



# **Communications Framework**

**For internal and external communications**

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# Communications Framework

<b>Policy Author</b>	<b>Communications Lead (NHSS)</b>
Policy Owner (for updates)	Communications Lead
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# Communications Framework

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# **NHS Orkney Communications Framework**

## **1.0 Introduction**

This Communications Framework sets out the approach to be taken by NHS Orkney to develop communications and involvement with all our stakeholders. The Framework is designed to support the delivery of the Board's corporate objectives by putting in place the mechanisms to develop and maintain a positive interaction with all our stakeholders, including our valued staff, and by being accountable to our community and the Scottish Government. We believe that good communication, both internally and externally, is vital to achieving our objectives. This Framework underlines our commitment to continuously improving communication, highlights the key responsibilities of all members of staff and gives guidance on how consistently high standards of communication will be achieved and maintained.

The power of communication must not be underestimated. Good or bad communication can have a serious impact on public confidence and staff morale. NHS Orkney is committed to delivering the aims and objectives identified in this Framework. An associated Communications Policy and action plan have been developed to maintain and improve best practice through the implementation of the Framework. The Framework takes into account comments from the public, service users and staff, and the points identified highlight our desire to see improvements and developments in our internal and external communication techniques.

NHS Orkney is committed to delivering the best possible care to the residents of Orkney and to visitors who may require the services provided. Studies have clearly shown that organisations with staff who feel engaged deliver better patient experience, fewer errors, lower infection and mortality rates along with stronger financial management, higher staff morale and motivation and less absenteeism and stress. Effective communication with staff is therefore essential to improve the service we deliver and to ensure our staff understand their contribution to the success of the organisation and to maintaining morale.

We recognise that communicating with our service users, carers, staff and other stakeholders is part of our everyday work and that communication is a two-way process. Good communication is as much about attitude and behaviour as it is about the message or method of communication.

We are committed to developing our services with community input. We believe that individuals, groups and communities should be actively involved in influencing priorities and planning services, which ultimately lead to improvements in the quality of care delivered.

We need to provide clear routes for people to become engaged and to participate and communicate in the running of NHS Orkney. We will encourage public participation in the consultation and design process for health and care services and to allow everyone to access clear and consistent information about services. We will also continue in our efforts to gather and learn from all the different feedback we receive and make it as easy as possible for people to comment, ask questions or when necessary to make a complaint about the service delivered.

Constant change is a reality of the continually evolving process of improvement experienced within the NHS. This needs to be managed effectively so that staff, patients, the local community and all other stakeholders can keep abreast of new developments and participate in the process of NHS governance and accountability. All new initiatives and policy and procedural documentation will consider communication at the start of the process.

This Communications Framework determines how we will communicate in this regard but does not replace our approach to community engagement and participation.

We will strive to make sure that all our written communication is in plain English. Plain English takes into account the design and layout of a document as well as the language used. We will also make sure that, when required, information will be made available in other languages and/or other formats, such as Braille and large print, to take account of the needs of everyone in the community. We welcome input and feedback from our community on documents that might be improved in this area.

The Communications Framework is also supported by a number of policies and procedures which can be found on our website and staff facing platforms.

## **2.0 Scope and Definitions**

- 2.1** This Framework covers all aspects of communication, including internal and external communications.
- 2.2** The following definitions are applied to terms used within this document.

**The Board** – Orkney NHS Board

**OHAC** – Orkney Health and Care

**IJB** – Integration Joint Board

**Staff** – refers to all Board staff (clinical and non-clinical), in whatever setting, regardless of grade or seniority unless specifically indicated otherwise.

**Stakeholders** – refers to all those people who may have an interest in, or use, the Board's services.

**Internal** – applies to communication within the Board and its functional structures which may include Orkney Islands Council who are partners in the delivery of community health and social care and other joint arrangements within the OHAC.

**External** – applies to communication with members of the public, the media, the Scottish Government, other NHS Boards, public and private sector organisations and the voluntary sector.

### **3.0 Communication - Aims and Objectives**

#### **3.1 The aims and objectives for the Framework are:**

- To be clear about our commitment to open and transparent communication with all stakeholders;
- To put service users, the community and our staff at the centre of our communications plans;
- To encourage and support the communication element of community engagement towards the full participation of the local community in the development and design of our services;
- To support the development and implementation of organisational and service change through proactive two-way communication with all affected groups as part of our participation and engagement work;
- To seek to inform, involve and engage service users, the community and staff to ensure that they have all the information they need in an appropriate format;
- To highlight the responsibilities of key staff with regard to communication;
- To outline the processes used to achieve transparent and effective methods of communication.
- To be clear about our commitment to acknowledge, apologise and explain when things go wrong, whether or not information has been requested and whether or not a complaint or a report about that provision has been made, and ensure that patient safety incidents are communicated with service users and their families and carers in line with our Duty of Candour, learning from clinical incidents.

#### **3.2 Communication – Approach**

We will optimise and improve communications by:

- Ensuring systems are in place to keep service users, carers, the general public and other stakeholders actively engaged in the development of our services to meet the needs and priorities of the local population;
- Promoting a culture of openness and transparency;
- Embracing the rapidly evolving digital platforms available to us;
- Highlighting innovation and achievements within the Board and thereby serving to support initiatives to improve the recruitment and retention of staff;
- Maintaining strong mutually beneficial relationships with media organisations;

- Ensuring that all new strategies, policies and service changes consider the communication aspect at the start of the project, and to clarify target audiences, key messages and method of communication;
- Working in partnership with the Scottish Government Health Directorates and other organisations, nationally and locally, to ensure collaboration, co-operation and the development of common messages, for example with the local office of the Healthcare Improvement Scotland, Orkney Islands Council, voluntary organisations and community groups;
- Working with partner organisations such as Police Scotland, other health organisations and Orkney Islands Council in handling major incidents, and in planning better joined up services; and
- Developing the corporate identity of the Board;



## 4.0 Responsibilities

### 4.1 The **Chief Executive** has overall responsibility for:

- ensuring that this Framework is implemented fully and comprehensively and is appropriately updated
- ensuring the overall effectiveness of communication

### 4.2 The **Director of Finance** is the Director with delegated responsibility for:

- ensuring appropriate support from the IT and eHealth Team to help develop the platforms that enable some Board communications, including the provision of an effective website and intranet function

### 4.3 The **Communications team** is responsible for:

- monitoring the effectiveness of external and internal communication, on behalf of the Chief Executive
- ensuring appropriate procedures and processes are in place for interaction with the media
- supporting the effective corporate use of social media and the corporate website
- developing internal communication platforms by embracing emerging digital technologies such as the introduction of an app for staff
- supporting corporate communication within the Board (e.g. in the production of weekly bulletins and monthly newsletters)

### 4.4 The **Executive Management Team** is responsible for:

- Ensuring all their managers are communicating effectively
- Monitoring and reviewing the effectiveness of communication within their Directorates
- Ensuring that the Framework is effective in helping to improve and maintain good communications, by seeking regular feedback.
- Holding regular Directorate meetings with relevant staff
- Feeding back appropriate messages and communication to EMT and Board
- Identifying opportunities for internal and external communication through established mechanisms such as bulletins, press releases etc and actively encouraging their Heads of Departments to do the same when appropriate, e.g. success stories, opportunities for cross departmental learning or areas of good practice

### 4.5 **All Managers** are responsible for:

- Acting as exemplary role models that promote good communication practice, ensuring that communication is cascaded through management structures
- Ensuring the timeliness, relevance and quality of information, particularly with reference to intranet and internet content
- Holding regular team meetings and ensuring that all their staff receive effective and appropriate communication

- Ensuring that the principles of community participation and engagement are applied consistently
- Auditing the effectiveness of communication within their spheres of influence
- Cascading corporate communications effectively and efficiently to all staff, ensuring questions are responded to in a timely fashion
- Seeking feedback from staff on any areas of concern

**4.6 All staff** are responsible for:

- Taking ownership of communication problems when they emerge and seeking solutions to problems with the co-operation of colleagues and line managers
- Ensuring that they play a proactive role in communicating effectively with colleagues and service users alike
- Being aware of and supporting all aspects of this Framework and associated policy and procedural documentation
- Providing feedback to their line manager/communication team when established methods of communication do not work well
- Reading the weekly bulletins and monthly newsletters sent from the Corporate Communications team.

**4.7 Professional advisory bodies** are responsible for:

- providing professional advice, on their own initiative, or at the request of the Board, on the provision of health care services, including a focus on the communication of changes or service redesign.

## 5.0 Internal Communication

5.1 The capacity of the Board to provide the services the public needs and expects depends on its continued ability to recruit and retain well-trained and motivated staff and to actively and appropriately engage them in all aspects of the Board's business. Effective internal communication has a crucial part to play in this. Staff are also members of the public who may need to use the services as patients or carers. The Board aims to develop its existing internal communication systems to ensure the national Staff Governance standards are met for all staff. The key group for facilitating this process is the Area Partnership Forum (see 5.2 below). We will:

- Seek to communicate with all staff in a clear, concise and transparent manner;
- Seek to ensure that all staff are well-informed and have access to all the information they need to enable them to do their jobs, with easy access to the full range of policy, procedure and guideline documents as required;
- Have an effective two-way communication system in operation which enables the Board to listen to, and where appropriate, act upon the views of its staff; and
- Ensure that staff receive information in a timely manner and will continuously work to improve the speed at which information is passed on to staff. This will be achieved via a variety of methods.

5.2 The following processes are in place or in development to facilitate internal communications and consideration should always be given to how to reach the intended audience in the most appropriate way:

- **Area Partnership Forum:** The role of the Area Partnership Forum is to lead on the principles and practice of partnership working on behalf of NHS Orkney, in supporting a modern, people centred service and continually improving health and health care.

The Forum is co-chaired by the Chief Executive and Employee Director and reports to the NHS Orkney Staff Governance Committee.

Approved minutes of the meeting are available on the staff intranet.

- **Corporate communications:** A weekly bulletin all user email is issued with time sensitive information, with the aspiration of keeping this to an absolute minimum. A monthly newsletter is issued which provides an opportunity for staff to be informed about the work of the Board and some of the key professional and personal achievements of staff members.

For both formats recipients are encouraged to seek further details on any of the information by speaking with their line manager or contacting the communication team. Staff are always welcome to submit items about their own team and its work for inclusion in the monthly newsletter:

[ork.corporatecomms@nhs.scot](mailto:ork.corporatecomms@nhs.scot)

- **Intranet:** The Board has an intranet that allows staff to access pertinent information. Work to develop a new intranet platform for NHS Orkney is a key priority.
- **Microsoft 365:** Inter and intra team communication has been greatly improved with the introduction of Microsoft 365 including Teams. Not only a digital platform for hosting meetings, it has been a significant development in collaborative working and information sharing. Additional platform functionality, for example the roll out of Microsoft Viva will move the internal communication agenda forward again.
- **Digital app:** Harnessing the functionality of Microsoft M365 we will have the ability to reach staff that are less likely to see email communication through methods such as internal social networking.
- **Departmental Meetings:** Each Head of Department will convene regular team meetings with their staff to discuss relevant issues/events and thus provide an opportunity for teams to share good practice and learn from each other.
- **iMatter:** iMatter is a nationally designed programme developed as a model for supporting continuous improvement in staff experience and employee engagement in NHS Scotland. It is for use at team level to help promote openness and transparency in teams about their experience at work, and support for the team's development over time. It is designed to help line managers understand what it is like for their staff as an individual at work, in their teams and the employing Health Board. It recognises that there is already a lot that is good about our teams and our workplace, but we should always be looking to learn and improve.
- **Advisory Committee Structure:** The Board's advisory structure and membership is established according to national guidance. The Advisory Committees play a key role in ensuring that the clinical voice contributes to the work of the Board.
- **Digital Screens and Departmental Newsletters:** These are used to highlight events and initiatives on a number of subjects. There are digital screens positioned at key areas. Newsletters are an easily accessible source of information assisting with the communication of initiatives and developments to other departments within the Board, thus promoting the sharing of good practice.
- **Framework, Policy, Procedure and Guidelines:** Even in a small organisation such as NHS Orkney there are many strategies, policies, procedures and guidelines in place. In the increasingly complex healthcare environment, there is a greater need to formalise the manner in which activities are carried out. This results in an increase in the number of formally documented policies, procedures and guidelines. These documents provide a formal mechanism to communicate with staff regarding the policies and procedures of the Board. Alongside corporate and departmental induction, the intranet, staff bulletin/newsletter and an

M365 Teams channel are utilised to bring such documents to the attention of staff.

- **Emails:** 'All user' emails are used to disseminate urgent information to staff and managers of staff who do not have access to email or do not regularly check email are responsible for passing on urgent messages disseminated in this way. 'All staff' emails should not be used for trivial matters that are of little or no concern to the majority of staff as this simply adds to the significant number of emails that staff receive and causes frustration. Guidance on sending 'all user' emails will be clearly communicated as part of a wider best practice guide on how to use emails appropriately.
- **Internal Campaigns:** Campaigns to support health improvement for staff will be carried out from time to time using a variety of internal communications methods.
- **Staff Seminars:** Seminars on key subjects will be arranged for dissemination of information to a broad range of staff.
- **Pay Slips:** A brief concise message can be printed onto staff pay slips which is one way of getting important messages to all staff.
- **Social Media:** See Social Media Policy.

## 6.0 External Communication

- 6.1** Our external communications reach a wide range of people with differing requirements. These include service users, relatives, carers, the public, other organisations, local businesses and local and national media. Maintaining robust external communication is vital to ensure that stakeholders, both locally and nationally, are aware of the Board's business and are therefore able to interact with us in a meaningful way. The following channels are in place to support strong external communication:

**Board Members:** All Board Members seek to promote the work of the Board to the people of Orkney. Communication between the local community and Board Members can serve as a useful conduit for two-way communication, thus enabling the Board to receive information and comment on policies, plans and strategies, whilst also providing the public with the opportunity to understand service delivery locally. All Board papers are available to the public on the NHS Orkney Website and details to join virtual meetings provided on request.

**Volunteers:** Volunteers support our external communication efforts in a number of ways, from actively contributing on patient representative groups and key meetings as lay representatives to speaking with patients about their experience or helping people through their care pathway experience.

**Orkney NHS Board Website:** The Board has in place a website which facilitates communication with the public. The website provides general information about services provided, details of policies which we operate and provides an opportunity for the public to provide feedback and suggestions for improvement on services delivered. The website provides a dynamic space in which to publish news, details of events, meetings, health information, staff vacancies and career information. All Board Papers are published on the website.

**Social Media:** The Board has corporate Facebook, Twitter and Instagram accounts which are used to promote key messages and also keep abreast of the social media campaigns of partner organisations. We do not encourage social media commentary as a way for the public to communicate with us and instead, wherever possible ask that the official, established channels are used e.g. through the feedback and complaints service or in submission of a Freedom of Information request.

**Annual Reports:** The Board publishes a range of annual reports via its website including the Board's Annual Accounts, the Public Health Annual Report which contains a range of public health topics and the Board's Equality and Diversity Annual Report.

**Annual Review:** Typically, each year the Board holds its Annual Review in public. This is where members of staff and the wider community are invited to listen to the Board's Chair and Executive Managers about the key achievements and challenges for the Board in and also ask questions and seek assurances about the delivery of services.

**6.2** To ensure that all stakeholders are able to feedback effectively with each other, the Board has in place the following systems:

- **Care Opinion** - an independent digital platform where people can leave comments and concerns about their healthcare experiences and these can be seen and commented on by others. Managers will respond to the feedback received through this route and people with concerns are asked to make contact directly in order to explore these in a more appropriate, private way.
- **Scottish Care Experience Survey** - We will participate in the national programme that seeks feedback from patients on their experience in areas such as inpatient, health and care, maternity and cancer services.
- **Feedback and Complaints** - The Board's Complaint Handling Procedure conforms to national guidance. All complaints are thoroughly investigated and are reported to the Board.
- **Public engagement** – we are actively working on revitalising public engagement as we emerge from the pandemic. We continue to embrace lay representation on all our consultative work, most recently in the development of NHS Orkney's Clinical Strategy.
- **Local Groups and Community Councils** – the Board is happy to meet with local interest groups and Community Councils as part of its public engagement commitment to discuss proposals and plans and to seek input into its proposals.
- **Service Redesigns** - the Board follows national guidance on consultation including where requested 'external scrutiny' where there is the potential for the redesigns to impact on patient services.
- **Healthcare Improvement Scotland** - this organisation plays a key role in monitoring the performance of the Board in its public engagement activity and part of this is how we communicate with our stakeholders.
- **Community Planning Partnership** - the Board is actively involved in the Orkney Community Planning Partnership, which is facilitated by Orkney Islands Council. Community planning is a process that helps public agencies work together with the community to deliver better, more joined up public services and improve the quality of people's lives.

Community Planning is a statutory duty placed on a number of organisations and came into force on 1 April 2003. The Orkney Partnership is structured in working groups and three delivery groups have been set up to deliver on priority areas.

Further information can be found on the website  
[www.orkneycommunities.co.uk/communityplanning](http://www.orkneycommunities.co.uk/communityplanning).

- **Regional Committees and forums** - Board Members, members of the Executive Management Team (EMT) and other key staff are members of a

number of external groups such as the North of Scotland Regional Planning Group (NoSPG). NoSPG is a collaboration between the six geographical Board areas which comprise the North Region (Tayside, Grampian, Highland, Western Isles, Orkney and Shetland). This group works together to ensure the sustainability of services at a local level, whilst also addressing areas for action at a regional level. NoSPG lead on regional communication about its work in collaboration with local communications focussed staff and services.

- **Networking with the Scottish Government Health & Social Care Directorate and other NHS organisations** - ongoing communication is in place between the Board and the Scottish Government Health & Social Care Directorate. These relationships also exist with other organisations Boards.

**6.3** We are committed to continually improving our external communications, and this includes:

- **Championing Equality and Diversity**  
The Board values the cultural diversity across Orkney and is committed to providing systems and methods of communication that allow all individuals, regardless of cultural background or personal characteristics, to engage with our services and to be fully involved in all that we do. We will also ensure that our communication with individuals who have a disability which affects communication meets individuals' requirements. Our methods of communicating with service users are evolving with the development of new technologies and we welcome feedback on how we can make any further improvements.
- **Patient Information**  
Patient information includes not only information about treatments but also about the activities of the Board in general. It forms a key method by which we inform people of our activity. The Board will endeavour where required to make available all essential communications in another language, large print format, audio or Braille to support an individual's particular care needs. The Board's website also promotes and links to NHSInform which hosts a range of patient information in a variety of formats.

**6.4** NHS Orkney fully supports the use of digital technologies in further developing both its internal and external communication.



## **7.0 Communicating with the Media**

- 7.1** For many people local media is a major source of information about NHS Orkney. It is important therefore that we maintain good working relationships. We aim to respond to all requests from members of the local and national media within a timely manner. The media provides a cost-effective way of communicating with a large public audience, however local outlets are not compelled to publish news releases and may not do so if they do not consider them to be “news” or more suited to advertising. News releases should take account of the newsworthiness of the item and ensure that the key messages are concise, easy to understand and news in the stricter sense of the word.
- 7.2** The Board is committed to ensuring that it communicates with its staff about key events and Board news before information is released to the media. Sometimes, given the nature of the news, the staff communication can only be by all user email with a short period of time before issuing to the media, which does not guarantee all staff will be aware of the news before they hear or read about it in the local media.
- 7.3** Consideration should be given to producing public notices when it is essential that the entire message is published. Increasing use is made of local web news services both by staff and the public, therefore consideration should be given to how news releases will be used in different formats by the media. Consideration should also be given to how a message may be received if it is broadcast via one of the local radio stations and news releases should be tailored to fit the broadcast medium as appropriate.
- 7.4** The Board has three main methods of communication with the media:

**Press Enquiries:** All media enquiries are handled by the communication team.

**News Releases:** Board news releases are issued by the communication team.

**Board Meetings:** Board meetings are open to the public and to the media, who can access Board Papers. The media are given an opportunity to ask questions of the Board Members at the end of the meeting to get comments and further information on subjects of interest.

## **8.0 Staff Training**

- 8.1** It is recognised that training is important for all staff and stakeholders if we are to maximise the effectiveness of our communication processes. The Board will ensure staff are competent in a range of communication areas, as appropriate to their role within the organisation. Any training will be linked to needs identified in Personal Development Plans through the staff appraisal process.
- 8.2** All staff should be made aware of communication issues relevant to their job role during their induction programme. Core issues that all staff should be made aware of are Freedom of Information, Data Protection legislation, and professional responsibilities in relation to Caldicott guidance and patient confidentiality.
- 8.3** All training activity is coordinated through Staff Development.

## **9.0 Monitoring and Review**

- 9.1** The overall responsibility for this Framework rests with the Chief Executive. Monitoring and review of the effectiveness of internal and external communication sits with the Communications lead and team.
- 9.2** The policy and protocols that underpin this Framework will be kept under review by the Communications Team and these will be developed as time progresses.

## **10.0 Delivering the Framework**

- 10.1** We will monitor improvements, and perceptions of improvement, via staff surveys e.g iMatter, patient feedback, complaints and an analysis of requests made to the Chief Executive's office. This will be overseen by Area Partnership Forum.
- 10.2** We will continue to consult with staff on how to improve internal and external communications. Area Partnership Forum and any resulting short life working groups will seek views on this and review this against affordability and sustainability of medium. Area Partnership Forum will liaise with the Communications lead to ensure that the canvassing of staff opinion can be done for all areas of communication in an aligned manner.
- 10.3** All new policies and strategies will consider the communication aspect from the outset and will set out an action plan to ensure that essential messages are communicated effectively to all stakeholders. The plan will include the methodology of communication and the appropriate consultation with staff, patients, public and stakeholders.

## Rapid Equality and Diversity Impact Assessment – Communications Framework

<p>Which groups of the population do you think will be affected by this proposal?</p> <ul style="list-style-type: none"> <li>• Minority ethnic people (incl. Gypsy/travellers, refugees &amp; asylum seekers)</li> <li>• Women and men</li> <li>• People with mental health problems</li> <li>• People in religious/faith groups</li> <li>• Older people, children and young people</li> <li>• People of low income</li> <li>• Homeless people</li> <li>• Disabled people</li> <li>• People involved in criminal justice system</li> <li>• Staff</li> <li>• Lesbian, gay, bisexual and transgender people</li> </ul> <p><b>Stakeholders:</b> All internal staff and external audiences, including the general public, policy makers, government, NHS colleagues, voluntary organisations and those affected by the delivery of healthcare in Orkney.</p>		<p>Other groups:</p>
<p>N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed</p>	<p>What positive and negative impacts do you think there may be?</p>	
	<p>Which groups will be affected by these impacts?</p>	
<p>What impact will the proposal have on lifestyles?</p> <p><b>For example, will the changes affect:</b></p> <ul style="list-style-type: none"> <li>• Diet and nutrition</li> <li>• Exercise and physical activity</li> <li>• Substance use: tobacco, alcohol and drugs?</li> <li>• Risk taking behaviour?</li> <li>• Education and learning or skills?</li> </ul>	<p>All groups positive impact:</p> <ul style="list-style-type: none"> <li>• Improved communications</li> <li>• Openness and transparency</li> <li>• Improved reputation</li> <li>• Consistent standards</li> <li>• Accessible, timely information provision</li> </ul>	

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

# Rapid Impact Checklist: Summary Sheet

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