Communications
EXTERNAL INFORMATION POLICY

Policy Number:	**Comms-003**
Version:	7
Purpose:	This policy outlines the standards we should achieve in all external communication. It includes best practice guidance on developing external information.
Consultation:	▪ Service Directors ▪ Heads of Profession ▪ Trust Secretary ▪ Executive Committee
Approved by / Lead:	Douglas Blair, Chief Executive Officer
Date approved:	25 March 2024
Author:	Kate Nelmes, Head of Communications
Date issued:	March 2024
Review date:	**March 2026**
Audience:	All Trust employees.
Dissemination:	Publication to the staff intranet.
Equality Impact Assessment:	This policy has been equality impact assessed using the Trust's agreed process, and the assessment has not identified any significant adverse impact on people with one or more protected characteristic.

VERSION HISTORY

Version	Date	Reason for Change
6	June 2021	Reviewed and updated.
7	March 2024	Reviewed and updated.

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1.0   POLICY STATEMENT

1.1   Gloucestershire Health and Care NHS Foundation Trust communicates in a wide range of ways in order to keep service users, carers, partners and our communities informed, involved and engaged. Our communication, whether it is through printed materials or electronic methods, will always be professional, relevant, clear, accessible, and consistent with our Trust values and NHS brand guidelines so that it underlines our commitment to quality.

2.0   INTRODUCTION AND PURPOSE

2.1   This policy outlines the standards we should achieve in all external communication. It includes best practice guidance on developing external information.

2.2   Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. A report published by Health Education England states that the majority of adults in the UK have a reading age of between 11 and 14 years and the numeracy capabilities of a 9-year-old. In order to ensure the majority of our service users and carers can understand our information, we must ensure it is written clearly and presented in a way that ensures our key messages can be understood by everyone in our communities.

2.2   Trust information should be:

- Developed in consultation with the targeted audience e.g. service users, carers and partners
- Produced in line with the Trust's corporate identity standards, including appropriate imagery, correct formatting, and an allocated reference number
- Designed so as not to infringe copyright
- Consistent, up-to-date and reliable
- Clearly presented, free of jargon and written using Plain English
- Compliant with the Accessible Information Standard 2016, NHS Identity Guidelines and if published online, compliant with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

This document describes an agreed production and approval process. Information not developed in line with this guidance is not endorsed by the Trust as an official publication and should not be published or made publicly available.

3.0   SCOPE

3.1   This policy applies to anyone producing external information at the request of or through agreement with the Trust.

3.2   The scope of the policy includes, but is not restricted to:

- Posters
- Leaflets
- Flyers
- Advertisements
- Business cards
- Postcards
- Websites
- Social media channels
- Newsletters
- Films
- Signage
- Presentations
- Board and committee papers published online
- Applications (apps)

3.3   This policy does not apply to information that is not being produced principally for use in public, such as letters, policies, the intranet and internal reports. However, the standards contained within the policy, such as use of our Trust brand, use of Plain English, and ensuring information is accessible, should be considered as best practice when producing such documents as these are often made available publicly and published on our Trust website. We will also keep this guidance in mind when publishing material on the Trust intranet.

4.0   CONTEXT

4.1   All existing Trust organisational policies apply when producing external information. There is also a raft of national legislation, including, for example, the Data Protection Act, the Accessible Information Standard, Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 and copyright law, that we need to comply with.

4.2   Our Trust identity guidelines govern the style and presentation of our external communication and these are developed to complement national NHS identity guidelines. Nationally, the NHS adheres to a set of guidelines on colours, fonts, use of logos, formatting and imagery. These guidelines have been researched and developed to ensure we maintain trust and confidence in the services the NHS provides and that information is accessible to a wide range of audiences. There should be no deviation from these guidelines.

5.0   DUTIES

Policy creation, consultation and review: Head of Communications

Ratification: Chief Executive

Awareness raising, monitoring and advice: Communications Team

Policy compliance: Managers and all Trust staff

6.0 DEFINITIONS

6.1 **Brand** means the image we project when we communicate and includes our logo, images, name, and colour scheme.

6.2 **Identity** includes everything that falls within our brand, such as fonts, use of our logo, use of colours and writing style.

6.3 **Our logo** is our visual identity, and includes our name and how it appears on our documents and electronic platforms.

6.4 **Publish** means prepare, communicate or make publicly available, either in a printed format or electronically, such as on a website or social media channel.

6.5 **Publicly available** means anything available within a public space, on a public facing website, or being presented to a wider audience than a specific service user and/or their carer.

7.0 RELEASE DETAILS

This policy will be published on the Trust's intranet.

8.0 REVIEW

This policy will be reviewed every two years, subject to changes in legislation, advances in technology or the production of national/regional guidance.

9.0 OVERVIEW AND POLICY PRINCIPLES

9.1 Many people will gain their first impression of our organisation from something they read or see. This might be a building sign, our website, an advertisement, a letter, a poster or a leaflet. They will instantly form an impression, and will make a decision about whether to attend an appointment, take our advice, apply for a job or get involved in another element of our work. They will also need to understand what they are seeing and be able to act in accordance with the messages we are sharing.

9.2 The overall aim of this policy is to ensure that we:

- Produce tailored and appropriate information that is available in the right format, in the right place and at the right time
- Support high quality service delivery
- Build trust and confidence in our services and our organisation
- Promote involvement and build engagement
- Encourage and support access to services

- Reinforce our key messages to service users, carers and stakeholders
- Uphold our reputation
- Reduce and manage risk
- Encourage appropriate self-care and self-help
- Reduce health inequalities

9.3   External information should always be produced in line with the guidance contained within this policy. The Communications Team will be able to advise on the production of external information and should always be the first point of contact for anyone considering producing any information that will be publicly available.

9.4   The Communications Team has overall responsibility for the quality and availability of external information, and keeps records of what information is in circulation. Recording is important so that information can be withdrawn if it becomes inaccurate or permission to use images or information is withdrawn.

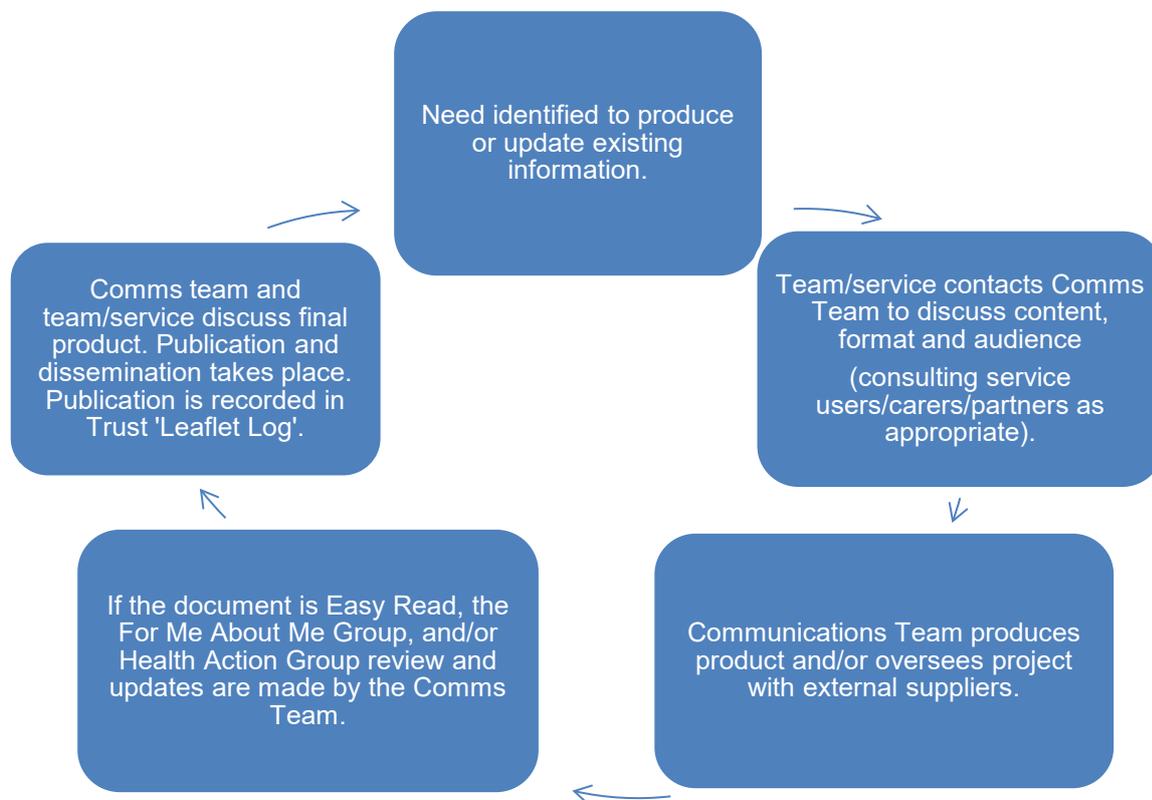9.5   Our external information should always be:

- Accurate
- Up-to-date
- Easy to understand and free of jargon
- Regularly reviewed and updated in line with service changes, lessons learned and updated processes or working practices
- Available in a range of formats, upon request
- Professionally presented
- In line with Trust corporate identity and national NHS identity guidelines
- Cost-effective, making good use of Trust budgets
- Produced using appropriate images, ensuring we reflect the full range of demographics and communities we serve

10.0   PROCESS FOR PRODUCING EXTERNAL INFORMATION

10.1   When thinking about the need to produce external information, services and teams should consider the following:

- Why is there a need to produce the information?
- What information do we need to share?
- Is there any information already available that can be adapted or updated?
- Who is the intended audience?
- How does the audience prefer to receive the information? (consult accordingly)
- Have I allocated a budget for the work involved in producing the information? (i.e. printing or film editing)
- How will we disseminate the information?
- How will we ensure information is periodically reviewed to ensure it is still relevant?

The following flowchart explains how you should go about developing external information in consultation with the Communications Team:

Need identified to produce or update existing information.

Team/service contacts Comms Team to discuss content, format and audience (consulting service users/carers/partners as appropriate).

Communications Team produces product and/or oversees project with external suppliers.

If the document is Easy Read, the For Me About Me Group, and/or Health Action Group review and updates are made by the Comms Team.

Comms team and team/service discuss final product. Publication and dissemination takes place. Publication is recorded in Trust 'Leaflet Log'.

11.0   GENERAL GUIDANCE ON EXTERNAL INFORMATION

11.1   All externally available information should:

- Use everyday language, ensuring that acronyms are spelt out on the first use.
- Use Arial font, with a minimum font size of 12.
- Include contact details, should anyone require further information.
- Avoid naming Trust staff or individuals as a contact point, as this will make the information out-of-date if the colleague moves on.
- Include the correct Trust logo.
- The back cover should always include a publication date, review date, reference number (as provided by the Comms Team), Trust website address and the following paragraph:

  For general enquiries or if you would like further information, additional copies or would like to receive this leaflet in another language, large print or on audio format, please contact the Trust Communications Team at Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW. You can email us at ghccomms@ghc.nhs.uk or call us on 0300 421 8100.

- Include contact details for our Patient Experience Team.
- Include links to other sources of support or useful websites.

12.0 COPYRIGHT AND CONSENT

12.1 We will never breach copyright by using material produced by another organisation or individual, without seeking their permission and clearly referencing the original author.

12.2 Images must be royalty free, and generally only those images licensed for us by the Communications Team through the Trust's image library/database should be used.

12.3 All pictures that contain service users, carers, staff and/or the general public must have an accompanying consent form signed by each individual and correctly documented within the Communications Team.

13.0 COSTS ASSOCIATED WITH PRODUCING EXTERNAL INFORMATION

13.1 There is no central budget for producing Trust information. Each service or team bears their own costs associated with producing external information.

13.2 The Communications Team will seek estimates for the transactions associated with producing external information. However, each service or team will need to raise an order themselves before any work can proceed.

13.3 If the Trust receives a request for the information to be translated or made available in an alternative format, that cost will be borne by the service or team the information was produced on behalf of.

14.0 REVIEWING EXTERNAL INFORMATION

14.1 The Communications Team will regularly review corporate information, for example on the Trust website.

14.2 Each team or service is responsible for reviewing (annually) its information, such as leaflets, posters and flyers, to ensure they are still relevant and up-to-date.

14.3 Information should be updated as required. However, if there are still large quantities of materials in circulation and changes are only minor, these may be reviewed when stocks deplete, in order to avoid wasting public money.

15.0 BREACHES OF THIS POLICY

15.1 Where an employee breaches this policy, steps will be taken in the first instance to remedy the breach in the most appropriate manner. A breach of this policy by an employee may be considered to be a disciplinary matter and any allegations that are upheld may constitute gross misconduct.

15.2 Where other individuals are found to have breached this policy, the Trust reserves the right to take any appropriate action to limit or reduce further

contact with the Trust.

16.0 ASSOCIATED DOCUMENTATION AND USEFUL LINKS

- Accessible Information Policy
- Accessible Information Standard
- Corporate Identity Guidelines
- Engagement and Communication Strategy
- NHS Identity Guidelines
- Plain English Campaign
- Understanding accessibility requirements for public sector bodies

17.0 EQUALITY IMPACT ASSESSMENT

Initial Assessment – *does the document affect one group less or more favourably than another on the basis of: -*	Yes /No	Comments
- Race - Ethnic origins (including gypsies and travellers) - Nationality - Gender - Culture - Religion or belief - Sexual orientation including lesbian, gay and bisexual people - Age - Disability – *learning disabilities, physical disability, sensory impairment and mental health problems*	No No No No No No No No No	The policy is aimed at ensuring equality of access for everyone who uses or interacts with our services.
Is there any evidence that some groups are affected differently?	Yes	Some groups will find this policy helps them, where previously their needs were not considered or accounted for.
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? This policy is aimed at ensuring compliance with national legislation.		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.	N/A	

The Outcome of the Initial Screening Assessment was that the policy does not

discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age religious beliefs or sexual orientation.