion or distorted. Our intent is always to reassure service users, their families and the wider public that they will not be put at risk by the Trust. This may involve explaining the rare circumstances of an incident or providing other explanations as appropriate.

The media operates 24 hours a day, is highly competitive and works to tight deadlines. A prompt response will help to ensure that the Trust and staff are not made the victims of critical media coverage and enable us to respond and give our perspective. It is, therefore, essential that the Communications Team is briefed quickly and fully following a crisis incident to enable us to prepare an adequate, suitable and timely response to possible media enquiries.

Wherever possible, if staff become aware of an incident that may lead to interest from the media they must inform the Communications Team at the earliest possible opportunity. This allows the Trust more time to assimilate the facts and have an adequate response in place before being approached by the media. The Trust also has an obligation to keep statutory bodies, including NHS England and local commissioners informed of potential controversial media coverage.

In the event of a major incident the Communications Team will co-ordinate the setting up of a “hotline number” for the public and will be responsible for making the necessary arrangements for publicising this (working with the SHSC Digital on the logistics and staffing).

All media enquiries during normal office hours will be dealt with by the Communications Team. All urgent media enquiries received outside of office hours should be directed to the Director on-call.

## 7.8 Publicity

Proactive media releases can help to publicise service changes and developments, strategic decisions, events and the achievements of the Trust and its staff. The Communications Team issues **all** of the Trust’s media releases and maintains a record of everything that is issued. All news releases are posted on our website at [www.shsc.nhs.uk](http://www.shsc.nhs.uk)

Building good relations with the media can help develop a positive image of the Trust in the mind of both journalists and the wider public. As a signee of the Time to Change organisational pledge, the Trust also has a role to play in challenging stigma and contributing to an informed debate about mental health issues among other health conditions.

The Communications Team can provide staff with advice, information and support on promoting their service and work through the media. This may include writing media releases on service developments.

If there is information staff would like to share with the media, please contact the Communications Team with as much notice as possible. It is important for staff to do this as a matter of course to enable us to make sure that the work of the organisation is promoted as accurately and responsibly as possible, and so that we can co-ordinated the most effective response to further media enquiries that may be generated.

Staff are **not permitted to make contact with the media to pass on information nor to express opinions** in relation to any service user or other matter related to the Trust. **The only exception to this requirement is when they have obtained prior express permission from the Communications Team.**

The Communications Team acts as a first point of contact for journalists seeking to find out more about the Trust’s work. In this role, we receive calls from national, regional, local and specialist media, which include requests for:

- Clinical spokespeople to explain more about the causes, symptoms and most effective treatment for particular health problems
- Comment on specific health issues which are being covered in the media (e.g. new legislation)
- Details about new services or changes to services.

Staff who are happy to talk to the media about their areas of clinical expertise should contact the Communications Team.

Occasionally we are approached by high profile individuals who want to visit or find out more about our services. This may be an elected representative, overseas fact-finding mission, government or other official. Equally it may be a creative or celebrity enquiry. **It is important that all such visits are notified to the Communications Team.** Visits by politicians or members of the Royal Family adhere to strict protocols. In the case of the former, for example, there are tight rules on activity in the run-up to an election. In all cases advance notification of interest and a request for advice should be made to the Communications Team before any such visit is agreed.

## 7.9 Social Media

The internet and social media provide a platform for opinion and social interaction that many of us enjoy as private individuals. However, it is important that all staff are aware that information presented online is effectively public and has an impact on personal and professional reputation.

Particular care should always be taken by staff to make sure that they do not breach our duty of confidentiality in relation to service users, staff colleagues or the organisation as a whole.

A good rule of thumb is to follow the approach set out in the NMC code to “uphold the reputation of your profession at all times”. Conduct online will be judged in the same way as conduct in the real world and should be of a similarly high standard.

The following should be taken into consideration by all staff as they may impact on their employment. Staff should not:

- Share confidential information
- Post pictures of service users or active clinical settings
- Post inappropriate comments about colleagues or service users
- Use social networking sites to pursue personal relationships with service users or carers
- Use social networking sites to bully or intimidate colleagues
- Distribute sexually explicit material or material which could incite hate
- Engage in illegal or unlawful activity.

This list is not exhaustive. A good guide for staff is to make sure that their behaviour online, as in everyday life, does not contravene the terms of their employment. It is also important to that staff protect themselves in respect of their own privacy and professional standing. Everything that is posted online is public, even with the strictest privacy settings. Anything posted online can be copied and redistributed beyond the originator’s control and may have unforeseen consequences. It is always safest to assume that anything posted online may be available for the foreseeable future and will be shared.

The Communications Team manages a number of social media accounts on behalf of the Trust. This includes Facebook, X, Instagram, TikTok, LinkedIn and YouTube accounts. Content upload to all official Trust social media sites is carried out by the Communications Team. This official social media presence ensures that only suitable content is published in these areas.

There is a separate Social Media Policy for Staff Policy which covers this issue in more detail.

## **7.10 Freedom of Information**

The media is increasingly using the Freedom of Information Act to obtain information from organisations, sometimes openly but occasionally without disclosing who they are.

Any Freedom of Information request must be dealt with by Freedom of Information (FOI) Team. We publish the latest guidance on how to submit a request on our website here: [Freedom of Information requests | Sheffield Health and Social Care \(shsc.nhs.uk\)](https://www.shsc.nhs.uk/foi)

If it is known or suspected the enquiry is from the media, the Communications Team will be informed of the enquiry by the FOI handler.

## **8 Development, Consultation and Approval**

- This procedure was developed in consultation with the Communications Team and the Director of Corporate Governance.
- Executive Management Team reviewed this document on 7 December 2023
- Policy Governance Group reviewed this document on 18 December 2023
- This procedure should be reviewed every three years by the Head of Communications.



## 9 Audit, Monitoring and Review

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Whole policy	Review and audit	Head of Communications	Every 3 years or when legislation or media law changes	Director of Corporate Governance	Director of Corporate Governance	Director of Corporate Governance

## 10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and website and remove old version	Head of Communications	Following ratification	
Make staff aware of new policy via Connect	Head of Communications	First issue of Connect following ratification	
All managers to ensure that they make their staff aware of the revised policy and its implications	All Trust Managers		

## 11 Dissemination, Storage and Archiving (Control)

The policy will be made available to all staff via the Sheffield Health & Social Care NHS Foundation Trust intranet. All staff will be advised that the policy is available via Connect (the weekly staff e-newsletter).

Previous versions of the policy will be deleted from the intranet and website; however, electronic and hard copies of the previous version will be held in the relevant Trust archive.

Version control is the responsibility of the Head of Communications.

<b>Version</b>	<b>Date added to intranet</b>	<b>Date added to internet</b>	<b>Date of inclusion in Connect</b>	<b>Any other promotion/ dissemination (include dates)</b>
1.0	2016	2016	January 2016	
2.0	22/12/2017	22/12/2017	December 2017	
3.1	January 2021	January 2021	January 2021	
V4	December 2023	December 2023	December 2023	

## 12 Training and Other Resource Implications

The Communications Team have relevant qualifications and are required to undertake ongoing professional training through attendance at relevant seminars, conferences etc. provided externally.

The Communications Team are available to work with groups of staff to address their specific training and learning needs. See Section 12 Contact Details.

Directors, Associate Directors, Deputy Directors, Service, Ward and Team Managers are responsible for making sure that their staff are aware of and comply with this policy.

## 13 Links to Other Policies, Standards (Associated Documents)

Duty of Candour and Being Open Policy, Learning from Deaths Policy, PREVENT Strategy Policy, Incident Policy, Social Media Policy for Staff, Complaints Policy, Confidentiality Code of Conduct, Managing Conflicts of Interest in the NHS Policy, Internet Acceptable Use Policy, Disciplinary Policy, Internet Access for Service Users Policy, Safeguarding Adults Policy, Safeguarding Children Policy, Bullying and Harassment Policy, Raising concerns, Freedom to Speak Up (Whistleblowing) Policy =.

## 14 Contact Details

<b><i>Title</i></b>	<b><i>Name</i></b>	<b><i>Email</i></b>
Director of Corporate Governance	Deborah Lawrenson	deborah.lawrenson@shsc.nhs.uk
Head of Communications	Holly Cubitt	<a href="mailto:holly.cubitt@shsc.nhs.uk">holly.cubitt@shsc.nhs.uk</a>

## Appendix A

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** – No further action is required – please sign and date the following statement.  
**I confirm that this policy does not impact on staff, patients or the public.**

***I confirm that this policy does not impact on staff, patients or the public.***

Name/Date: Holly Cubitt December 2023

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No		
Disability	No		
Gender Reassignment	No		
Pregnancy and Maternity	No		

<b>Race</b>	No		
<b>Religion or Belief</b>	No		
<b>Sex</b>	No		
<b>Sexual Orientation</b>	No		
<b>Marriage or Civil Partnership</b>	No		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Holly Cubitt 23/11/ 2023 ✓
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## Appendix B

# Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	√
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	√
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	√
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to: <ul style="list-style-type: none"> <li>i. review</li> <li>ii. audit compliance with the document?</li> </ul>	√
21.	Is the review date identified, and is it appropriate and justifiable?	√