# Communications

## Standard Operating Procedure

<table>
<thead>
<tr>
<th>Version</th>
<th>Version 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratified By</td>
<td>NHS West Cheshire Clinical Commissioning Group</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>PROPOSED FOR APPROVAL – 18/04/13</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Paula Wedd&lt;br&gt;Head of Quality and Safeguarding&lt;br&gt;Sally Pritchard&lt;br&gt;Patient and Public Engagement Manager&lt;br&gt;Sioned Brown&lt;br&gt;GP Locality Support Manager&lt;br&gt;Jenny Dodd&lt;br&gt;Strategic Development Manager</td>
</tr>
<tr>
<td>Responsible</td>
<td>Quality Improvement Committee&lt;br&gt;West Cheshire Clinical Commissioning Group Governing Body Board</td>
</tr>
<tr>
<td>Committee / Officers</td>
<td></td>
</tr>
<tr>
<td>Date Issue</td>
<td>April 2013</td>
</tr>
<tr>
<td>Review Date</td>
<td>April 2014</td>
</tr>
<tr>
<td>Intended Audience</td>
<td>All Clinical Commissioning Group staff</td>
</tr>
<tr>
<td>Impact Assessed</td>
<td>To be undertaken July 2013</td>
</tr>
</tbody>
</table>
Further information about this document:

<table>
<thead>
<tr>
<th>Document name</th>
<th>Communications Standard Operating Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category of Document in The Policy Schedule</td>
<td>Corporate</td>
</tr>
</tbody>
</table>
| Author(s) Contact(s) for further information about this document | Paula Wedd  
Head of Quality and Safeguarding  
Sally Pritchard  
Patient and Public Engagement Manager  
Sioned Brown  
GP Locality Support Manager  
Jenny Dodd  
Strategic Development Manager |
| This document should be read in conjunction with | Corporate / House Style Standard Operating Procedure  
Complaints Policy  
Equality & Diversity Action Plan |
| Published by | NHS West Cheshire Clinical Commissioning Group |
| Copies of this document are available from | Website: [www.westcheshireccg.nhs.uk](http://www.westcheshireccg.nhs.uk) |
| Copyright © 2013. All Rights Reserved |

Version Control:

<table>
<thead>
<tr>
<th>Version History:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version Number</strong></td>
</tr>
<tr>
<td>1.0</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
COMMUNICATIONS STANDARD OPERATING PROCEDURE

INTRODUCTION

1. Communication is vitally important to the vision and values of NHS West Cheshire Clinical Commissioning Group. This Standard Operating Procedure will set out how we are committed to ensuring that communications from the Clinical Commissioning Group are consistent, coordinated, effectively managed and responsive to the diverse needs of our GP member practices, stakeholder, patients, public and staff of NHS West Cheshire Clinical Commissioning Group.

WHAT OUR COMMITMENT MEANS

2. This Standard Operating Procedure will ensure that we are visible, accessible and accountable to the population we serve. We will use a variety of ways and means of communicating to ensure we are able to reach people from our across our area.

3. Our communications will always strive to enhance the profile of the Clinical Commissioning Group and to preserve the integrity and respect of our organisation.

OUR COMMUNICATIONS STANDARDS

4. Communications involve everyone and to be effective must be organised and systematic.

5. The communication standards that the Clinical Commissioning Group will work to are listed below:
   - **Timely.** Information arrives at a time when it is needed, is relevant and is able to be interpreted in the correct context.
   - **Two-way.** Systems exist to support communication throughout the organisation. Staff have the right, and are expected to give and receive feedback and contribute their ideas. NHS West Cheshire Clinical Commissioning Group is committed to seeking views, debating issues and explaining decisions.
   - **Clear.** Messages are communicated in plain language, they are easy to understand and not open to misinterpretation. Written messages are concise, using short sentences and avoiding jargon.
   - **Open.** The reason for decisions are available, decision-makers are accessible and ready to engage in dialogue. When information cannot be communicated the reasons for non-disclosure are articulated. Questions are expected and answered.
Communications Standard Operating Procedure
NHS West Cheshire Clinical Commissioning Group
April 2013

- **Corporate.** Communications style and messages reflect a consistent Clinical Commissioning Group view while keeping inline with national NHS guidance.

- **Targeted.** The right messages reach the right audiences in the right manner at the right time.

- **Accessible.** Information should be communicated using the most appropriate medium for the targeted audience, for example easy-read formats.

COMMUNICATING WITH PEOPLE WHOSE FIRST LANGUAGE IS NOT ENGLISH AND THOSE WITH SPECIFIC COMMUNICATION NEEDS

6. The Clinical Commissioning Group will always take into account the communication needs of people whose first language is not English, those with visual or hearing difficulties, people with learning disabilities and other people with specific communication need. When requested, communication materials will be made available in other languages and formats.

THE BRAND

7. As the local leader for the NHS in West Cheshire, the NHS West Cheshire Clinical Commissioning Group’s promise is “Making sure you get the healthcare you need”

8. We do this by commissioning advice, prevention and interventions to help our patients get the healthcare that they need.

9. **Our visual identity - Use of NHS West Cheshire Clinical Commissioning Group Logo**

10. The NHS West Cheshire Clinical Commissioning Group logo is a legally registered sub-brand of the NHS logo, and follows the guidelines as set out in the National Branding Guidelines as found in: [http://www.nhsidentity.nhs.uk](http://www.nhsidentity.nhs.uk).

INTERNAL COMMUNICATIONS

11. There are specific internal means of communications for NHS West Cheshire Clinical Commissioning Group that relate to staff and member practices:

   a) All emails should include the senders signature which states their name, role, NHS West Cheshire Clinical Commissioning Group, telephone number, email address, our “strapline” – making sure you get the healthcare you need” and a link to the website [www.westcheshireccg.nhs.uk](http://www.westcheshireccg.nhs.uk);

   b) Weekly team meetings for Clinical Commissioning Group staff and related Commissioning Support Service staff and Local Area Team staff;
c) Bi-monthly governing body briefings supported by a written governing body briefing;
d) Ad-hoc team meetings;
e) Team away-days;
f) Extranet – currently in development;
g) Weekly e-bulletin to member practices and Clinical Commissioning Group staff;
h) Website – although a major method of communicating with the general public, the website should also be viewed as aimed at our stakeholders, including our own staff;

EXTERNAL COMMUNICATIONS

Public Meetings

12. Notes will be made of public meetings where NHS West Cheshire Clinical Commissioning Group officers attend.

13. When NHS West Cheshire Clinical Commissioning Group directly organises the meeting e.g. public road shows, minutes and/or a recording will be made and published on our website.

Public facing projects

14. Public facing documents such as our newsletters must be approved by the Chief Officer or nominated Head of Service before they are distributed to our stakeholders.

15. All project names should be checked to ensure they meet the over-arching NHS naming guidelines. That is:

a) The name should describe what the project does.
b) Where appropriate, a geographical term should be included.
c) Names should be suitable for the public at whom they are directed.
d) Names should be selected so they do not cause confusion with other projects.
Documents for publication

16. Documents for publication should go through the following cycle:

Author's responsibility

17. The author will deliver the finalised text which has been checked and approved as follows:

   a) Compliance with corporate policy and national guidelines;
   b) Due account given to governance arrangements, including any committees which should approve it;
   c) Draft content deleted and all tracked changes (for example, in Microsoft Word) removed;
   d) All data finalised, with publishable figures;
   e) Document checked for typographical errors, and read for plain English reading by at least one other person than the author;
   f) All contact details checked, including checking phone numbers by ringing them, and being assured that the answerer is aware that the details are to be published;
   g) Checking the proofs once the document has been laid out. If the above stages have been followed, the author will merely need to check that all text is present and in the right order with the correct formatting applied, and that all graphics are correct and in the correct place.

Editor's responsibility

18. The author may call on an editor of their choice to assist them with any of the above. At a minimum, at least one editor must have read the document and checked it for sense and content.

Publisher's responsibility

19. The publisher must not make editorial changes to the document. The publisher’s responsibility is to check that the author and/or editor have followed all seven steps, and that an informed editor has checked the text for sense.
Fonts and Layout

20. All papers submitted to NHS West Cheshire Clinical commissioning Group committees should be presented according to the template for that particular committee. Details can be found in the Corporate / House Style Standard Operating Procedure

Presentations

21. All Power point presentations carried out on behalf of the Clinical Commissioning Group will use the corporate template as set out in the Corporate /House Style Standard Operating Procedure

Electronic Signature

22. All letters drafted on behalf of the Senior Management Team will include an electronic signature before being converted to a pdf document for distribution as set out in the Corporate/ House Style Standard Operating Procedure

MEDIA RELATIONS

23. Press releases are an excellent way of engaging with the local population, heralding our achievements, raising the profile of the Clinical Commissioning Group as the local leader of the NHS and reaching out to elements of the population that we might not otherwise reach.

24. The Commissioning Support Unit on behalf of the Clinical Commissioning Group will deal with all media enquiries during working hours and support Clinical Commissioning Group staff in developing proactive press releases.

25. Attached at Annex A are the Media Handling Protocol and Proactive Press Release Protocol

SOCIAL MEDIA

26. ‘Social media’ is the term to describe websites and online tools which allow people to interact with each other – by sharing information, opinions, knowledge and interests. Social media involves the building of communities or networks, encouraging participation and engagement.

27. By using social media the Clinical Commissioning Group has an online presence helping us to stay in touch with people across our area and beyond.

28. Attached at Annex B is our Twitter protocol.
29. Attached at **Annex C** is our Social Media Guidance which includes Twitter, Facebook and YouTube.

**WEBSITE**

30. The NHS West Cheshire Clinical Commissioning Group website is our main tool for communicating with our member practices, the public and our stakeholders. The quality and content of the website and extranet pages must be robustly managed to ensure that members of the public and staff are provided with valid and relevant information.

**Responsibilities**

31. The NHS West Cheshire Clinical Commissioning Group has a social media team who have responsibility for website content management. They work with content authors to manage the development and maintenance of website and extranet content.

32. Every member of staff within the NHS West Cheshire Clinical Commissioning Group has a responsibility for creating content for the website and extranet (content authors) relevant to their work area and ensuring that this content is maintained in a timely manner.

33. Content for the website and extranet should be submitted to a member of the social media team.

34. The social media team has responsibility for website content management including:

- Using the content management system to create and update content
- Assigning appropriate metadata to content items
- Ensuring material has been cleared for copyright where necessary
- Ensure that content created or edited by authors is accurate and up to date
- Notify content owners when content is due for review
- Ensure content is appropriate to be made available to website users
- Advise authors of any changes required to content before it is suitable for publication

**Content**

35. The website will be clear about how we will “make sure you get the healthcare you need” and how our stakeholders can get involved in working with us.

36. The website will include:

- Description of the Clinical Commissioning Group – “Who we are”
• Our mission and Values
• How to get involved with the Clinical Commissioning Group
• How we have listened to our patients – “You said, we did”
• Our publications including our policies and governing board papers
• News Items
• Extranet for member practices and Clinical Commissioning Group (two-way)

37. Website content must align with at least one of these criteria before it will be approved and published:
   • delivers a key message to the target audience
   • provides a cost benefit – for example, reducing costs associated with printing and posting publications; reducing staff time required to answer queries; enabling user self-service, such as downloading forms or publications
   • stakeholder support – for example, providing information for people who cannot reasonably access this information in other ways, such as people with disabilities.

38. Extranet content must align with at least one of these criteria before it will be approved and published:
   • delivers a key message to staff and member practices
   • makes key information available to staff and member practices
   • provides a cost benefit – for example, reducing staff time required to answer queries; enabling staff self-service, such as downloading forms
   • increases efficiency or productivity – for example, providing links to selected online resources
   • supports internal communications and collaboration
   • supports communication and collaboration with member practices

39. News articles will only be published on the website or extranet if they:
   • Are timely and relevant
   • Will assist users, or keep them informed of recent events

40. All website content must comply with standards for
   • Online writing
   • Accessibility, including documents and images
   • Structure
   • Metadata
   • Online presentation

41. Images will only be published on the website or extranet if they:
• Do not infringe copyright
• Comply with accessibility standards
• Are relevant, compelling and add value

Standards

42. Content must comply with accessibility standards

43. All materials published must be available to all users, therefore no password protection limiting access of documents is permitted

Deleting or Archiving Content

44. Material that is no longer relevant, is out of date or has been superseded will be archived.

45. Requests for deleting content should be made via the social media team.

Privacy Statement & Terms and Conditions

46. Our website privacy statement and terms and conditions will appear on each web page within our website.

FURTHER GUIDANCE AND READING

47. This standard operating procedure should be read in conjunction with the following documents:
   • Corporate / House style Standard Operating Procedure
   • Complaints Policy
   • Equality & Diversity Action Plan
MEDIA HANDLING PROTOCOL - APRIL 2013

48. Anyone in the Clinical Commissioning Group who is contacted by the media must refer the call to the Commissioning Support Unit communications manager or to the Clinical Commissioning Group Patient and Public Engagement Team without any comment.

Contact a member of the Communications and Engagement teams in this order of priority

49. Communications Manager, (Commissioning Support Unit) telephone 01244 389299

50. If the Communications Manager is not available, please telephone the Patient and Public Engagement Managers, telephone 01244 650348 or 01244 650317.

51. If they are not available, call the Clinical Commissioning Group Staff Officer on-call. Telephone 0845 833 5288. This number can be used inside and outside of normal working hours.

52. It is important to note that sending e-mails or leaving answer-phone messages are not an acceptable form of communication. Calls from the media are often urgent and all calls from the media have deadlines attached to them.
53. All press statements **must be approved before release**, by the Chief Officer of the Clinical Commissioning Group, or, in her absence, the Clinical Commissioning Group's Director of Finance, and in his absence the most appropriate member of the Senior Management Team according to the subject of the press statement.

54. Any media calls received outside normal working hours will be directed to the Staff Officer on-call who will decide the best course of action.
PROACTIVE PRESS RELEASE PROTOCOL

55. This protocol sets out the steps for producing proactive press releases on behalf of West Cheshire Clinical Commissioning Group. The benefits of producing proactive press releases include:
   • promoting the West Cheshire Clinical Commissioning Group “brand”, including its vision and values
   • promoting West Cheshire Clinical Commissioning Group as leader of the local health economy
   • talking to the public through the press is a way of engaging with our population

Steps for producing Proactive Press Release

STEP 1 Subject identified
56. Is it “newsworthy” i.e. will it be of interest to local patients and the public? for example:
   • Does it directly benefit patients?
   • Will it directly disadvantage patients?
   • Is it local?
   • Is it a current hot topic in the press nationally?
   • Is it new to west Cheshire?
   • Is it a good example of partnership working e.g. with the local voluntary sector, Local Authority, local providers

57. Use case studies whenever possible to give the human element.

STEP 2 a) Identify a “subject expert” to provide the background briefing
   b) Identify a clinical spokesperson who can be quoted in the press. NB only media- trained clinical leads will be asked to give radio interviews

STEP 3 Complete the proactive press release proforma (see next page)

STEP 4 Inform the commissioning support unit communications manager of the news item and key contacts by ‘phone and email:
   Paul Corner paul.corner@nhs.net telephone 01244 538299

STEP 5 Agree deadline for producing draft press release (5 working days) from receipt of background briefing from the subject expert

STEP 6 Follow approval process as per the Media Handling Protocol

58. All outgoing press releases must be signed off by Chief Officer or deputy
West Cheshire Clinical Commissioning Group proactive press release template

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>Who</td>
<td></td>
</tr>
<tr>
<td>What</td>
<td></td>
</tr>
<tr>
<td>Where</td>
<td></td>
</tr>
<tr>
<td>Why</td>
<td></td>
</tr>
<tr>
<td>When</td>
<td></td>
</tr>
<tr>
<td>Implication?</td>
<td></td>
</tr>
<tr>
<td>Quote(s)</td>
<td></td>
</tr>
<tr>
<td>Biog</td>
<td></td>
</tr>
<tr>
<td>Contact details (operational)</td>
<td></td>
</tr>
<tr>
<td>Contact details (communications)</td>
<td></td>
</tr>
</tbody>
</table>
Note to editor
TWITTER PROTOCOL

59. The following text will be published as a new page on www.westcheshireccg.nhs.uk and a link to this page will be provided in our profile on Twitter.

Content

60. The @West_CheshireGP Twitter account is managed by the social media team of the Clinical Commissioning Group, on behalf of colleagues across the Clinical Commissioning Group.

61. We may occasionally use some automation (such as tools which generate tweets from RSS feeds) but intend that this will not dominate the messages posted.

62. If you follow us, you can expect between 2-10 tweets a week covering some or all of the following:
   - Alerts about new content on our other communication channels (our website, Facebook, West Cheshire Health Matters Newsletter, publications, videos on YouTube, GP locality meetings, practice manager and practice nurse forums, Ministerial speeches, publicity campaigns etc.)
   - Invitations to provide feedback on specific issues on which we are consulting
   - Information from our GP clinical leads and senior management team about what they're doing
   - Occasional live coverage of events

Following

63. If you follow us on Twitter If you follow @West_CheshireGP we will not automatically follow you back. This is to discourage the use of direct messaging, avoid resource wasting spam handling and so that you can easily identify other key Twitter users that we think are relevant to our industry and government in who we follow. However, being followed by the Clinical Commissioning Group does not imply endorsement of any kind.

64. We will update and monitor our Twitter account during office hours, Monday to Friday. Twitter may occasionally be unavailable and we accept no responsibility for lack of service due to Twitter downtime.

@RepliesandDirectMessages
65. We welcome feedback and ideas from all our followers, and endeavor to join the conversation where possible. However, we are not able to reply individually to all the messages we receive via Twitter.

66. The Clinical Commissioning Group social media team reads all @replies and Direct Messages and ensures that any emerging themes or helpful suggestions are passed to the relevant people in the Clinical Commissioning Group.

67. We cannot engage on issues of party politics or answer questions which conflict with her data protection policy.

68. The usual ways of contacting West Cheshire Clinical Commissioning Group are detailed in the Contact Us (http://www.westcheshireccg.nhs.uk/contact-us-1.aspx) section of our website emerging themes or helpful suggestions are passed to the relevant people in the organisation.

69. The usual ways of contacting us for official correspondence are detailed in the contact us section of our website. [http://www.westcheshireccg.nhs.uk/contact-us-1.aspx]
Social Media guidance

About this document

70. This guidance describes why and how we intend to establish and manage a corporate presence on three social media tools:
   • microblogging social network Twitter.com.
   • Facebook.com
   • YouTube channel

71. It covers:
   • objectives and metrics – why we are using social media, and how we will assess its value,
   • risks and mitigation – how we will contain the risks to our corporate reputation
   • channel proposition and management – how we will populate and use the channels

Social Media

Twitter overview

72. Twitter is a 'microblogging' platform which allows users to post short text messages (up to 140 characters in length) and converse with other users via their phones or web browsers. Unlike email or text messaging on mobile phones, these conversations take place in the open.

73. For more information on Twitter see appendix B

Facebook overview

74. Facebook is a popular free social networking website that allows registered users to create profiles, upload photos and video, send messages and keep in touch with friends, family and colleagues.

75. There are three types of representation on Facebook. Individuals create a Facebook "Profile," which is normally a two-way interaction with friends. Businesses create a Facebook "Page" to promote products and brands. Also called a "Fan Page," all members are accepted as fans, and although comments can be posted by them, a Page is primarily a one-way broadcast from the business.
76. The third presence is a Facebook "Group," and any community of people may create one. Group administrators may accept all members or reject requests based on the Group's criteria.

YouTube overview

77. YouTube provides a venue for sharing videos among friends and family as well as a showcase for new and experienced videographers. Featuring videos it considers entertaining, YouTube has become a destination for ambitious videographers, as well as amateurs who fancy making a statement of some kind. Videos are streamed to users from the YouTube site (www.youtube.com) or via blogs and other Web sites. YouTube provides code that can be embedded in any Web site page to view a specific video. A YouTube brand channel page is a YouTube channel specifically designed to help you build your brand and keep your audience engaged. Your brand channel creates a destination page for your brand on YouTube, providing an opportunity to connect and create persistent relationships with your consumers.

Objectives and metrics

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extend reach of existing corporate messages online (e.g. news, speeches, web updates, YouTube videos) by building relationships with relevant audiences including intermediaries, stakeholders, and key influencers such as journalists and bloggers</td>
<td>Number of followers; relevance and type of followers; number of web traffic referrals from social media to our website content</td>
</tr>
<tr>
<td>Provide an informal, ‘human’ voice of the organisation to promote comprehension of and engagement with our corporate messages</td>
<td>Feedback from followers (unsolicited and solicited)</td>
</tr>
<tr>
<td>Provide thought leadership and credibility, increasing our visibility as the experts in our remit within the online space</td>
<td>Feedback from followers (unsolicited and solicited); number of re-tweets (Twitter users repeating our updates); click-throughs from our links; number of “likes”</td>
</tr>
<tr>
<td>In line with Government policy (Digital Britain; Cabinet Office Digital Engagement policy and Power of Information) demonstrate commitment to and understanding of digital channels with exemplary use of this emerging channel</td>
<td>Feedback from followers (unsolicited and solicited); +ve, -ve and neutral mentions elsewhere on blogosphere</td>
</tr>
</tbody>
</table>
Provide an additional, low-barrier method for audiences to interact with the organisation to provide feedback, seek help and suggest ideas

| Volume and quality of @reply, DM and comments contact from followers; impact of this feedback on the organization |

Provide ways for our audiences to subscribe to updates (by RSS, email and SMS)

| N/a. Achieved by having a presence on social media |

Monitor mentions on social media of organisation, our services and programmes, engaging with our critics and key influencers to resolve problems/dissatisfaction and correct factual inaccuracies, and with satisfied customers to thank them for and amplify their positive comments

| Qualitative assessment of individual cases of turning negatives to positives and positives into brand advocates |

Provide live coverage of events (such as public meetings, summits or promotions) for those who cannot attend

| Number of events covered per year; positive feedback on that coverage |

### Risks

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criticism arising from an inability to meet the demands of social media users to join conversations/answer enquiries, due to resource and clearance issues</td>
<td>Reduce by managing expectations with clear, published social media policy use holding replies where answer will need research; (only if swamped) respond to ‘themes’ not individual replies.</td>
</tr>
<tr>
<td>Criticism arising from perceptions that our use of social media is out of keeping with the ethos of the platform (such as too formal/corporate, self-promoting or ‘dry’)</td>
<td>Reduce by sourcing varied content (see 5.3 and 5.4 below). Accept that there will be some criticism regardless.</td>
</tr>
<tr>
<td>Criticism of jumping on the bandwagon/waste of public money/lack of return on investment/pointless content</td>
<td>Reduce by evaluating against objectives above and adhering to content principles below</td>
</tr>
<tr>
<td>Inappropriate content being published in error, such as: News releases under embargo</td>
<td>Establish ‘light’ but effective procedural controls and guidelines for social media users; require clearance of all tweets through nominated people in team.</td>
</tr>
<tr>
<td>Information about service redesign too early in the process that may cause confusion/distress</td>
<td></td>
</tr>
<tr>
<td>Protectively marked, commercially or politically sensitive information</td>
<td></td>
</tr>
<tr>
<td>Technical security of the accounts and potential for hacking and vandalism of content</td>
<td>Change password frequently using strong passwords; only named members of team to have access to pw; avoid using unknown 3rd party tools that require the account password</td>
</tr>
<tr>
<td>Lack of availability due to sites being over capacity</td>
<td>Accept (affects all users, occurs rarely and is brief).</td>
</tr>
<tr>
<td>Changes to the social media platforms (to add or change features, or to charge users for accessing the service)</td>
<td>Review business case for continuing to use the service when any such changes are made</td>
</tr>
</tbody>
</table>

**Channel design and management**

**Profile**

78. The avatars will be our logo.

79. The profile names will be: West Cheshire Clinical Commissioning Group

80. The profile text will read: *Official profile of West Cheshire Clinical Commissioning Group: Making sure you get the healthcare you need*

81. The full Twitter Protocol is at Appendix B.

**Tone of voice**

82. Though the accounts will be anonymous (i.e. no named staff will be running it) it is helpful to define a hypothetical ‘voice’ so that updates from multiple sources are presented in a consistent tone (including consistent use of pronouns).

83. The organisation’s ‘voice’ will be that of an extension of the main website – effectively an ‘outpost’ where new digital content is signposted throughout the day.
Resources

84. The resource impact of running a social media account is low relative to other channels. A study of comparable organisations with existing accounts confirms this.

85. A “core team” will be responsible for sourcing and publishing updates, co-coordinating replies to incoming messages and monitoring the accounts. This activity is expected to take less than an hour a day. Evaluation will take longer: approximately one day every 3 months.

86. The provision of content will require some low level input from other colleagues. This will be an add-on to business as usual internal activity – for example a quick discussion of potential updates at meetings, or emails between core team and others to identify potential content for tweets.

Content principles

87. Content for our updates will be:

- **Varied**: see below for a list of proposed sources and types. The channels will cover a broad base of content types and sources to retain interest levels.
- **Human**: Social media users can be hostile to the over-use of automation (such as generating content entirely from RSS feeds) and to re-gurgitation of press release headlines. While corporate in message, the tone of our channels must therefore be informal spoken English, human-edited and – for the most part - written/paraphrased for the channel. Some use of RSS to Twitter is acceptable so long as this does not dominate the whole stream.
- **Frequent**: a minimum 2 and maximum 10 updates per working day, with a minimum gap of 30 minutes between tweets to avoid flooding our followers’ streams. (Not counting @replies to other Twitter users, or live coverage of a crisis/event).
- **Re-tweetable**: to make it easy for others to re-tweet our most important announcements, we will restrict those tweets to 132 characters. (Allowing sufficient space for “RT @[Dept]” to be included as a prefix).
- **Timely**: in keeping with the ‘zeitgeist’ feel of social media, our updates will be about issues of relevance today or events/opportunities coming soon. For example it will not be appropriate to cycle campaign messages without a current ‘hook’.
- **Credible**: while updates may occasionally be ‘fun’, we should ensure we can defend their relation back to our objectives. Where possible there should be an actual link to related content or a call to action, to make this credibility explicit.
- **Inclusive**: in keeping with the knowledge-sharing culture of social media, The Clinical Commissioning Group should pursue opportunities to signpost relevant content elsewhere and share messages from stakeholders and
other government departments. Exclusive use of social media for self-promotion can lead to criticism.

- **Corporate**: as an extension of the Clinical Commissioning Group’s corporate website, the primary focus should be on policy development and consultation as distinct from provision of direct advice on healthcare which is provided by NHS Choices and others.

88. Where content will come from

- **News releases, speeches and statements published on the web** - the headlines of news releases, consultations and statements. Depending on subject matter and social media tool these may be paraphrased to fit within 140 characters and lighten/humanise the tone.
- **All** press releases, consultations and statements will be mentioned on social media unless there is a reason not to. A procedure will be established to identify which of these are not for release.
- **Marketing campaign messages** - information about events we are running or attending, campaign materials we want to disseminate online.
- **Videos on Youtube** – alerting our social media followers to new rich media content on our other digital outposts.
- **Blog posts** – any blogs run by the Clinical Commissioning Group can be configured to automatically post an update and short URL on social media, announcing the new content.
- **Other website updates** - new or updated sections on www.westcheshireccg.nhs.uk new publications, or website user surveys and online interactive consultations where we are inviting participation
- **Announcement and coverage of events** – pre-announcement and promotion of forthcoming public Clinical Commissioning Group events and immediate feedback on discussions.
- **Insights from senior clinical leaders** – thoughts and reflections of leaders, for example immediately after their events or interesting meetings with stakeholders.
- **Thought leadership (or “link blogging”)** - highlighting relevant research, events, awards etc elsewhere on the web to position the Clinical Commissioning Group as a thought leader and reliable filter of high quality content.
- **Asking and answering questions** – occasionally, we may be able to ask questions of our followers for immediate customer insight or to conduct a ‘straw poll’ on behalf of a specific policy area. More often, we will answer questions put to us from our followers. These answers will be visible to all our followers, not just the person who asked them.
- **Crisis communications** – in the event of a major incident where the Clinical Commissioning Group needs to provide up to the minute advice and guidance, social media would be used as a primary channel alongside our corporate website.
Annex B

Clearance

89. The “Core Team” will have access to the account and will be able to provide general updates. If we choose to provide live coverage of meetings the individual with responsibility for this will be identified on a case by case basis with the agreement of the chair.

Twitter Specific Principles

Hashtags

90. It is a convention among Twitter users to distinguish content using semantic tags those key terms, collaborate and share relevant information, and enables ‘trending’ (as displayed on the Twitter.com homepage). The Department will use hashtags when: Providing live coverage of events (live-tweeting) Providing crisis communications. In this event it is likely that a common hashtag will already have been established and we would follow suit.

Link shortening

91. Unless they are already very short (e.g. www.[dept].gov.uk/stuff) URLs in tweets will be shortened using link compressing sites (like tinyurl.com). To avoid any implied endorsement of one such service we will vary our choice as much as possible – but preferring those which provide click tracking statistics.

Re-tweeting

Reactive re-tweeting

92. We may occasionally be asked to re-tweet content from other Twitter users. We will consider these case by case but generally aim to honour such requests from:

- Other Government Departments
- Our stakeholders
- Third sector and non-profit organisations

93. In the interests of commercial propriety and competitiveness we will not honour requests from profit-making organisations, as we would not be able to do so fairly.

Proactive re-tweeting

94. We should actively seek opportunities to re-tweet content that helps position the Clinical Commissioning Group as a filter of intelligence, and inclusive/supportive of stakeholders. As such we may wish to consider re-tweeting interesting content that shows up in our own Twitter stream:

- Research findings and statistics
- Relevant industry / networking events
- Relevant celebrations/commemorations e.g. awards, themed days (e.g. national no smoking day)
ANNEX B

Following and followers

95. As part of the initial channel launch we will actively follow other relevant organisations and professionals

96. We will not initiate contact by following individual, personal users as this may be interpreted as interfering / ‘Big Brother’-like behaviour.

97. We will make it clear in our Twitter protocol (Appendix B) what our following back policy is and that it does not imply any endorsement by the Clinical Commissioning Group.

What is Twitter?

98. Twitter works like this:

99. You create an account. Your account comprises your username and password, avatar image, optional background image to display behind your page

100. You find interesting people to follow, and they can choose to follow you back. Other Twitter users may also initiate contact by following you. This will include your real-life friends and contacts, but it is also normal Twitter etiquette to follow/be followed by people who you do not know offline. In this way, unlike many social networks Twitter is a powerful way of building a network, making new introductions and accessing interesting and varied content. (Use by institutions is different - see corporate policy on following, above).

101. You post updates of up to 140 characters in length. You can do this using a variety of applications over the web on your computer or mobile phone. Everyone who is following you can read your updates. People can also subscribe to your updates using the RSS feed (this means they can receive your updates via their preferred feed reader software or browser start page, without using Twitter), or see them in the Twitter public timeline.

102. Twitter updates are usually in the form of an answer to the imaginary question: “What are you doing now” or “What holds your attention now”? This will often include links to other websites (using link shortening services such as tinyurl.com). Two useful terms often used to describe this activity are “microblogging” – blogging in miniature by posting short updates throughout the day about thoughts and findings of interest – and “hyper-connectedness” – the idea of being in constant contact with your network and aware of what holds their attention right now.

103. Your Twitter stream (the information you see when you use Twitter) is made up of your own updates and those of all the Twitter users you are following. Other users will see their own streams, which display the updates of the users they are following. Therefore what you see is not the same as what other users will see.
104. Users interact with each other in the following ways:

- **@Reply.** You can reply to an update posted by another user in your Twitter stream by clicking the reply button or typing @ and then their username at the start of the message. Anyone following you will see this reply, irrespective of whether they are already following the recipient. (This is one of the ways in which users find new people to follow, as you are effectively introducing that person to your followers by showing his/her username and engaging them in conversation).

- **DM.** You can send Direct Messages to individual users, provided you are ‘friends’ (i.e., you are both following each other). These are private and can only be seen by the sender and recipient.

- **Re-tweeting.** Because people have different networks of followers, it is common to repeat interesting tweets from your own stream for the benefit of all of your followers, preceding it with “Re-tweet:” or just “RT” for short. You do not need permission to do this – it is considered a compliment to the originator to repeat their content.

- **Hashtags.** You can include keywords in your updates in order to associate those updates with a particular event, movement, current trend or issue by adding a hash sign (#) in front of a word. For example at events Twitter users will often agree a common tag to identify themselves to each other and form a Twitter ‘back channel’ for that event. Tagging tweets enables users to collaboratively document a cultural happening, and aggregate all tweets containing that tag on another medium – for example on a blog, projected on screen at the event, or displayed on a map as a visual representation of what is being said in different places about the same issue.

105. The Twitter website itself is not the only (or even the main) way that users access or post updates to their Twitter accounts. The majority of Twitter access is via mobile devices (such as Twitter applications on the iPhone), third party desktop applications (such as TweetDeck or Thwirl), web browser plugins (such as Twitterfox) or widgets on personalised homepages (such as iGoogle, Pageflakes or Netvibes).

106. It is also possible (and popular) to include photos and videos in your messages using third party add-ons, such as TwitPic.

107. Your Twitter updates can also be integrated with your other social media profiles – for example you can use Twitter to edit your Facebook status updates and show your Twitter updates on your blog, if you have one.
Why is Twitter important?

108. It’s a place where news often breaks - e.g. Hudson river plane crash, Mexico earthquakes, Michael Jackson's death,

109. It’s establishing itself as the main source of live update information – e.g. safety and travel info during the Mumbai terror attacks in Nov 2008; school closures during the heavy UK snow in Feb 2009; spread and prevention of Swine Flu in the UK.

110. Trending: As everything being discussed on Twitter is by its nature happening now, it is increasingly being used as a way of monitoring and reporting on trends. Top trends are shown on the right hand side of every Twitter user’s stream, and tracked by other tools (examples include Retweetist, Twitturly and Twitvision). For example, during the government’s Digital Britain Summit on 17 April 2009, #digitalbritain appeared at position 5 in the top 10 trending list on Twitter itself – further raising the profile and discussion around the event.

111. Search Engine Optimisation – because it is updated frequently, Twitter content ranks highly on Google, and is therefore an increasingly important way to generate traffic and disseminate messages online.

Stats on Twitter usage


113. 1,382% year-over-year growth. Total unique visitors grew from 475,000 in Feb 2008 to seven million in Feb 2009.

114. Twitter is not just for kids: In February 2009, adults ages 35-49 had the largest representation on Twitter - almost 3 million unique visitors from this age group (almost 42% of the entire audience).

115. 62% of the audience access Twitter from work only, while only 35% access it only from home. This could suggest a trend towards professional use.

116. Hitwise stats from [http://weblogs.hitwise.com/robin-goad/2009/01/twitter_traffic_up_10-fold.html](http://weblogs.hitwise.com/robin-goad/2009/01/twitter_traffic_up_10-fold.html) include the following:

117. Twitter receives the largest amount of its traffic from the USA, but its penetration is greater in the UK market

118. Twitter is becoming an important source of Internet traffic for many sites, and the amount of traffic it sends to other websites has increased 30-fold over the last 12 months. Almost 10% of Twitter’s downstream traffic goes to News and Media
websites, 17.6% to entertainment websites, 14.6% goes to social networks, 6.6% to blogs and 4.5% to online retailers.

**Our Twitter Account**

119. At the end of March 2013 we had over 1,300 followers.