

Policies, Procedures, Guidelines and Protocols

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Contents

1	Introduction	2
1.1	Context	2
1.2	Definitions.....	2
2	Objectives	2
3	Scope.....	3
4	Duties.....	3
5	Working with the media	3
5.1	Media enquiries	3
5.2	Proactive statements to the media.....	4
5.3	Statements and stories involving other organisations	5
5.4	Media visits, photography and interview requests	5
5.5	VIP visits to Trust sites	5
5.6	Media arrangements on premises not operated by the Trust	5
5.7	Release of patient information	6
5.8	Whistleblowing	6
5.9	Inducement	6
6	Out of hours arrangements.....	6
7	Crisis Media Management and Business Continuity	7
7.1	Being prepared.....	7
7.2	Responding to media enquiries during a Major Incident.....	7
8	Monitoring media coverage	8
9	Regulation of the media and redress.....	8
10	Review arrangements	9
11	Associated documents	9
12	Appendices	10

1 Introduction

The aim of the Media Policy and Procedure is to ensure we have an effective relationship with the media that supports and strengthens our reputation. It provides a framework of support and guidance for staff about how we will work with the media and how to respond to enquiries.

1.1 Context

We are committed to open and transparent communication with the media and seek to develop and maintain good relationships with local, regional and national journalists across a variety of media outlets.

The Head of Communications is the liaison between the media and the Trust. Our aim is to ensure that the integrity of the Trust is maintained and the rights to privacy of our patients and staff are protected at all times.

We recognise that fostering and maintaining a good working relationship with media – particularly local media – provides an opportunity to inform local people about our business, promote new services and developments, reinforce our strategy and values, celebrate the achievements of our staff, and appeal to patients making a choice about NHS care. This also supports our commitment to openness and transparency, including fulfilling our duty of candour.

The media also has a key role during major incidents to “warn and inform” patients and provide reassurance about the response of public sector organisations to crises and business continuity threats.

This policy outlines the responsibilities of individuals if they are approached by the media about anything which directly or indirectly relates to their role or the overall business of the Trust.

1.2 Definitions

For the purposes of the policy, the terms “media”, “news media” and “features media” are used to refer to journalists, news reporters, researchers, social media reporters (e.g. “bloggers”) from radio stations, TV, websites, companies, newspapers (or groups of newspapers) and all magazines and health trade press.

2 Objectives

The objectives of the Media Policy and Procedure are:

- To increase potential for news and features reporting that strengthen our reputation and increase awareness about the services we provide.
- To ensure consistency in relationships with the media.
- To provide honest information within the wider context of the opportunities and challenges for the Trust and our duty of candour.
- To minimise the risk of errors in communication with the media.

3 Scope

This policy relates to all enquiries from and communication with journalists, news reporters, researchers and social media reporters (e.g. “bloggers”) from radio stations, TV, websites, companies, newspapers (or groups of newspapers) and all magazines and health trade press.

It applies to all members of Trust staff including bank staff, contractors and agency staff, staff hosted within the Trust and volunteers.

4 Duties

The Chief Executive as the Accountable Officer for the Trust has overall responsibility for operational delivery in the organisation including communications and reputation management.

All Executive Directors are responsible for supporting the Trust’s relationships with the media including supporting the Head of Communications to ensure timely response to media enquiries relating to their areas of responsibility, and providing leadership and oversight for media relations outside normal working hours in their role as On-call Director.

The Head of Communications is responsible for communication, public engagement, media & stakeholder relations and reputation management. This includes responsibility for developing and reviewing this policy, and ensuring that the Trust’s media procedures comply with this policy.

All Senior Managers are responsible for approving statements as required, ensuring that they are honest, accurate and set within an appropriate context to maintain and improve the reputation of the Trust.

All staff are responsible for acting in accordance with this policy, ensuring that all media enquiries are directed to the Communications Team or relevant Executive Director and that any proactive media relations are discussed and approved with the Head of Communications. All members of staff are also responsible for ensuring that they act in accordance with relevant professional standards and guidance and with the wider policies of the Trust.

5 Working with the media

5.1 Media enquiries

All routine enquiries about Trust staff or services from the media during normal working hours should be directed to the Communications Team.

Responses and statements on behalf of the Trust should not be made to the media without the support and authorisation of the Head of Communications (or relevant Executive Director in the absence of the Head of Communications).

Any media calls received out-of-hours should be directed to the Communications Team, who will manage the enquiry during normal office hours. Urgent out-of-hours media enquiries should be directed, via the switchboard, to the On-call Director on call who will be responsible for deciding the course of action.

All responses and statements on behalf of the Trust should be approved either by:

- The Chief Executive
- The relevant Executive/Duty Director
- The Head of Communications

5.2 Proactive press releases and statements to the media

We regularly contact the media with updates and stories relating to our staff and services to provide important factual information or events or to correct information presented in the media (i.e. rebuttals or “setting the record” straight).

We encourage all staff to help us generate positive media coverage by suggesting possible stories and subjects for new press releases. So that we can make the most of these opportunities we ask staff to coordinate any proactive media work relating to Trust staff or services with the Communications Team.

This approach:

- Supports all staff to operate within the policies and guidelines of the Trust as well as those of their relevant professional bodies.
- Helps us to ensure a timely programme of media coverage, reducing the risk that a local good news story will be over-shadowed by a national or regional announcement.
- Ensures a “no surprises” approach so the Communications Team is aware of issues and stories on which they may be contacted by the media.
- Protects staff from unanticipated media interest.

We recognise that some members of staff are highly active within their own professional bodies/trade unions and may be contacted by the respective press offices of their professional bodies, or by journalists, in relation to their work or any local or national announcements. If a member of staff wishes to speak to or contact the media directly about an issue in this capacity (such as a Staff Side representative or Professional Lead) we recommend they contact the Communications Team. This arrangement is not so that information can be delayed or prevented from being discussed, but so that we can ensure the media gets balanced and accurate information. It also means the Communications Team can provide any advice or support that staff need, as well as reinforcing the approach outlined in the above bullet points.

All members of staff need to be aware that there is no such thing as “off the record” as a journalist may still publish the information, but may do so in an unattributed format.

Staff are also asked to contact the Communications Team with any possible negative news they may be aware of so that a response can be prepared.

Statements to the media may be released in a number of ways including oral delivery (in person or by telephone), email, website or social media.

5.3 Statements and stories involving other organisations

All press releases that refer to one of our partner organisations (such as another NHS organisation) will not be issued until the approval of the content has been confirmed with that partner organisation's communications staff, or otherwise in accordance with an agreed communications protocol.

5.4 Media visits, photography and interview requests

Reporters, photographers and film crews will not be permitted to interview, photograph or record staff or patients on Trust sites unless they have permission from the Communications Team, Chief Executive or relevant Executive Director and the consent of the patients and/or members of staff involved. Where publicity consent forms are required the Trust will keep these on record.

The Head of Communications will accompany, or delegate someone to accompany the media during interviews and photographs. If any member of staff is uncertain if a member of the media (including photographers and film crews) has permission to be on site then they should (a) identify whether they are being accompanied and by who, (b) request their letter of authorisation or (c) seek advice from the Head of Communications.

The Head of Communications will always aim to meet the requests of the media to the required deadlines. However, there will be occasions when information cannot be released, such as when patient confidentiality could be breached.

5.5 VIP visits to Trust sites

We may, on occasions, arrange for VIPs to visit Trust sites and meet patients or staff when appropriate. For example, this could be members of local sports teams, Members of Parliament or national dignitaries.

When these visits do take place all people will be accompanied at all times by the Head of Communications or another senior member of staff, and arrangements will be made to ensure that staff are fully briefed about the visit. The Communications Team will also co-ordinate all media activity related to the visit.

Any such visitor would not be allowed to undertake any duties or responsibilities in relation to patients without fully complying with the selection, clearances, and vetting processes, required of either an employee or a volunteer as appropriate.

5.6 Media arrangements on premises not operated by the Trust

Where media enquiries relate to premises that are not operated by the Trust (e.g. clinics or services based inside the Royal Shrewsbury Hospital) then appropriate permission and partnership should be sought from the operating organisation before any on-site media requests are accommodated.

Where media enquiries relate to partnership projects then communications principles for the partnership should normally be set out to clarify how such enquiries will be handled and responses approved on behalf of partners.

5.7 Release of patient information

We will only release or share details about patients when we have consent and the patient is aware of how this information is likely to be used. A consent form will be kept on record.

5.8 Whistleblowing

All staff should be aware that the Public Interests Disclosure Act 1998 gives legal protection to employees who wish to 'whistleblow' any concerns. The Act makes it clear that the process of "whistleblowing" or "speaking up" normally involves raising the issue internally first. Using the media to whistleblow would not be considered appropriate.

Where a member of staff contacts the media in relation to a "whistleblowing" issue they should ensure that this is done in accordance with our Whistleblowing policy to maintain their protection under relevant legislation and guidance.

5.9 Inducement

In accordance with the Bribery Act 2010 it is an offence for individuals to offer or seek financial or other inducement for improper conduct which breaches good faith requirements. This includes offering or seeking financial or other inducement for improper conduct to/from journalists or other representatives of the media (for example, accepting financial inducement to divulge patient identifiable information or other sensitive information).

5.10 Contacting the media in a personal capacity

When contacting the media in a personal capacity staff should make it clear their views are their own and they are not speaking on behalf of the Trust, and refer to their own professional standards, Trust policies and relevant codes of conduct for guidance. If a member of staff wishes to contact the media proactively about an issue not related to work (e.g. with regards to fundraising or promoting an event) then the Communications Team may still be able to offer advice and assistance.

6 Out of hours arrangements

The Communications Team is responsible for all media liaison between 9am and 5pm from Monday to Friday (with the exception of public holidays).

Media enquiries outside normal working hours are rare, in part reflecting the working hours of journalists in our main local media.

Outside normal working hours the enquiry will be left until the Team is available to manage it, or if urgent directed to the Chief Executive or relevant Executive Director.

7 Crisis Media Management and Business Continuity

In most normal circumstances the arrangements set out above will ensure a robust and timely relationship with the media. The significant majority of media enquiries are received during normal working hours, and where enquiries are received outside working hours these are often routine enquiries.

There are two main risks to resilience in media liaison:

- Major incidents (e.g. involving mass casualties, large scale evacuation, disease outbreak, CBRN threat), where communications should be undertaken in the context of the Trust Major Incident Plan and the wider local resilience arrangements.
- Crisis communications, i.e. Significant or controversial issues facing the Trust – such as critical reports, consultation on major service change, significant clinical risks – particularly those attracting regional or national coverage.

7.1 Being prepared

The Communications Team should be alerted at the earliest opportunity to incidents or issues which might attract media attention. This will enable agreed media statements to be prepared in advance and the risk to reputation mitigated as much as possible.

Effective risk identification and risk management is integral to crisis communications as robust preventative action, early intervention and preparatory work can ensure that the risk is mitigated or that robust communications plans are in place in advance.

7.2 Responding to media enquiries during a Major Incident

All communication should be undertaken in the context of the Major Incident Plan. Depending on the nature of the incident, the lead body may be the Trust itself, the local commissioner or the police.

The Head of Communications is the Major Incident Communications Leader for the Trust. If hospital staff have attended the major incident, they must not talk directly to the media at the scene (except where agreed as part of the media handling for the event) but refer them to the Head of Communications.

The Head of Communications will manage crisis communications supported by the Executive Team, and provide a central point for all media and staff enquiries. Unless instructed, no other staff should deal directly with the media during a crisis as uninformed comment could reduce our capacity and capability to respond to the crisis.

The most appropriate channels will be used for communicating with staff in the event of a crisis such as email, intranet and through information cascades. In the event of widespread technological system failure, other mechanisms will be established, such as designated central notice boards adjacent to the Trust Control Centres and the use of “runners” to deliver information direct to frontline departments.

If access to Trust Headquarters is restricted then communications can be based remotely at another location using mobile technology to manage the flow of communication.

During a crisis or major incident, the Head of Communications may need to call on additional support from other Management and Administrative Teams to ensure continuity of our communication service. This will be particularly important during an incident where ongoing 24-hour media interest is expected.

The Head of Communications will identify and support spokespeople for interview by the media. In some circumstances, it may be necessary to organise a press conference due to high level press interest. In these circumstances a press liaison point should be identified at relevant sites where members of the press can receive briefings.

A communications log will be set up detailing all actions with times and information about who is involved. This will be maintained during the incident and the recovery period.

If the Head of Communications is not available then the Duty Director responsible for responding to the incident should establish a media response team with available staff, led by a senior manager. Where specialist communications advice is required and not available within the Trust, mutual aid may be requested by the Trust Duty Director by telephoning the Duty Director of local NHS partner organisations.

8 Monitoring media coverage

The Communications Team monitors press coverage and records all media enquiries.

The Trust Board and wider senior leadership team are kept updated about all significant media interest, coverage and plans through regular bulletins.

Urgent or significant media issues (for example those relating to serious and major incidents, and red rated reputation issues) are notified immediately to relevant clinicians, managers and/or members of the Trust Board.

9 Regulation of the media and redress

Journalists will normally be covered by relevant industry or organisational standards, such as the Independent Press Standards Organisation Code of Practice. Where a journalist is considered to be operating outside their industry or organisational standards then appropriate action or redress may be sought. Advice and guidance is available from the Head of Communications.

Where members of staff have an individual issue or complaint (e.g. they have been contacted at home by a journalist on a work-related issue) then advice and guidance is available from the Head of Communications.

Whilst the Trust does not have a system for providing formal guidance to patients, relatives and carers involved in a news story, informal guidance and support is normally available from the Communications Team.

Where a story is published that is factually inaccurate then the Trust may seek a retraction directly to the journalist involved or, where necessary, via the editor. This will be co-ordinated through the Head of Communications.

10 Review arrangements

This policy will be reviewed in 3 years of the approval date, or sooner if required. The document will be reviewed in light of feedback, changing policy and guidance, and learning and review from media enquiries and major incidents.

11 Associated Documents

Related Trust policies, procedures and guidelines include:

- Emergency Response Arrangements
- Whistleblowing
- Social Media Guidelines
- Code of Confidentiality

Appendix 1

Key tips for working with the media

If you receive a call from the media at or about work:

- Make sure you refer journalists to the Communications Team straight away as the media are often working to tight deadlines and will require a swift response.
- Call the Communications Team to let them know you have been contacted by the media and any details you have about the nature of the enquiry.
- Do not feel pressured by a journalist to make a comment or give any information.
- Do not agree to an interview before speaking to the Communications Team.
- Do not, under any circumstances, disclose confidential information to the media. All enquiries from such sources should be referred to the Communications Team.
- Remember, there is no such thing as “off the record”.

DURING OFFICE HOURS: All enquiries from the media should be referred to the Communications Team on 01743 277658 or shropcom.communications@nhs.net

OUTSIDE OFFICE HOURS: All enquiries from news media should be:

- Asked to contact the Communications Team at the beginning of the next working day.
- Where enquiries cannot wait until the next working day, they should be directed to the On-call Director who will respond in accordance with Trust procedures.