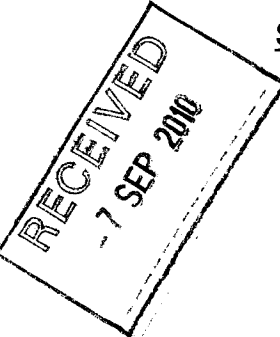


**Statement by Professor Anne Gregory to the Public Inquiry into the
Outbreak of Clostridium Difficile in the Northern Hospitals Trust**

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1. The National Health Service (NHS) in the United Kingdom is publicly funded and as such is publicly accountable. The media has a legitimate interest in interrogating its activities and promoting to the general public its services and achievements.
 2. The public relations function helps to discharge public accountability responsibilities. The Health Act 2006 as it applies in England and Wales sets out a duty to provide information on healthcare acquired infection prevention and control and this would cover providing information via the media.
 3. Best practice indicates that good public relations functions report directly to the CEO and that they are represented on the Board. Good public relations functions are proactive, working to Board agreed communication strategies which include prepared and rehearsed issues and crisis management plans – these would include Health Care Acquired Infections (HCAI). They are also reactive: able to respond in a timely and transparent manner to those with legitimate enquiries.
 4. There is a great deal written on issues and crisis management in the academic and practitioner literature and broad agreement on best practice, despite the fact that crises can be very different: from the small to the catastrophic, and from the immediate to the sustained.
 5. Apart from pre-planning for issues and crises, research shows that a number of key factors affect good crisis management. These include an open, co-operative and stable culture, engagement of the most senior management and autonomy for the crisis management team to act quickly and without bureaucratic processes and procedures.
 6. Guidance on the practicalities of issues and crisis management is and has been available from the UK Department of Health. See *NHS Communications Toolkit for issues management and crisis*

communication (Doc 1:) and password protected nhscommslink (www.nhscommslink.nhs.uk/) **Error! Hyperlink reference not valid.**for the latest resources. There is also a Healthcare Acquired Infection Integrated Communication Team based in Whitehall. However, my inquiries have revealed that many NHS communicators are unaware of these resources .

7. Principles of openness and transparency must characterise media work in an outbreak HCAI such as C Difficile. Trust must be maintained in health communication. In the NHS four elements underpin crisis communication: speed, accuracy, credibility and consistency. If any of these elements are missing it is likely that the media will become dissatisfied and cynical or suspicious and the public relations team will feel they are losing control.
8. The crisis plan will have determined: the key media personnel and their preferred communication channels, who the Operational Communication Team and their roles, information gathering, verification and clearance processes and protocols, appropriate spokespeople including external experts and that they are trained, holding statements and a media record-keeping, tracking and monitoring system. Liaison protocols with the Department of Health will also be clear.
9. Within organisations, challenges that PR professionals face include:
 - not being involved early enough in decision-making and finding themselves the messengers for decisions that have not factored-in communication issues
 - lack of, or slow access to key individuals and those individuals not telling them the 'whole story' or wanting to 'spin' the facts
 - key spokespeople being unavailable or not speaking within brief
 - restricted resources which do not allow them to bring in expert advice when they reach the limit of their capacity and capability

- a feeling of isolation and public relations becoming a scapegoat
- exhaustion when the crisis is prolonged and when media demands extend through nights and weekends, and a lack of a sense of perspective when they are 'in the thick of it'
- aligning and co-ordinating media communication with those being provided to and by other stakeholders (e.g. Department of Health) and critically, to staff.
- updating all channels of communication at the same time

10. Other challenges they face directly from the media include:

- news journalists who are unfamiliar with health issues and who focus on creating news rather than on providing a public information service.
- financial pressures on the media means journalists are increasingly writing stories to sell newspapers. There are more negative stories than 10 years ago and less, well-informed specialist correspondents
- journalists seeking out 'victim' points of view and families going to the media when they have not been dealt with appropriately by the NHS
- incidents that become iconic, or wrong information that is repeated by the press and which become very difficult to move on from or dispel
- constant demand for updated figures, statements and spokespeople. These can be difficult to manage. The need is for controlled release of timely and accurate information from credible sources.
- trying to place stories with the media about non-HCAI related topics which will build public confidence, when the media focus is on the outbreak
- understanding thoroughly the media context including the wider health news agenda and the history of crisis communication with the media

11. Actions that can be taken to ensure staff generally have an understanding of the media and its positive role include:

- the communication and crisis communication plan being available for all staff scrutiny

- the public relations department being involved in staff induction, where media policy and protocols are explained.
- every manager having media awareness training
- rehearsals of crisis communication implementation plans involving the range of staff
- media section in the staff handbook and regular reinforcement of the importance of media relations across staff communication channels.
- when there is an HCAI outbreak there should be immediate briefing of staff on the nature of the infection, how it should be dealt with, who to refer to for information and advice on how to deal with media enquiries.

12. HCAI would normally be part of an issues management register and plan maintained by the public relations department. Good practice suggests that briefing papers providing plain-English, but comprehensive explanations of infections and their prevention and control, including how the public can assist, would be prepared ready for distribution to the media.

13. Should an outbreak occur this briefing would form part of the first press conference and of individual briefings. It should be widely available to staff and the general public also.

14. Key to ensuring an informed media during a crisis are regular briefings which control the release of up to date, accurate and consistent information. These may be hourly if there is a fast developing crisis, or scaled back if the crisis is moving to a more stable position. Authoritative and credible experts, able to answer media questions accurately will be available. Any emerging issues will be addressed fully and transparently and ideally any topics that will aid understanding which have yet not been addressed by the press will also be covered.

Anne Gregory

25th August 2010

A large, solid green curved graphic element that starts from the left edge of the page and curves downwards and to the right, ending at the bottom right corner. It has a smooth, flowing appearance.

NHS Communications

A toolkit for issues management and
crisis communications

June 2010

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Introduction

The ability to handle issues and crises is of great importance to the NHS and Department. During 2009/10, NHS Communications has been called upon to provide support for both issues and crises in the management of the Swine Flu pandemic and the publication of the Francis report that reviewed standards of care at Mid-Staffordshire NHS Foundation Trust. Given the different and distinct nature of each situation there can be no 'one size fits all' response. This toolkit is therefore designed to give an overview of issues management and crisis communications, and practical support in how best to deal with them.

When a crisis occurs, the response may require input from a range of experts, and NHS communications staff will therefore need to work as part of a multi-disciplinary response team to deliver cohesive and effective communications. The response team may involve policy colleagues and others from across the Communications Directorate, working together to deliver an integrated corporate response on behalf of the NHS or Department.

Communications are a fundamental part of the Department's and NHS' response to crises. It is almost certain that there will be situations requiring our communications support in the future; by building our capacity to manage crisis communications within the team we will be more prepared, and have more resources to draw on in order to provide this support.

What are crisis communications?

Crisis communications involves dealing with a situation reactively when the public, media or stakeholders might already be aware of it to minimise the impact on the brand and maintain the organisation's reputation. There is a need to react rapidly to best manage the impact, often without the luxury of sufficient time to plan and deliberate over an issue.

In NHS terms a crisis might be any of the following:

- A 'no harm' incident where an incident occurred but there was no harm caused either to patients or members of staff, e.g. a complaint by a pressure group about the cleanliness or efficiency of an NHS unit;
- An 'adverse incident' that has caused loss or harm, e.g. a media report of an ambulance being involved in a serious road accident;
- A 'Serious Untoward Incident (SUI)' an act or omission which has produced (or has the potential to produce) serious injury or death, poses a serious risk to the objectives of the Trust and which has produced (or has the potential to produce) significant legal/media or other interest, e.g. malpractice around the protection of patient data being downloaded and sold to commercial companies;
- A 'crisis' – an incident which escalates out of your control, e.g. misdiagnosis of a critical illness to a wide number of patients; or
- Failure of leadership of an organisation e.g. staff malpractice or the dismissal of the leadership team.

Some of the factors which might turn an incident into a crisis include the involvement of external stakeholders such as patients, regulators or the media, or internal stakeholders such as employees, trade unions or other NHS entities. The situation may be unclear and can become more serious as it unfolds requiring a decisive and speedy response to bring it under control.

See the Swine Flu case study for an example of NHS crisis communications work.

What is issues management?

Issues management is the handling of future events and is therefore generally proactive, allowing for a planned approach to communications. Issues management involves looking ahead to see how an issue will change, or have the power to change, the context in which an organisation operates. Although most of these issues will be perceived as threats, there may be opportunities or positive outcomes for the organisation which will also require handling.

Issues management involves:

- Anticipating and analysing the issue
- Developing organisational positions on the issue
- Identifying key groups of people whose support is vital to the issue
- Identifying what the key groups of people need to do.

See the case study of the Francis Inquiry into Mid Staffordshire NHS Foundation Trust for an example of NHS issues management work.

Good practice guidance

There are four key elements to successful crisis communications:

- Speed
- Accuracy
- Credibility
- Consistency

Management of a crisis will involve:

- Defining the scale of the problem
- Isolating a crisis team from daily business concerns
- Centralising or controlling information flow to and from the team
- Assuming a worst-case planning position
- Not depending fully on one individual
- Resisting the defensive instinct.

The communications team plays a key role in times of crisis. It will:

- Maintain alignment between the executive decisions and the communication surrounding the incident or crisis;
- Position communications and create a communications plan and related messages, even when the outcome of the situation is not clear;
- Consider the different audiences: media, workforce, stakeholders and the public; assess their likely opinions, create appropriate but consistent messages and decide on channels (see good practice guidance below);
- Prepare and manage the release of all authorised communications, including strategies and statements, ensuring all content is factually correct;
- Ensure alignment between internal and external messages, and;
- Build in evaluation processes and track and monitor the impact of communications.

Audiences: general principles

- Consider the most appropriate forum or mechanism to handle communications to specific audiences (e.g. weekly face-to-face press briefings for Swine Flu);
- Determine the guiding principles for communications e.g. transparency, timeliness;
- Ensure messages to different audience groups are consistent – assume that messages delivered to different audiences will be picked up by others e.g. the media, staff, stakeholders or the public;
- Identify your resource requirements and budget; and
- Think, at an early stage, about how you will evaluate your communications.

Handling the media

- A key element of all crisis communications should be a robust media communications strategy;
- Provide all assistance possible to the media. They will cover the story regardless of the extent to which you cooperate and will get information from outside sources if they can't get it from you;

- Always be candid and timely in responding to the media and keep them fully informed. Don't wait for them to call;
- If you inform the public frequently and accurately in lay language through the media from the outset you might avoid the information vacuum being filled by rumours that could be far worse than the real situation;
- Establish a primary contact in the Media Centre;
- For national, regional and local media agree the briefing responsibilities split between DH/SHAs and how the briefing cycle will work. Consider how regional/local media management can complement or mirror (if appropriate) national approaches;
- Ensure you are continuously monitoring and responding to media coverage;
- Get the right spokesperson and monitor their suitability e.g. the Secretary of State was put forward initially as the spokesperson on Swine Flu to provide reassurance that we were prepared. As the situation progressed, SoS was replaced by the Chief Medical Officer to reaffirm that this was a medical and not a political issue and use his reputation as an authoritative medical spokesperson to reinforce and reassure;
- Agree a briefing strategy with the spokesperson and ensure there is adequate pre-briefing; and
- Observe the communications hierarchy (below).

Fig 1. The Communications Hierarchy



Handling workforce communications

- The workforce plays a key role in crisis communications and is often the channel through which your communications are conveyed to the public. They will be crucial ambassadors for the organisation and research shows that the public trust staff to give them the right information;

- Remember that the staff are also the public, and that communications to staff can become public. An ill-informed workforce could be damaging;
- Our workforce covers both DH and NHS staff - Corporate Communications will lead on internal DH comms and these need to be consistent with NHS facing comms;
- It is important to be honest about how much information you can give – if you can't give a definitive response, say when you can;
- Establish an effective comms infrastructure to ensure you have two way dialogue with workforce based communicators, e.g. during Swine Flu a regular teleconference with SHA comms leads was established to ensure there was a cascade of information down to communicators at a local level and up to the Swine Flu team;
- There may need to be a hierarchy of messages for different groups of staff;
- Consider the best channels to use for the different staff groups. No one channel will work for all groups;
- Think about who 'owns' which groups of staff e.g. SHA comms leads for regional/local messaging; British Medical Association, Royal College of Nursing for their staff groups, use of peer-to-peer communications for the clinical community;
- Map channels across the Department and consider whether you need to supplement regular staff channels e.g. issue them at a greater frequency;
- Tell staff what the message to give to the public is e.g. maintaining confidence; and
- Clearly state the expectation – are you giving information or making a call to action?

Handling stakeholder communications

- Identify your key stakeholders as soon as possible. Who has the most influence over your target audiences and the public? Who has the greatest access to the media and share of the media voice?
- Be realistic with your stakeholder mapping exercise and stick to working with the major groups identified;
- Get stakeholder manager advice, but expect to approach/communicate with the different groups directly;
- Ask and understand what groups' views actually are on this issue;
- Remember to include internal stakeholders e.g. Gateway, Chief Medical Officer, in your planning. Think about how you can adapt your ways of working to meet the needs of these stakeholders, especially if they have a leading role in the project;
- Take a strategic approach and decide on the best mechanism for updating stakeholders, e.g. regular teleconference, face to face meeting etc. Think about the frequency of updates required;
- Know your sphere of influence, and decide which bit of the crisis team has relationships with which stakeholder groups. The communications team will not be the most appropriate lead for all;
- Consider what existing channels there are to your stakeholders, and what you may need to set up outside of those;
- Provide regular updates to ensure that stakeholders are clear about the latest messages;
- This could present an opportunity to do creative work with stakeholders;
- Don't just assume stakeholders want to know about our issue – sell the issue to them;

- Ensure there is two-way dialogue: what are they saying, what do they want to do. Could they facilitate your ideas? and
- Consider the Four Nations and their comms teams: factor in time to get buy-in/input.

Handling communications with the public

- Be clear about what your messages are and convey them in a way that is accessible to the public;
- The media play a key role in public facing communications, although the media should not be the only way to reach the public. Ensure your public communications link in to your media strategy (as above);
- The public can also receive messages from stakeholders. Ensure there is consistency in message delivery and timing'
- Balance reassuring the public with the operational reality – messages need to be realistic but at the same time offer some assurance;
- Messages should be balanced between keeping the public calm and motivating them to take action;
- The tone of messages may need to be simple and 'no frills' for critical situations;
- Consider early on what resources will be available; there may be constraints
- Consider how to use staff in communicating with the public, and work with the marketing team on how to best to do so; and
- Be aware that there may be a Four Nations dimension to agreeing messages.

Evaluating crisis communications

Evaluation is an important part of all communication projects and should be planned at the outset. In times of crisis, communications evaluation may be considered less of a priority than the immediate business of providing a response; however evaluation is a critical part of any project and will help to capture any learning for the future.

The following points should be considered when planning evaluation:

- The results of evaluation should be usable: it should prompt us to do something, in other words, do more, do less or do it differently next time.
- Evaluation must cover the whole length of the communications campaign and there must be time to act on it within the time span of the project.
- Evaluation should always give hard information, such as numerical results or qualitative feedback.

There are three main ways to measure communications activities:

- Inputs (what you did)
- Outputs (how many people you reached)
- Outcomes (what your audiences know, think or do as a result of your work)

Inputs

Inputs are of limited value on their own but they are essential to assess the value of outputs and outcomes. You need to capture: total budget, budget split, channels and repetitions (i.e. how many times a particular communications tool was used).

Outputs

The value of outputs is still limited, but they can be useful to assess particular areas e.g. outputs in terms of key press office/notice messages picked up by target media. Caution is needed as many other factors may also influence outputs.

Linked to outputs you can also assess:

- Reach: A simple measure of the number of people exposed to a campaign and its messages by each discipline or tactic. In order to effectively capture accurate numbers you must make sure the people using the material you prepare agree to provide you with the basic reach and frequency data. This will give you the information you need to evaluate campaign activity and encourage them to plan accordingly.
- Recall: whether your target audience can remember your communication what aspects, channel or tactic they remember best and what the campaign was telling them. Testing for recall requires commissioned market research.

Outcomes

This is the extent to which the audience changed their attitudes and/or behaviour following your communications campaign. Outcomes are the most useful and valuable measures, but they can sometimes be difficult to assess, and occasionally virtually impossible.

There can be similarity in output and outcome metrics depending on the campaign objectives. For example, if your objective is to increase awareness of a webpage then the number of downloads would be an output. If your objective is to increase the number of downloads on a website then the number of downloads is your outcome.

Linked to outcomes is **awareness**. How many people are aware of the campaign and its messages? This is essentially an output rather than outcome, but by measuring it before the campaign starts (benchmarking), and after, you can see shifts in awareness. These shifts are outcomes. You may be able to use market research that has already been commissioned, e.g. the DH staff survey, to measure awareness.

Shifts in **attitudes and perceptions** are also outcomes, showing the way target audiences think or feel. This will in turn encourage or prevent some other behaviour. They are often more complex to measure than shifts in awareness.

Shifts in **behaviour** are most valuable in analysing the campaign's success. They also often need complex, long-term or longitudinal studies. To help you overcome the problem you must continuously monitor behaviour changes in detail throughout the campaign.

You can build simple measures of success into each tactic in your campaign (**'tactical trackers'**), so you can see the impact of each one.

Media analysis can provide useful results: the numbers of positive/negative/factual articles should be tracked and where possible, linked to proactive PR generated by DH. Most specialist providers of media evaluation are expert in analysing media coverage - this is a service worth paying for. Media coverage can also be assessed on its prominence in the media. PR industry research suggests a simple rating scale for editorial press, broadcast or online coverage. Generally, it does not matter how you define the prominence scale, as long as you apply it consistently.

Advertising Value Equivalents (AVEs) should not be used as they are wildly inaccurate and can be dangerously misleading. They attempt to measure the cost of buying advertising space against space gained by editorial PR and are calculated in many ways. But metrics industry standard agrees that none are reliable.

Methods to evaluate Swine Flu communications activities were put in place early on in the project. See the Swine Flu case study section for the evaluation report.

Checklist: top ten things to do when handling an issue or a crisis

The following checklist highlights a number of key things to think about when faced with responding to an issue or crisis. The list was developed through discussion with NHS communications colleagues at workshops which took place in Leeds and London.

1. Define the issue

What is the communications need and what can you offer? It might not be possible to do a comprehensive definition at the onset of a crisis as the facts might still be evolving, however it is useful to try and understand what the issue is and therefore what your comms objectives will be. Issues management can often give more time for planning so you might have the option to take a more proactive approach.

2. What resources have you got to work with / what do you need?

Decide whether you have enough resources (people and budget) to be able to deliver this project successfully. Find a route to access the services you need quickly utilising services or teams already available in place within the organisation if needed.

3. Define the team

What are your team's roles and responsibilities and what are your responsibilities as part of that team. Who else will you be working with and what part will they play in the project?

4. Understand the information flow / structure

You need to know how you'll receive your information, where you'll need to send it to and also who controls that information.

5. Set your communications principles and stick to them

Being clear about your communications principles (e.g. transparency, timeliness) early on in the project may help you to overcome obstacles that might crop up as it progresses.

6. Define who your partners are

Who will you need to work with you ensure your comms are successful – that might include internal and external partners as well as other government agencies.

7. Identify your key contacts

Think about who your key contacts within the Department might be who will be useful to help you deliver the project (i.e. Private Office, other Directorates etc).

8. Understand the reporting structure

Understand your internal stakeholders and think about how you will brief them to keep them informed. Think about who you are reporting to, who is ultimately accountable for this project and what do you need to report on?

9. Who can you turn to for help?

Identify someone who can provide support or help if needed. This may be a line manager, or could be another colleague within the project team.

10. Think about how you could evaluate your communications

At times of crisis it is often difficult to take a step back and think longer term about what you might learn from this experience. If you do have the opportunity to build in some basic evaluation mechanisms then this will add value to any crisis communications projects you might have to handle in future.

Case Studies

1. The NHS Communications response to the Swine Flu pandemic

Background and context

The detection of the Swine Flu virus in Mexico in April 2009 signalled the start of a global public health emergency, which led to the mobilisation of the NHS in England on a large scale.

Although more mild than initial indications suggested, the Swine Flu pandemic caused widespread disease, with an estimated 7.7m people infected with Swine Flu, a minority of very serious cases and some deaths. For over 300 families in the UK, Swine Flu was a personal tragedy.

For the NHS, the pandemic demanded an operational response, unprecedented in its sustained intensity. As part of the response to Swine Flu members of NHS Communications were initially commissioned to work with Ian Dalton, National Director of NHS Flu Resilience, to ensure the right focus among SHA Chief Executives and Chairs. The aim was to ensure that preparedness planning was understood to be an organisational priority at a local level and that appropriate resource was diverted to reviewing and testing local resilience plans.

As the situation developed it was quickly realised that there would be a more sustained and intensive communications requirement for NHS facing communications about Swine Flu. A dedicated team was established to focus on this area working across the Department as part of a virtual team (involving colleagues from the Media Centre, marketing, and the policy team) to tackle all aspects of Swine Flu communication.

How the topic was handled

In the very early days, the Head of Integrated Communications worked exclusively with the National Director for Flu Resilience to handle NHS staff facing communication. It quickly became obvious that this approach was not sustainable as the volume of work required was too much for one person to handle. Therefore a scoping exercise to map the comms need for NHS facing communications was undertaken which outlined the main objectives for the work (as they were understood at the time), the communications principles to follow, the key communications elements and what resource / staff would be needed to deliver it successfully.

The NHS Swine Flu communication team provided two functions during the response to the pandemic. The first was to ensure that NHS facing channels, such as the DH website, NHS Comms Links and staff bulletins, were used effectively, efficiently and appropriately to get the right messages out to the right audience. The second part of the role the team played was to provide leadership for NHS communicators and to represent the views and concerns of NHS organisations and communicators back into the Department.

The uncertainty of the situation and lack of a clear picture about how it would unfold presented a series of operational challenges for communications, not least that the

strategy needed to be flexible enough to adapt to any new developments. Key areas of policy which the NHS Comms team were actively engaged with were the development and publication of the planning assumptions; the development and publication of the Swine Flu Clinical Critical Care recommendations; and the staff facing vaccination programme.

Approach

- A communications plan was drafted which outlined the key objectives for staff facing communications and anticipated what the key pieces of work would be, The plan included more strategic communications as well tactical activities
- Additional staff were brought in, including two external staff on short-term contracts, to create a dedicated Swine Flu comms team within the NHS Comms branch. Other members of the branch maintained 'business as usual' activity
- The Head of Integrated Comms took part in weekly Flu team meetings to ensure a joined up corporate response
- Communications principles were agreed from the outset and maintained - communications would be transparent, science led and timely.
- The primary sources of information were identified and relationships formed to ensure that NHS communications colleagues were on the right mailing lists to receive the most current information
- A 'command and control' brief was put in place with the NHS to strictly ensure that they were following the instructions being put out by the Department and communicating accordingly
- A weekly teleconference was arranged to ensure Directors of Communications in Strategic Health Authorities were briefed with the latest information and to facilitate a two-way dialogue
- A communications campaign ("If You Can't Catch It, You Can't Pass It On") to encourage staff take up of the Swine Flu vaccine was delivered to drive up the number of staff who took the vaccine above normal 'seasonal flu' levels
- Communications tools were developed to ease NHS pressure, including a GP receptionists' triage process map to ease pressure on GPs. This work was undertaken in collaboration with the Royal College of GPs, who had initially raised the issue of communication to receptionists and the need to inform them of how to deal with patients with who presented with Swine Flu
- Regular updates to key stakeholders, including through the Stakeholder Communications Forum, ensured consistent messages were being pushed through to partners and those with an interest or influence over this area.

Duration

At the outset, it was unclear how long the Swine Flu pandemic would last and therefore how for how long the intensive communications response would be required. The pandemic was actually much less severe than was first anticipated and therefore the most frenetic period of activity lasted from around April 2009, when the first case presented in the UK, to around February 2010 when the National Pandemic Flu Service was stood down.

Costs

The team handling this crisis did not have a budget allocated to them at the outset, therefore were quickly required to identify potential sources of funding to support

campaign work. This was done by 'piggy-backing' on existing marketing contracts and identifying resource for additional staff from within the integrated comms team.

Lessons learned

- Team resilience is crucial – it is important to organise the team to maintain a level of business as usual and at the same time avoid 'burn out' of particular individuals who are delivering the crisis work. Maintain some humour and try and keep the team motivated
- Setting clear communications principles and sticking to them can be invaluable – principles that have been agreed by all from the outset give you something to fall back on when the team is in danger of taking the wrong policy decision and offer a lever for discussion
- There is a danger that communication is seen as the whole solution to the crisis – be clear with policy and senior colleagues about what communications can deliver and what it can't
- Try and identify some of the key elements of the communications strategy early on to allow a more proactive approach to some areas
- Use your senior team to greatest effect – they can reinforce your role in the project and provide support if it's needed
- Ensure you have the right people on the team – if someone isn't performing well enough then replace them. At times of crisis you can't carry people who don't fit
- Make the best use of all available expertise, including colleagues who are based in other locations/offices
- Manage relationships with NHS colleagues – be honest and reflect their needs back to policy and other colleagues in the Department. Think through the impacts on Trusts of any public announcements being made
- Manage the messages – consider the danger of staff-facing communications finding their way into the public domain and confusing the issue. Consider what the most effective format is to ensure the hard line messages to NHS staff are delivered effectively (e.g. face to face)
- Effective relationships are crucial and can give you access to the latest information. Identify the key players and build those relationships (e.g. private office, key stakeholders etc) – they can sometimes be more productive than information channels specifically established to support the project
- Be clear about the role of the team and ensure members are clear about your role
- If you can, make time at the start to put in place mechanisms to evaluate your communications once the crisis is over to capture any lessons learned
- Identify the most appropriate forums/channels for each key audience or stakeholders communication. If none exist, establish the right forum / channel
- Follow the right governance mechanisms and ensure there is enough time to see specific approval from groups such as the Four Nations or COBR
- Beware of spokespeople becoming too 'vocal' or taking their own initiative – plan for every eventuality.

[Source: Integrated Communications and Planning Swine Flu Team: May 2010]

2. Francis Inquiry into Mid-Staffordshire NHS Foundation Trust, March 2010

Background and context

The Mid Staffordshire NHS Foundation Trust Inquiry was carried out as a result of concerns about mortality rates and standard of care provided at the Trust between January 2005 and March 2009. Following a highly critical report by the Healthcare Commission in March 2009 there were two further reviews commissioned by the Department of Health, resulting in public concern and a weakening of confidence in the Trust. An independent inquiry was commissioned by the Secretary of State in order to consolidate and deal with the issues, and give those personally affected a chance to have their say. The inquiry reported in February 2010.

The Department's aim when handling the report of the independent inquiry was to minimise damage to the reputation of the Department and by extension, its policies. DH had to decide how to respond to the report itself and the recommendations for the Department contained in it. There was also a practical need for co-ordination of announcements, as there were three documents being published on the same day.

How the topic was handled

As the Department had commissioned the independent Inquiry, its progress was monitored and there was full awareness of the forthcoming publication of the report. This meant that the Department's response could be planned in advance, both before and after the Department had the chance to view the report, which was released to DH before publication. Communications staff were involved from the outset for a specified duration, and had clear knowledge of the end point of this work.

There was a clear role for NHS communications: to co-ordinate and communicate publication of the report to NHS organisations and staff. The NHS Communications lead was also responsible for planning stakeholder pitchrolling within the Department.

Separately, communications support had also been provided for the duration of the Francis Inquiry itself, with one person responsible for all aspects of the communications campaign including branding and a website. As the inquiry team was small, additional responsibilities outside of communications were carried out e.g. writing up transcripts, and the team worked for long hours on a regular basis throughout the Inquiry.

Approach

- A team to handle the report of the Inquiry was set up, headed by the PPS to the NHS Chief Executive and located in a dedicated "war room" within Richmond House.
- The team was composed of relevant experts from different areas of DH, all taken off their day jobs for the duration.
- Two dedicated Communications staff were part of the "war room" team, one G6 Head of Integrated Communications and Planning from the NHS Communications Team, and the Communications Adviser to the NHS Chief Executive. Responsibility was divided between them.
- Media Centre provided handling support, but decided that the press officer should not be physically located with the team but remain in the Media

Centre. Communications staff in the war room provided the link with the Media Centre.

- Staff facing communications channels, both within DH and NHS, were used to put out the Department's response, which was agreed by the team and drafted by communications. These channels included the DH website, Delphi, the week and the month.
- Publication of three supporting documents and the outputs from the relevant policy teams were co-ordinated, as well as the wider communications response e.g. lines for the Media Centre and media interviews on the day of publication.
- Support was provided for the SHA, including a press officer from COI to handle local inquiries during the publication period, and setting up a phone line to handle public inquiries.
- The rest of the NHS integrated communications team continued to deliver business as usual during this time.

Duration

The team was set up two weeks before publication of the Inquiry report, worked together for the duration, and were disbanded after the report was published.

Costs

The resource implications were primarily on staff time, although a limited budget was made available for SHA media support and provision of a dedicated public helpline post-publication.

Lessons learned

- There is a choice to be made between all communications contacts being together in the crisis team, or all being located in the Communications Directorate for the duration. Placing some of the contacts in the crisis team whilst others remained in the directorate created complications at times.
- Where there is more than one person working on Communications within a team without an overall lead, it would be beneficial for roles and responsibilities to be clearly defined between them at the outset.
- Assumptions that Communications staff will be responsible for certain tasks i.e. arranging publication of related documents, providing content for the web, should be clarified and could be challenged.
- There may be a need to question upfront what level of support is needed for a crisis project, as senior staff are likely to be requested first for the sake of reassurance that the issue will be handled well. However, if the communications support required is tactical, more junior staff could handle delivery of the work once scoping has been carried out.
- The Senior Management Team have a role to play in informing staff about the issue, and making clear that issues management is a priority for staff should they be asked to contribute. They should be kept informed.
- Individuals working on crisis teams will need to be personally resilient

3. Buncefield Oil Depot Fire, December 2005 – June 2007

Background and context

On Sunday 11 December 2005, an explosion at the Buncefield Oil Depot in Hemel Hempstead caused Europe's biggest peacetime fire since World War II. The site bordered the Maylands business area that was home to 630 businesses employing about 16,500 people. As well as severely affecting businesses, the explosion damaged hundreds of homes.

The emergency response lasted for six days, after which Dacorum Borough Council led recovery work to support affected residents and businesses and to deal with the environmental clean-up. Recovery communications were led by the Borough Council's communications team. This work is ongoing to highlight a multi-agency response to problems including unemployment, property damage, debt and trauma.

How the topic was handled

A Recovery Communications Strategy provided a short and medium term framework for communications.

Objectives included:

- Providing ongoing, consistent, co-ordinated and simple messages.
- Maintaining confidence in Hemel Hempstead as a location to live and work.
- Celebrating community strength and promoting community involvement.
- Presenting the damage to Maylands as a regeneration opportunity.

Work has included:

- 8 Buncefield update newsletters for residents (the most recent issued in July 2007) targeted at the worst affected homes and also sent to community outlets across Dacorum.
- Use of local media. In February 2006 the local free paper, Herald Express, gave the Council four pages of editorial to publicise community recovery work and to highlight services available. Press releases were prepared by Dacorum Borough Council's communications team as and when required. The level of interest from the press tended to fluctuate, peaking when reports were released. Inquiries covered a wide range of issues (e.g. impact on businesses, impact on people and the impact on the local economy).
- Ongoing updates of the Council's web site.
- Briefings and e-mail bulletins for employees and councillors who were seen as having a key role to play in delivering information on the front-line.
- Buncefield pages in the Council's magazine "Dacorum Digest".
- Community forums for residents and young people to provide two way, face-to-face communications.
- Preparation and publicity for ministerial and royal visits, the aim of which has been to lobby for assistance, keep recovery work on the radar of opinion formers and celebrate local resilience.
- Communications support and planning in the lead up to the anniversary in December 2006 which included events for residents and businesses. At the time of the anniversary, the Borough Council's communications team did not

really know what to expect in terms of press interest. Fact sheets were prepared in liaison with other agencies so that any inquiries could be responded to. This also applies to upcoming issues surrounding any prosecutions or discussions on the future of the site.

Approach

Buncefield was progressive in setting up a recovery structure to handle the ongoing response beyond the emergency phase. The Council's communications team was tied into the recovery structure and so had an overview of the recovery operation.

The partnership approach to recovery has set the tone for communications. There has been ongoing liaison with press and communications contacts from a host of other agencies involved in the recovery work. These have included:

- Hertfordshire County Council
- Three Valleys Water
- Hertfordshire Chamber of Commerce
- Environment Agency
- Health and Safety Executive
- Health Protection Agency
- East of England Development Agency
- Government Office for the East of England.

Behind-the-scenes liaison and co-ordination between all the agencies ensured a managed approach to communications. All organisations respected protocols of sharing information releasing it to the public.

The co-ordinated communications approach has helped provide a single line of communication in to residents and businesses. This has kept messages clear and consistent, reducing the risk of sending out conflicting information.

Duration

There were high levels of communications activity from December 2005 to February 2006 during the emergency phase and at the start of the recovery work. Activity is ongoing, with communications supporting continuing recovery work, particularly with the local community. There was a resurgence of communications activity in the run-up to the anniversary in anticipation of and in response to renewed public awareness.

In terms of the Borough Council's communications team, the incident took priority over other workloads. Up until the incident, resilience planning had tended to focus on incidents which might last for up to 24 or 48 hours. However, the incident and the recovery efforts dominated the workload of the team for 2/3 months and the regeneration process has added additional workload.

Costs

- Costs have been kept to a minimum through use of existing communications channels such as the Council's web site and residents' magazine and use of local media.
- Newsletter production costs have been kept to a minimum by producing this as a photocopied document. The low budget approach is appropriate given

that some recipients are in severe financial difficulty. The cost per issue of the newsletter, including distribution, is £1,500.

- Initial costs for Communications staff time and for communications activity were claimed back through the Bellwin scheme.
- In Autumn 2006, the Council obtained a grant from the East of England Development Agency to help fund community recovery work, including communications. The Council match-funded this grant in terms of officer time, including that of communications staff.

Lessons learned

- Buncefield raised issues in terms of resilience and business continuity. Previous emergency planning exercises had prepared us for dealing with emergencies lasting up to 48 hours. We had not anticipated that we would be involved in a response that would dominate our work for several months. Fortunately, Dacorum has a reasonable sized communications team for a District (7 FTEs) but smaller teams would have struggled to cope.
- During a multi-agency recovery effort, it is essential that one organisation takes responsibility for co-ordinating information. That task fell to the Borough Council's Communications team and was one that we were happy to take on, but it was a role that hadn't been identified or planned for.
- Being tied into the recovery structure was invaluable and essential in allowing us to identify the issues for communication and messages early on. It was key in achieving our objectives to provide consistent and co-ordinated information between all the agencies.
- Effective and ongoing liaison with key people in the press offices of different agencies was important. It was also important to ensure that other agencies were made aware of any changes to information or websites.
- It is important that the provision of information is co-ordinated as members of the public do not want conflicting information from different agencies.
- Members of the public need to be given information in a format that is easily digestible or in one clear package

[Source: Cabinet Office UK Resilience Website, April 2010]

4. Beaching of the ship *Msc Napoli*, 19 January 2007

Background and context

On 19 January 2007, a severe storm hit the ship *Msc Napoli* in the English Channel. The damaged ship, with 3,000 containers, was being towed to Portland Harbour when weather conditions deteriorated. The Department for Transport took the decision to beach the *Napoli* in Lyme Bay, Dorset to avoid losing the ship, its cargo and avert a major pollution incident along a world heritage coast.

The beaching of the *Msc Napoli* and subsequent coverage of the ‘free for all’ salvage operation in the face of official demands to stop, was a major news story in January 2007. GNN’s South West office was called in to co-ordinate the 24/7 media-handling operation.

How the topic was handled

On Saturday 20 January, the Maritime and Coastguard Agency’s chief press officer called in GNN South West and Wales to assist with handling the press enquiries that had begun to flood in. A press officer was sent to Sidmouth to assist in the setting up of a media briefing centre. By Sunday, it was clear that this was an international story and the MCA requested further GNN support, including Regional Director Peter Whitbread, to advise on communications and media strategy

Objectives

- Develop and implement a media strategy to handle the short and long-term demands of a rapidly growing international media pool.
- Co-ordinate the communications activity of all the partner organisations, providing an overview of how the incident was being handled on and offshore, in particular, through media handling at press conferences and media access to key staff.
- Ensure that key messages were communicated, rapidly correcting inaccurate stories and providing a constant supply of up-to-date information.

Initially four key story lines had to be addressed:

- The anxiety surrounding potential long term environmental impact to a World Heritage Site by oil spill from the ship.
- The reasons why the ship was beached here.
- The human story of the “scavengers” of the shipwrecked goods on Branscombe beach.
- Questions of law and order and confusion on the status of “wreck versus salvage” over time.

As the story developed, it became clear that the ‘scavengers’ story was a key theme and that they, not the wreck itself, were a major cause of potential damage to the Heritage coastline. Using the media to dissuade people from coming to the beached container sites and discarding rubbish and unwanted cargo around the coast became a key MCA/partner communication objective.

Strategy and plan

Working with the emergency services and local authorities, GNN co-ordinated, developed and supervised a media handling strategy for the salvage and recovery operation.

Roles were allocated as appropriate, with GNN taking overall responsibility for media handling and co-ordinating press conferences at the Media Briefing Centre in Sidmouth.

It was vital to keep the MCA, emergency services, local authorities, National Trust and major conservation bodies together in the dissemination of information on the *Msc Napoli*. Teleconferences allowed all parties to keep up-to-date and convey consistent messages. Devon County Council's PR team, in consultation with the Strategic Co-ordination Group, produced a regular media bulletin covering all aspects of the incident. This became the sole status report, enabling all organisations to work from a single, agreed script.

The Media Monitoring Unit's regional service in Bristol produced regular updates of media coverage to enable the communications team to track the story and respond accordingly.

Along with MCA press office staff, GNN took control of the media situation at Branscombe beach, handling Receiver of Wreck and Principal Coastguard interview requests, briefing key spokespeople and managing requests to film the *Napoli* recovery independently. This was a 24/7 operation including handling both live TV and radio interviews and phone interviews direct from the beach into television and radio programmes throughout the world. Over 150 interviews were given from Branscombe beach alone, from live British, American and Japanese satellite stations to down the line live radio and TV interviews from BBC World Service to Australia, Canada and South Africa.

Measurement and evaluation

By constantly monitoring the media, the MCA and emergency services were able to convey key messages and respond quickly to developments. One of these was to make continuous pleas to stop people from all over the country coming to the beach. The combined media handling operation ensured that there was a regular supply of information and spokespeople to meet media demand.

Evaluation is still ongoing with over 2,500 clippings, miles of video and cassette tape and thousands of Internet page impressions.

Timescale

Immediate and throughout the first two weeks of the *Msc Napoli* being beached, January – February 2007.

Budget

On-call service throughout – total cost to the client (Maritime and Coastguard Agency) was £8,000.

Award

Government News Network (GNN), in conjunction with the Maritime and Coastguard Agency (MCA), were awarded first place in the Issues and Crisis Management category at the PR Week Awards 2007 ceremony on 24 October 2007 to recognise their work on the *Napoli* incident.

Lessons learned

The *Napoli* incident demonstrated the benefits of getting a rapid-response media team in place, creating a cohesive, consistent team from representatives of all the organisations involved. Faced with 24/7 media demands, back-up teams are also essential. One of the key challenges was to allow the media good access, but to ensure that it did not hinder the rescue operation. This was achieved.

Although every incident is different, the strong relationships that have been established between local organisations, GNN and the media helped to ensure a consistent and well-planned approach. These have been built through regular meetings and rehearsals of major incident scenarios over many years.

A full review of the *Napoli* incident will take place shortly between the MCA and the other key responders to highlight key points and lessons learned. These will be shared with partner organisations to ensure that future incidents can be managed effectively

[Source: Cabinet Office UK Resilience Website, April 2010]

5. Loss of electricity supplies in Northern Ireland, December 2003

Background and context

A large area of Northern Ireland was suddenly and unexpectedly blacked out on a dark, cold December night, including parts of Belfast city centre at rush hour. This was against a backdrop of international media coverage of large-scale blackouts in USA, Italy, Denmark and London.

On Thursday 4 December 2003 at 3.59pm, a minor component unexpectedly worked loose in a power station at Kilroot on the Antrim coast, bringing the plant to an immediate and complete standstill. As Northern Ireland's only other major power plant, Ballylumford, was also partly off-line for repairs there was not enough electricity being generated to meet customers' needs.

To prevent a long term catastrophic failure of the electricity grid Northern Ireland Electricity (NIE), instigated a "load-shedding" programme and cut electricity supplies to 120,000 customers.

The NIE Communications team immediately initiated the "load shedding" crisis communications plan, part of a company-wide major plan that combines operational and information management processes. These plans are regularly reviewed and rehearsed.

How the topic was handled

The main objectives were

- to keep customers and key contacts informed
- to manage resultant issues and minimise potential damage to corporate reputation
- to pro-actively manage information and follow-up with opinion leaders
- rapid rebuttal of negative and inaccurate comment

Implementation during and immediately after the event:

- Newsrooms alerted that a major event was underway and spokespeople available
- Contact established with the NIE operational incident centre
- Contact was made with power station operators
- Pre-prepared template press releases used with up to date information - issued for 5.00pm news broadcasts

Up-date releases were issued before electricity supplies were restored at 7.00pm

- Upwards of 100 press enquiries were received within the 2 hours
- Communications Manager gave TV interviews and a number of down the line radio interviews (together with team members)
- Contact was maintained with industry influencers who might be asked for media comment: (electricity Regulator and General Consumer Council N. I.)

- The communications team and senior management took time immediately after restoration of supplies to discuss the tone of customer calls and media comment and identify specific issues
- A preliminary wrap-up of events was issued to all media at 8.00pm

Follow up

Large-scale losses of electricity supply are ultimately the responsibility of government agencies in Northern Ireland, though this is not the public perception. NIE is a privatised former monopoly power company and the public often assumes the company is responsible for anything and everything to do with electricity supply. (This is a situation that suits other industry players who maintain a low profile.)

Objectives of follow-up activity:

1. Reassure customers that the problem was a one-off event while...
2. ...managing expectations: there is no 100% guarantee it could not reoccur.
3. Prevent the demonisation of NIE.
4. Avoid being drawn into the knee-jerk blame game the NI media thrives on.

The follow up programme included:

- A probing radio interview on “Good Morning Ulster” (NI equivalent to ‘Today’)
- UTV news package at the NIE network control centre explaining the event
- Extensive media and political briefing
- Preparation and issue of general and localised wrap-up press releases
- Letters distributed to all MPs and MLA’s
- Rebuttals were issued in response to sensationalist and ill-informed media comment
- A preliminary formal report of the incident was issued to news editors at a round table briefing within a week
- The detailed final report was issued, during a briefing with NIE Managing Director, to 2 economists who contribute specialist columns to local media
- The Communications team worked with Minister’s (Ian Pearson MP, Northern Ireland Minister of State for Enterprise Trade and Investment) press office on their public response to the report on the event highlighted our concerns regarding public misunderstanding of some of the issues.

Measurement and evaluation

1. There has been no significant customer, political or media hostility towards NIE
2. This has not become a long running negative issue to manage
3. There has been positive comment about NIE
4. There is better understanding of the industry’s structure and responsibilities.

The company conducted an in-house evaluation of media coverage, looked at news editors briefings and feedback and political parties energy spokespeople briefing and feedback

“NIE’s Emergency planning worked very well last night and the flow of information was very good.” Wesley Henderson, General Consumer Council for Northern Ireland on UTV News -

[Source: CIPR Pride Awards Case Study: 2004/5]

6. Taking responsibility for child protection, 2004

Background and context

Lauren Wright died at the hands of her parents after errors by social workers in Norfolk County Council and others failed to protect her. When such an incident occurs there is normally a call for someone to take 'responsibility' for what has happened and a demand for a head on a plate – usually that of the Director of Social Services. The council decided that the responsible action was to resist that call. Whilst accepting that their social workers had made mistakes with all the tragic consequences that followed, they decided that even in the face of what they knew would come their way from many quarters, to make the case for the profession.

How the topic was handled

In the debate and investigations that followed, there was never any doubt that intense media spotlight would come Norfolk County Council's way and in planning their approach, they took account of a number of salient facts:

- At least one child a week dies at the hands of a relative – the majority attract limited media interest. Lauren's case was destined to be high profile from the start. Because of the simply awful circumstances that surrounded it, and because a catalogue of errors by people across the agencies
- This was the fourth high profile death of a child in Norfolk – all killed by their carers – all with slightly different characteristics and all where it could be shown that 'someone' had made mistakes.
- This could not have been a more difficult time for social services in general and social workers in particular – daily reports from the Victoria Climbié Inquiry were making the headlines.
- Norfolk's Director had been in the post for 12 ½ years. Well respected by his peers, he also was liked, respected and admired by the leaders of all three political parties for doing a difficult job well overall.
- The team manager who had not checked the daily record and made the final fatal judgement call had resigned almost immediately and was struggling to come to terms with what had happened.

The communications team's rationale was as follows:

1. This was not a case of system failure. Social services' mistakes were caused by human error. It is the burden of child protection workers that their mistakes can cost lives.
2. There were professional issues, which posed greater threats to the service and management of risks in child protection. Authorities across the county faced problems in social worker recruitment, retention and morale and are far short of the resources needed to meet the demands they face. Nationally the reputation of the profession was under renewed public attack and public confidence slipping further.
3. Public perception and recognition of the value of social workers is very low and they need action to help redress the balance. Social workers do not routinely enjoy or

attract the respect or appreciation that comes the way of the uniformed others in the frontline services.

4. It was generally recognised by the council's Members, clients and the Government that they provided a good service to local people and had in place improvement plans for the weaker areas.

5. A high profile sacking or resignation may shorten the pain in the short term, but serve only to damage and destabilise the service in the long term. It would lower morale, remove leadership. It was considered it would make children less, rather than more safe.

So Norfolk team's communication policy was to target the response carefully to those that would, or could, be prepared to hear it. The team would use the spotlight destined to come their way for all the wrong reasons, to promote and stimulate debate and discussion for all the right ones.

Objectives

- Inform the context
- Support and sustain joint working on child protection
- Support and protect NCC staff
- Keep key people informed
- Move the debate on
- Avoid need for a public inquiry
- One council, one voice

The approach placed a heavy responsibility on the heads of many individuals in Norfolk County Council – especially the Director of Social Services who accepted and met all calls for debate, article and interview. This did not come without costs.

For the council's communications policy it meant planning to:

- Support and protect hard-pressed staff in the face of nationally shared issues of recruitment, retention and morale.
- Explain and promote honest debate on issues around child protection – the daily judgements and fine calls demanded and made, the escalation in scale and complexity of cases and the need for wider public and political discussion and ownership of the problems and their solutions.
- Lobby for more resources – almost all, if not all social service authorities spend well over the levels they are assessed to need by Government just to keep services going.
- Maintain good working relationships with partners – avoiding finger pointing or diversionary blame tactics.

Strategy and plan

The approach was to Inform and educate, target responsible media, brief and pre-negotiate, apologise, explain and campaign

The decision was own up to errors, no resignations, no identification of team manager – explain don't blame, no finger pointing across the agencies, political and corporate commitment

Measurement and evaluation

They achieved the objectives in the communications plan.

Not surprisingly the council's failures were reported widely and earned them the expected share of bad press. Worst coverage and response came via the Daily Mail and the local evening paper that ran a poll on the resignation of the Director and kept up the case for weeks.

As predicted, social workers across the county experienced a wave of public abuse and vilification. Staff were spat at in the street, vilified in the press, had rubbish through their doors and were shouted at on visits and in the office. The Director received death threats against him and his family and they took calls from people across the country distressed at reading the details of Lauren's abuse and wanting to vent their anger and upset on someone who would listen.

Unison commended the council and the Director for the way they had supported staff while still taking responsibility for the errors made. The recruitment and retention programme was stepped up with confidence and the council's reputation as a good and supportive place to work was increased.

They got extensive coverage from their main morning newspaper and it was fair, balanced and accurate. It included strong features on context, the scale and nature of problems for child protection and explored issues of agency and community responsibilities. It also gave practical information about children's services and support programmes. It was followed up by in-depth reporting of the impact of the case on caseloads, reporting of cases and effects on social workers.

The context for the services, the role and nature of social work and case for policy and resource changes were well aired and promoted. This came through a number of placed articles and letters in the trade press, an opinion piece in the Guardian, a featured piece on BBC2's Newsnight and through the week-long shadowing of Norfolk social services staff for BBC Radio 4. Their Director was asked to submit features for some trade publications.

Their approach attracted support and appreciation from professional bodies.

Lessons learned

- Understand the context and make it work for you
- Prioritise and target audiences
- The obvious PR solution is not always the responsible one
- Stick with your values for long-term gains
- Social workers need our help big time
- Responsibility hurts

Where child protection is concerned – many have it in their power to help make children safer. We are all stakeholders in UK plc and live in communities where children live and play. We can do our bit as citizens, but as communication

professionals we can also use our skills to help communicate and explore critical issues so that child protection is strengthened. And there is a considerable job to do before the people we entrust to deal with cases of abuse that we find hard to read about, get the respect and value they deserve.

[Source: CIPR Pride Awards Case Study 2004/5]

Further information/resources

Chartered Institute of Public Relations

www.cipr.co.uk

Training for NHS Communicators

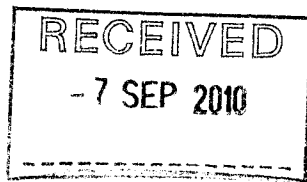
<https://www.nhscommslink.nhs.uk/yourdevelopment/elibrary/index.aspx>

UK Resilience: Cabinet Office

<http://www.cabinetoffice.gov.uk/ukresilience.aspx>

National Patient Safety Agency 'Serious Incident Reporting and Learning Framework'

<http://www.nrls.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=68464>



ANNEX A (2)

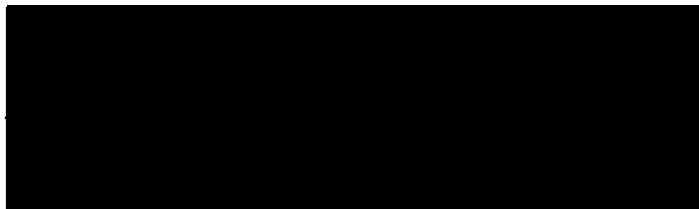
EXPERT WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE
OUTBREAK OF CLOSTRIDIUM DIFFICILE IN THE NORTHERN TRUST
HOSPITALS

EXPERT WITNESS NAME: ANNE GREGORY

I hereby attach a report dated 25th Aug 2010 which forms my written
statement of evidence to this Inquiry.

I declare that this statement is true and accurate to the best of my knowledge
and belief.

Signed:



Date: - 25th Aug 2010

Please return with your report.