The Tavistock and Portman NHS
NHS Foundation Trust

The development and approval of public information procedure

Version:	2.1
Bodies consulted:	Governance Manager
Approved by:	PASC
Date Approved:	8.12.15
Lead Manager:	Communications and Stakeholder Engagement Manager; Student Recruitment and Marketing Manager
Lead Director:	Director of Education and Training
Date issued:	Dec 15
Review date:	Nov 20

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Procedure for the development of public information

1 Introduction

1.1 The Trust publishes public information that is accurate, accessible and timely.

1.2 In accordance with other procedures, this procedure sets out how the Communications and Stakeholder Engagement Manager co-ordinates the development, update, and dissemination of public information.

1.3 The procedure is mostly concerned with information published via the Trust's website (www.tavistockandportman.nhs.uk) and via publications stored and managed by the Communications and Stakeholder Engagement Manager (leaflets, flyers, posters, newsletter, course outlines)

2 Purpose

2.1 The purpose of this document is to lay out a process to ensure that the any public information published on the website or via Trust publications (leaflets, flyers, posters, newsletter, course outlines), has been approved by the relevant director.

3 Scope

3.1 Public information in this context refers to information on: our academic programmes, clinical services, marketing materials, adverts and press releases shared via:

- The Trust's website, or any associated public microsite
- Publications (paper and electronic)

3.2 It does not include letters, verbal communication, presentations, teaching and learning materials, staff recruitment advertisements, the outputs of research and scholarly activity or the content of creative work. This procedure does not apply to patient information where this is covered by the Information for Patients Procedure.

3.3 For information generated by the Department of Education and Training, the Student Recruitment and Marketing Manager will lead on material for students.

4 Definitions

4.1 **Public information:** in this context, is that which is published on the Trust's website or in publications (leaflets, flyers, posters, newsletter, course outlines) and is produced in collaboration with communications team.

4.2 **Moodle:** this information is not available to the public but is in the public domain.

5 Duties and responsibilities

5.1 Public information developer

The public information developer is responsible for the creation of written content.

5.2 Nominated approver

The nominated approver is responsible for signing off and approving written public information. The nominated approver could be a person or a committee. This depends on locally agreed procedure.

5.3 Lead Manager

The Communication and Stakeholder Engagement Manager provides support and guidance on the development of public information and works closely with national and local corporate identity guidelines.

The Student Recruitment and Marketing Manager will lead this process for student related material.

5.4 Directors

Only executive and senior directors (those directors that have *ex officio* membership of the Management Team) have authority to approve material for publication. Directors shall ensure that:-

- The need for information for patients is appropriately identified, prioritised, and developed.

- That approved information is distributed and made available to patients who access the clinical services for which they are responsible
- That patient information is regularly reviewed (at least two yearly) to ensure that it remains up to date, and relevant.
- Staff asked to produce written information for patients with a clinical content have the appropriate knowledge base to undertake the task.
- Within each information source there is information for patients on where further help and advice can be accessed (e.g. web sites, telephone numbers).
- Signing off directorate specific information (with relevant expert advice in the case of clinical information) before passing the draft to the Patient Information Coordinator for final review and production arrangements.

6 Procedures

6.1 Agreeing content

Directorate staff are encouraged to prepare draft written materials for public use that are designed to meet the identified information needs of the stakeholders of that Directorate. New information will be developed in response to an identified need which may have been developed in response to feedback from patient survey, informal feedback, changes to services or other reasons.

Trust approved information for public documents must contain as a minimum:

- Details of how to obtain further information (e.g. telephone number, website details).
- Details of how to obtain information in alternate formats (generally this will the Communications Team).
- Details of terms used in the document
- How to make complaint

All written information for patient leaflets and booklets should be submitted in draft form to the lead manager for review and comment, other senior staff must be consulted according to their subject matter expertise as indicated by the content. Once the content has been agreed, it needs to be reviewed by the lead manager who will ensure the content is suitable for the next stage.

The lead manager will arrange for the final draft be submitted to a 'readability' test undertaken by a member of staff trained in readability tests.

Subject to this review being successful new documents will be approved for use.

6.2 Design of material

The lead manager will make arrangements to edit the document for house style as required, and will revert to the original author for clarification of any part of the document that is unclear. This will follow the agreed Trust corporate style details of which are available via the Trust intranet at:

http://intranet/MainContentHome/Documents/Tavistock%20New%20Layout%20book.pdf

6.3 Production of material

The lead manager will work with members of the Communications Team to ensure that the document is formatted in the Trust 'house style', this may be done in house or though the Trust's chosen publishers and printers.

6.4 Publication and dissemination

The lead manager will advise members of the Communications Team where and when material should be delivered; the Communications Team will make arrangements for the distribution of hard copy of the publication in electronic copy.

6.4 Reviewing information for public use

The lead manager will keep a register of core Trust information with review dates and will notify team / individual when the document requires review.

All information that is updated should be distributed to relevant departments in the Trust for distribution as required and previous versions of the leaflets archived for future reference (see below).

6.4 Archiving arrangements

The Trust recognises the importance of maintaining an archive of withdrawn documents, particularly documents that describe aspects of clinical care and/or treatment, should they be required in a legal action / complain in the future.

Archiving arrangements are as follows:

- The lead manager will retain a register of approved Trust information and a copy of the approved version in electronic and/or paper copy.

- The lead manager will alert the author when the document is due for review (after two years or earlier if circumstances change).

- Once any changes have been made and approved the lead manager will retain a copy of the old version of the document in the archive and ensure that the new document is added to the website for external access, and will circulate final version of the procedure to relevant departments when available.

At the end of the retention period, the lead manager will be responsible for processing material according to the Corporate Records Procedure

7 Training requirements

Those needing to be trained to undertake readability review will have training provided through the lead manager as required.

8 Process for monitoring compliance

The communications and stakeholder engagement manager runs an annual spot check exercise to ensure this procedure is working.

9 References

n/a

10 Associated documents

Existing Trust policies and documents that relate to this procedure are the Patient Information Policy, Information for Patients Procedure, Publications Scheme and Trust-wide Branding Guidelines.

Appendix A : Equality Impact Assessment

1. Does this Procedure, function or service development affect patients, staff and/or the public? **YES**

2. Is there reason to believe that the Procedure, function or service development could have an adverse impact on a particular group or groups? **NO**
*3. If you answered **YES in section 2,** how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)*

4. Based on the initial screening process, now rate the level of impact on equality groups of the Procedure, function or service development: **Negative / Adverse impact:** **Low** **Positive impact:** **Low**

Date completed 29.10.15

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