

Media Policy

| Issue Date | Review Date | Version |
|----------------|----------------|---------|
| September 2017 | September 2020 | 2.3 |

Purpose

This policy exists to set out the Trust's approach to media relations and assist staff in understanding this and the procedures for handling media relations. It sets out what staff should do if they are contacted by a media representative in their capacity as a Trust employee. This policy applies to all staff employed by the organisation and volunteers as well as staff working for contracted or partner organisations/charities who wish to arrange media interviews on Trust premises or provide information about Trust services. By 'media', this policy means the printed press including newspapers, journals and magazines, broadcast (radio, TV and film), online including professional bloggers and news agencies. This policy extends to the social media accounts of the media as well as their own websites. Enquiries may be from local, regional, national and international media outlets.

Who should read this document?

All staff and volunteers and anyone interested in the Trust's approach to media relations.

Key Messages

- ✓ The Trust is a publicly-funded organisation and part of the NHS which belongs to us all. There is a duty upon all employees and volunteers to be accountable and transparent.
- ✓ Our approach is to be as open and co-operative with the media as possible, whilst bearing in mind the duty to observe and maintain patient and staff confidentiality.
- ✓ The requirement to balance the needs of accountability and openness with the needs of patients and staff is best discharged if a professional and mutually beneficial working relationship exists between the Trust and the media. One of the roles of the Communications Team is to support staff and volunteers in ensuring this happens and this policy sets out the responsibilities of all staff and volunteers in this regard.

Core accountabilities

| | |
|----------------------|--------------------------------|
| Owner | Head of Communications |
| Review | Executive Team |
| Ratification | Director of Corporate Business |
| Dissemination | Head of Communications |
| Compliance | Communications Team |

Links to other policies and procedures

Confidentiality Policy
 Major Incident Policy
 Speaking Up - Whistleblowing Policy
 Social Media Policy

Version History

| | | |
|-------------|----------|---|
| V1.1 | 11/01/11 | Circulated to Senior Management Team, Joint Staff negotiating Committee and members of the Communications Team. |
| V1.2 | 11/02/11 | Includes changes following feedback from Director of Operations |
| V1.3 | 16/02/11 | Final approved by Chief Executive |

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|-------------|----------|--|
| V2.1 | 25/06/12 | Reviewed by Head of Communications and inserted into new template format |
| V2.1 | 31/03/15 | Extended By Director of Corporate Business to June 2015 |
| V2.2 | 27/5/15 | Reviewed By Director of Corporate Business |
| V2.3 | 06/09/17 | Reviewed and updated by Head of Communications and inserted into new template format Reviewed by Director of Corporate Business |

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

The NHS is a publicly funded and publicly accountable service that almost without exception, impacts on everyone. NHS staff deal with public health, injury, sickness, medical breakthroughs and personal tragedy – all topics of great human interest. For these reasons, the NHS is of ongoing interest to the public, constantly in the news and issues such as funding, medical advances and access are regular topics of political debate.

The Trust's approach is to be as open and co-operative with the media as possible, whilst bearing in mind the duty to observe and maintain patient confidentiality.

The requirement to balance the needs of accountability and openness with the needs of patients and staff is best discharged if a professional and mutually beneficial working relationship exists between the Trust and the media. It is part of the role of the Communications Team to ensure this exists and is maintained.

The media are important to the Trust in helping us to convey news and information to the population we serve – including staff and their families, as well as patients. We need the media as much as they need us, and it is in both our interests to maintain good, open relationships.

2 Purpose

This policy exists to assist staff and volunteers in understanding the Trust's policy and procedures for handling media relations. It sets out what staff should do if they are contacted by a media representative in their capacity as a Trust employee or volunteer. This policy applies to all staff and volunteers employed by the organisation as well as to staff working for contracted or partner organisations/charities who wish to arrange media interviews on Trust premises or provide information about Trust services.

3 Definitions

By 'media', this policy means the printed press, broadcast (radio, TV and film), online and news agencies. Enquiries may be from local, regional, national and indeed international media outlets. This policy extends to the social media accounts of the media as well as their own websites.

4 Duties

When communicating with the media we will:

- Recognise the importance of patient confidentiality. Informed consent must be sought and given before the release of information or images, in accordance with the [NHS Code of Practice on Confidentiality](#) paying particular attention to section 18 of that document.
- Respect our patients' right to privacy and dignity.
- Respect the right of staff to privacy and to work without unwarranted interruption and intrusion.
- Meet our legal duties to patients, staff and visitors.

- Recognise equality and diversity. The Trust's communications activities must reflect this and arrangements are in place to identify and use appropriate channels and formats for stakeholders with different needs.
- Act ethically: as Trust spokespeople, the staff within the Communications Team aim to adhere to high standards of ethical public relations, as defined by the [CIPR Code of Conduct](#)

We expect the media to adhere to:

- The standards laid by [The Independent Press Standards Organisation](#) (IPSO) or [The Ofcom Broadcasting Code](#).

5 Policy

In recognition of the importance of good communications, the Trust employs a small team of communications professionals. As part of its role, the Communications Team, situated on Level 7 at Derriford Hospital, is responsible for co-ordinating and facilitating the Trust's media relations, including social media.

The Team is the first point of contact for journalists. Office hours are 9am to 5pm. Out-of-hours, the On-Call Manager deals with urgent media calls.

External

Communications Team 01752 432666 or communications.phnt@nhs.net
 Out of hours on-call manager 01752 202082

Internal

Communications Manager ext 31149

Responding to Enquiries

The Communications Team deal with up to 1,000 media enquiries each year. When a journalist makes an enquiry, the Communications Team contacts the relevant department for information, and will either put the member of staff concerned in touch with the journalist, co-ordinate arrangements for an interview, or agree a statement, which can also be forwarded to other media on request.

Staff who are contacted directly by a journalist should pass the call to the Communications Team as a first point of contact. This is important, in order to ensure that there is one central place for co-ordinating Trust news and responses. We can also let the staff member concerned know if there are any other similar requests from other journalists, or any relevant announcements or guidance from, for example, the Department of Health, NHS Improvement, NHS England or commissioners.

There may be times when it is inappropriate to respond with a comment or interview, for example, during an inquest or if legal proceedings are underway. In these circumstances, the Communications Team work alongside other partners such as the legal team.

Sharing Our News

Much of the work done by our staff every day, which they see as ordinary, is often viewed by the public and media as extraordinary. An extremely important part of the Communication Team's role is to highlight and profile this excellent work and the high quality care patients receive, as well as the achievements of staff. The Team issues regular news stories to the media on behalf of the Trust, hosts documentary film makers and invites the media in for numerous photocalls. Stories about staff achievements, service developments, research projects, targets met, fundraising initiatives and unusual events are always of interest, and a steady supply of "good news" helps to counteract some of the adverse publicity the Trust inevitably experiences over more difficult issues. News blogs are published on the [Trust website here](#).

The Team also manages the Trust's website www.plymouthhospitals.nhs.uk and

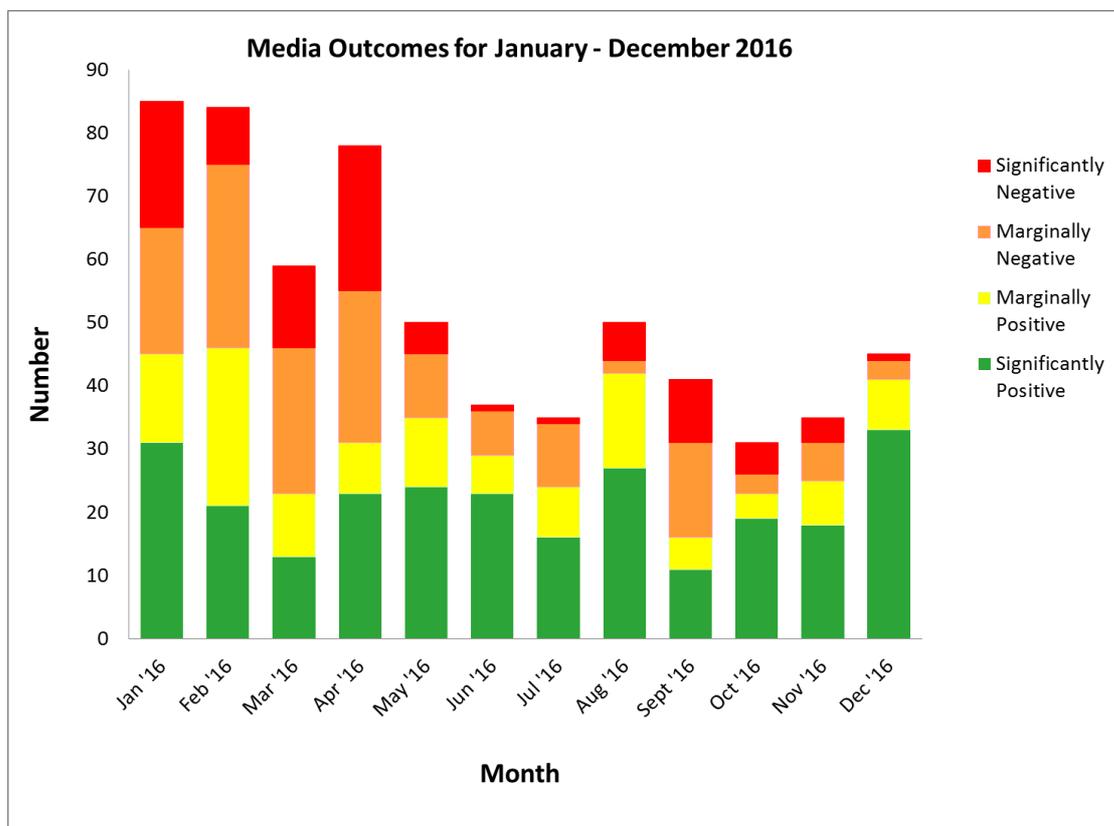
- [Facebook](#)
- [Twitter](#)
- [Youtube](#)

to communicate directly with patients and the public.

If you have a story to tell, please contact the Communications Team and they can help you to reach the media or use the website and social media to do so.

Monitoring

The Communications Team monitor and evaluates coverage in the media. Coverage of the Trust and its activities in 2016 is reflected below.



Patient Consent

The NHS has issued the following guidance:

[Confidentiality – NHS Code of Practice \(November 2003\)](#)

[Confidentiality – NHS Code of Practice – Supplementary Guidance: Public Interest Guidance – November 2010](#)

This guidance provides the framework in which the Trust works. As the guidance states, we have an absolute duty of care to our patients to observe and maintain patient confidentiality. Permission should always be sought from the patient, or if they cannot give consent due to age or incapacity, their next of kin.

Information should not be given without informed consent. This is usually sought by a member of the clinical team caring for the patient, as they have established a relationship with the patient and/or relatives. The Communications Team will support in this process and offer advice on what information it would be appropriate to release. The clinical member of staff should make a note of any approach, discussion and what has been agreed in the patient's notes.

Media Interviews with Patients

Our first duty is to look after the needs of the patients in our care, and in relation to media interest we are bound by a duty of confidentiality - no information about a patient should be given to a journalist without the informed consent of that patient, their guardian or next of kin. Consent must therefore be gained before a patient is interviewed, photographed or filmed. Television journalists in particular are frequently anxious to interview a patient to illustrate a story, and this can often add considerably to the impression the item will create when broadcast. From time to time Communications Team will therefore ask clinical staff if there are patients who may be willing to be interviewed or filmed, and will rely on the judgement of the relevant clinical staff as to whether a patient should be approached. The Communications Team will provide the relevant consent forms for the patient or the parent / guardian, if the patient is under 18 to sign if they consent to be photographed, filmed or interviewed.

Filming on NHS Premises

This is done in accordance with the guidance [Good Practice for Filming in NHS Premises](#). All filming requests must be agreed by the Communications Team who will put in place the necessary arrangements, including gaining consent, advising security and signing a more detailed contract, if appropriate. The Communications Team will escort the film crew or nominate a member of staff to do so.

For general photography and filming, patients and visitors appearing 'in the background' must be given the opportunity **not** to be in picture if they prefer it.

If you suspect someone to be filming covertly or if you see someone filming who is not being accompanied, you are within your rights to approach them and ask if they have permission to do so. If you do not feel able to do this, please report it immediately to Security, who will approach them and will make contact with the Communications Team or On-Call Manager, out of hours.

Journalists on site

Journalists visiting in a professional capacity must have permission from the Trust to be on the premises, and they will normally be escorted by a member of the Communications Team or a nominated staff member agreed by the department they are visiting, after discussion with the Communications Team. Security and reception staff should be informed of any visiting journalists. Any staff planning to make their own arrangements with the media for filming, interviews or photographs should also seek permission from the Communications Team.

If you see anyone appearing to be conducting interviews, filming or taking photographs on Trust premises and they are not accompanied by Trust staff or appear to be acting inappropriately, please inform either Security or the Communications Team straight away.

Acting as an Intermediary

Journalists are particularly interested in 'human interest' stories (e.g. the child who lost his arm in a tumble drier; the woman who drove her car over a cliff and survived). They may ring for interviews even when the patient is still in intensive care and may not be out of danger. They may also 'doorstep' relatives, school friends or colleagues if they have managed to obtain contact details. Similarly they are likely to be interested in any "celebrity" patients who attend for treatment and staff are asked to notify the Communications Team if this is the case. All media calls in relation to such stories should be routed immediately through the Communications Team. If you are contacted direct, please contact the Communications Team.

The media interest after personal tragedy can be intrusive and can be upsetting for the patient and their family. While the patient is in hospital we can act as an intermediary on their and their family's behalf. The Communications Team can agree statements with the family, decline information if asked, arrange interviews if appropriate, and co-ordinate arrangements.

Condition Checks

Following an accident or incident, journalists often telephone to ask for a 'condition check' on the patient (e.g. 'comfortable,' 'critical', 'stable', 'improving', etc). This information can only be given with the informed consent of the patient, their guardian or next of kin. We must never confirm a patient's name or any other details to the media without consent, even if the journalist claims to have been given information from another agency e.g. the Police.

In hours condition checks are dealt with by the Communications Team, out of hours by the On-Call manager.

Patients Featuring in the Media

Patients will often submit letters or comments to the media, particularly online, about their experiences of health services or that of their families.

In certain circumstances, e.g. where a patient goes to the media with a complaint and freely discloses information about their treatment, it may be appropriate for the Trust to give a detailed response correcting any misunderstandings or inaccuracies. This is a difficult area and the advice of the Communications Team should always be sought if patients go to the media in this way.

Media Interviews with Staff

It is important that news about the Trust is portrayed accurately. For this reason, we try to accommodate journalists' requests for interviews as these are more likely to convey an accurate picture. The decision about who should give the interview is usually made by the Communications Team in conjunction with the senior manager/clinician involved and, if necessary, an Executive Director.

Different media have different needs: a newspaper journalist will usually be happy with a five minute telephone interview, unless a major feature is being planned. A radio journalist will want a 'good quality' sound recording if possible – i.e. a studio interview, or one conducted by the reporter face to face – but a lot of radio interviews are, in practice, conducted over the telephone. A TV journalist will need background film pictures for visual effect, as well as on-camera interviews – this is often time-consuming, but it is usually worthwhile. In recent years, many television documentary programmes have been made within the Trust, with the co-operation and consent of the staff and patients involved.

There may be times when the Trust refuses a request for interview - it may not be appropriate, for example, to talk about an individual patient's case. Or a consultant may be in theatre or a clinic and unable to meet a journalist's deadline without cancelling patients - clearly this would be inappropriate.

If as a member of staff you are contacted and asked to give a comment, information or an interview, please contact the Communications Team. The Team will be able to provide advice and make sure that all the necessary arrangements, for example, seeking patient consent and informing security, are put in place.

The media will not be surprised if you direct them to the Communications Team as a first point of contact – this is usual practice. The Team will then find out more about the nature of the request, for example its context, who else is being interviewed, deadlines and so forth, before contacting the relevant staff and agreeing how to proceed.

No member of staff should speak to the media in their capacity as a Trust employee without informing the Communications Team first.

If you are commenting in a private capacity about a private matter not related to the Trust, you should not be interviewed on Trust premises, appear in uniform or use your job title.

Raising issues of Concern

There is a Trust whistleblowing policy on raising issues of concern and the Freedom to Speak Up Guardians for this purpose. The policy and leaflet set out a clear procedure

for staff to do their best to resolve their concerns using internal processes without resorting to the media.

If the internal procedure has been exhausted and, after genuine attempts to have their concerns heard, a member of staff or staff representative is still convinced that something is seriously wrong, there is no Trust restriction on going public with their arguments and in these circumstances, the Trust would expect to present its case publicly at the same time.

To facilitate this process, the protocol is that the Chief Executive or the Communications Team should be informed of anyone's intention to 'go public' prior to the act.

However, no-one should generate public anxiety by making a public statement on the basis of unresearched or unchecked rumour, or without first checking information and seeking answers through the appropriate Trust management channels. Any such action may be dealt with under the Trust's Disciplinary Procedure.

Out of Hours Procedures

The Communications Team do not run a formal on-call rota as the number of calls out of hours per year is less than a dozen and it is not a good use of Trust's resources to pay staff to run an on-call rota given this low level of demand. However, the Head of Communications and Communications Manager do make themselves available to On-Call Managers out of hours for advice and help on an informal basis.

The On-Call manager will deal with any out-of-hours media enquiries that cannot reasonably wait until the next working day. Journalists are asked to contact switchboard staff, who will pass the call to the On-call Manager.

There is a Communications Team procedure as part of the Trust's Major Incident Plan, for dealing with increased media attention when a major incident occurs.

Media Training and Advice

Giving interviews can be daunting - although as an interviewee, you usually know much more about your subject than the journalist does. The Communications Team offer media training for staff to practise giving radio and TV interviews in a training environment. The Communications Team can also offer one-to-one help and advice on request. Please contact the Team for further information.

Endorsements/Commercial Requests

Members of staff may be approached to endorse a particular product or service by a company or supplier they are working with. All such requests should be discussed with the Communications Team. As an NHS organisation, we need to exercise extreme caution before giving endorsements.

If you are asked to provide and/or be a case for a company or supplier working with the Trust, you must read the Trust guidance first, which is available on StaffNET or from the Communications Team.

6 Overall Responsibility for the Document

The Chief Executive is responsible for ratifying this document.

The Head of Communications has overall responsibility for the dissemination, implementation and review of this policy.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the group or committee and ratified by the Director.

Non-significant amendments to this document may be made, under delegated authority from the Director, by the nominated owner. These must be ratified by the Director.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named **Director** and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Compliance with this policy is monitored on a daily basis as part of the media and monitoring service run by the Communications Team.

It should be noted that the responsibilities in this policy are enforceable and that managers (and employees and volunteers where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

10 References and Associated Documentation

- [Confidentiality – NHS Code of Practice \(November 2003\)](#)
- [Confidentiality – NHS Code of Practice – Supplementary Guidance: Public Interest Guidance – November 2010](#)
- [CIPR Code of Conduct](#)
- [The Independent Press Standards Organisation](#)
- [The Ofcom Broadcasting Code](#)

| Dissemination Plan | | | |
|-------------------------------|------------------|-------------|-----------------------------|
| Document Title | Media Policy | | |
| Date Finalised | 7 September 2017 | | |
| Previous Documents | | | |
| Action to retrieve old copies | | | |
| Dissemination Plan | | | |
| Recipient(s) | When | How | Responsibility |
| All Trust staff | | Vital Signs | Information Governance Team |
| | | | |

| Review Checklist | | |
|--|--|-----|
| Title | Is the title clear and unambiguous? | Yes |
| | Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP? | Yes |
| | Does the style & format comply? | Yes |
| Rationale | Are reasons for development of the document stated? | Yes |
| Development Process | Is the method described in brief? | Yes |
| | Are people involved in the development identified? | Yes |
| | Has a reasonable attempt has been made to ensure relevant expertise has been used? | Yes |
| | Is there evidence of consultation with stakeholders and users? | Yes |
| Content | Is the objective of the document clear? | Yes |
| | Is the target population clear and unambiguous? | Yes |
| | Are the intended outcomes described? | Yes |
| | Are the statements clear and unambiguous? | Yes |
| Evidence Base | Is the type of evidence to support the document identified explicitly? | Yes |
| | Are key references cited and in full? | Yes |
| | Are supporting documents referenced? | Yes |
| Approval | Does the document identify which committee/group will review it? | Yes |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | Yes |
| | Does the document identify which Executive Director will ratify it? | Yes |
| Dissemination & Implementation | Is there an outline/plan to identify how this will be done? | Yes |
| | Does the plan include the necessary training/support to ensure compliance? | Yes |
| Document Control | Does the document identify where it will be held? | Yes |
| | Have archiving arrangements for superseded documents been addressed? | Yes |
| Monitoring Compliance & Effectiveness | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | Yes |
| | Is there a plan to review or audit compliance with the document? | Yes |
| Review Date | Is the review date identified? | Yes |
| | Is the frequency of review identified? If so is it acceptable? | Yes |
| Overall Responsibility | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | Yes |

| Core Information | |
|--|---|
| Date | 7 September 2017 |
| Title | Media Policy |
| What are the aims, objectives & projected outcomes? | This policy exists to assist staff in understanding the Trust’s policy and procedures for handling media relations. It sets out what staff should do if they are contacted by a media representative in their capacity as a Trust employee. |
| Scope of the assessment | |
| | |
| Collecting data | |
| Race | There is no evidence to suggest that there is an impact on race regarding this policy. However, data collected from complaints received will ensure this is monitored. Consideration will be made if information provided is required in a different language or interpretation services are required |
| Religion | There is no evidence to suggest that there is an impact on religion regarding this policy. However, data collected from complaints received will ensure this is monitored. |
| Disability | Consideration has been made where a patient does not have the capacity to consent to releasing information to the media, interviews are requested or condition checks are being made. Data collected from complaints received will ensure that further impact of the policy is monitored. |
| Sex | There is no evidence to suggest that there is an impact on sex regarding this policy. However, data collected from complaints received will ensure this is monitored. |
| Gender Identity | There is no evidence to suggest that there is an impact on gender identity regarding this policy. However, data collected from complaints received will ensure this is monitored. |
| Sexual Orientation | There is no evidence to suggest that there is an impact on sexual orientation regarding this policy. However, data collected from complaints received will ensure this is monitored. |
| Age | Consideration has been made where a patient does not have the capacity to consent to releasing information to the media, interviews are requested or condition checks are being made. Data collected from complaints received will ensure that further impact of the policy is monitored. |
| Socio-Economic | There is no evidence to suggest that there is an impact on socio economic regarding this policy. |

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|--|---|
| Human Rights | Consideration has been made where a patient does not have the capacity to consent to releasing information to the media, interviews are requested or condition checks are being made. |
| What are the overall trends/patterns in the above data? | No comparative data has been used to date which means that no trends or patterns have been identified. |

| Involving and consulting stakeholders | | | | |
|---|---|--------------|------------------------|------------------------|
| Internal involvement and consultation | Senior Management Team | | | |
| External involvement and consultation | No external involvement has been undertaken at this review point. | | | |
| Impact Assessment | | | | |
| Overall assessment and analysis of the evidence | Consideration has been made where a patient does not have the capacity to consent to releasing information to the media, interviews are requested or condition checks are being made. | | | |
| Action Plan | | | | |
| Action | Owner | Risks | Completion Date | Progress update |
| Monitoring of complaints regarding media issues | Amanda Nash | Litigation | Ongoing | |
| Specific issues and data gaps that may need to be addressed through consultation or further research | No gaps have been identified at this stage but this will be monitored via data collected from complaints. | | | |