

## Media policy and procedure

<b>For use in:</b>	<b>All areas of the Trust</b>
<b>For use by:</b>	<b>All staff in the Trust</b>
<b>For use for:</b>	<b>All dealings with the media, including written, broadcast and digital</b>
<b>Document owner:</b>	<b>Head of communications</b>
<b>Status:</b>	<b>Approved</b>

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## **Purpose of this document**

To provide comprehensive guidance to staff of the Trust's processes for engaging with the media, whether broadcast, written, or digital.

## **Media policy and procedure**

### **1. Introduction**

Every situation and activity the Trust initiates or becomes involved in is of potential interest to the media. Many individuals and organisations also want to make comments and claims about the NHS and the Trust in public. The Trust provides a very positive service and every member of staff has a role to play as its ambassador.

The communications team ensures news is shared proactively with the media, to affirm the Trust's positive reputation and help retain public confidence in local health services. The communications team also holds overarching responsibility for responding to any reactive media enquiries on behalf of the organisation, as well as information, filming and interview requests.

### **2. Policy statement**

#### **2.1 Dealing with the media**

It is important that lines of communication to the media are well defined and clearly understood to avoid confusion and 'mixed messages'. To this end only Trust personnel authorised by the communications team to do so are permitted to initiate or respond to media enquiries. All media contacts (whether reactive or proactive) must go through the Trust's communications team. The chief executive has overall responsibility for media relations.

During office hours (classed as 9am-5pm) contacts between the media and the Trust are to be routed through the communications team. Contact details can be [found on the Trust's website](#), and the team can also be reached via switchboard.

If contacted by the media out-of-hours, members of staff will transfer the call to the on-call senior manager. The senior on-call manager will deal with condition checks on patients (see 3.2). All other calls will be redirected to the executive director on-call, who will contact the executive director of workforce and communications or head of communications, who will action press enquires wherever possible. Process guidance can be found in appendix 1.

Communications with the media will, wherever appropriate, involve partner organisations and be linked to internal communications to ensure staff remain informed.

### **3. Procedure**

#### **3.1 Responding to general enquiries**

Staff contacted by the media about Trust business should not respond, and pass the details to the communications team. Process guidance can be found in appendix 1.

Unless specifically authorised by the communications team, no member of staff is permitted to speak to the media on behalf of, or where they may be perceived to be representing, West Suffolk NHS Foundation Trust.

Wherever possible, any comments or statements from the Trust should come from a named individual. The communications team will assess the nature of the enquiry and advise who from the organisation is best placed to be spokesperson. In the majority of situations, this will be a member of the executive or non-executive team, or a senior clinical/general manager. Contentious statements will be approved by the relevant executive or their deputy.

All staff who are authorised to talk to the media should receive a full media briefing from the communications team ahead of any media contact. Regular training should also be considered.

#### **3.2 Condition checks**

In accordance with Caldicott guidelines, a condition check is only given by a general manager or the executive chief operating officer if:

- the journalist has a name, and either address or date of birth, to correctly and unambiguously identify the patient
- ward staff obtain verbal consent from the patient that such information can be given to the media
- no detail of injuries are provided or confirmed
- no information will be given regarding dates of admission or discharge, or ward details where the patient is hospitalised.

Managers should retrospectively notify the communications team if a condition check is provided to the media. Please include the nature of the enquiry, and the media outlet.

Process guidance can be found in appendix 2.

#### **3.3 Major or serious incidents**

In the event of a declared major incident in which the Trust is involved, members of staff are not permitted to proactively or reactively share information about the incident. All official communications must be released via the communications team. This includes social media.

The communications team will facilitate and arrange access to the site for the media if agreed and deemed appropriate by the Trust's Gold officer and head of communications.

### 3.4 Personal comments

The Trust recognises that employees have personal opinions they might want to express to the media. Employees must recognise that the Trust has its own corporate opinions. It is vital that these are not confused.

If a member of staff is asked for a comment on an issue and they wish to respond, they must make it clear that what they are saying is their own opinion and that they are not speaking for the Trust. It is preferable that the staff member contacts the communications team ahead of responding for advice.

If a member of staff is asked for a comment in their capacity as a representative of a union or recognised staff group, they must make sure that their comments represent the feelings and views of that group and are not just their personal opinions.

No member of staff is allowed to give details that may prejudice the confidentiality of patients and their relatives.

The Trust may not support an unauthorised member of staff who appears to or does make comments on behalf of the Trust. Staff should be aware that unjustifiable disclosures to the media may result in disciplinary action and can undermine public confidence in the Trust.

Staff considering contacting the media are advised to first seek further specialist guidance from professional organisations, line managers, colleagues or an independent advisor before doing so. The Trust will consult with staff before drawing up local policies and procedures so that proper mechanisms exist to ensure that staff concerns are effectively dealt with without media involvement.

All established internal mechanisms should be used to raise staff concerns or grievances prior to staff choosing to contact the media.

### 3.5 Trust site access to the media

Any staff contacted by the media regarding access to a Trust site should pass the details to the communications team.

The media has no right of access to Trust premises. Any journalist who arrives unannounced will be intercepted and taken to an appropriate office until a member of the communications team or, out-of-hours, a senior manager arrives. The chief executive and or executive chief operating officer will immediately be informed.

Under no circumstances may interviews, filming or photography be carried out on or around Trust sites without the prior permission of the communications team. The Trust will decline any media requests that put the welfare of patients at risk and conflict with patient care, its duty to staff and patient confidentiality or operational requirements.

If staff and volunteers witness anything on site that causes them concern, e.g. someone filming, recording, or taking photographs on site for which they don't appear to have permission, they should contact the communications team and/or senior manager on-call to report it.

With prior agreement from the communications team, journalists may be invited onto the site for filming, photography or interview purposes. They will be escorted around the site by a member of the communications team at all times.

#### **4 Review and monitoring**

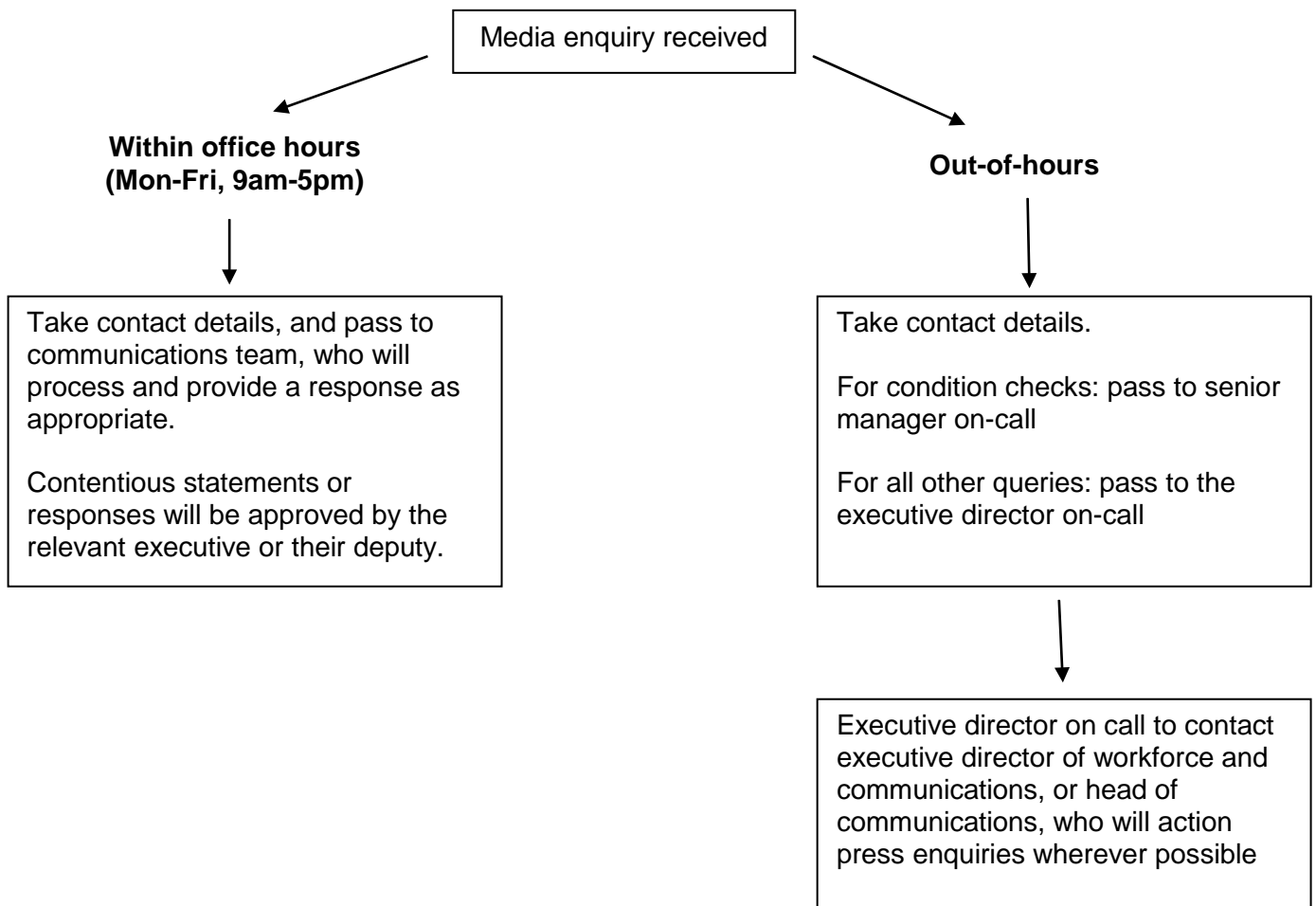
The head of communications, in conjunction with the Trust Executive Group, will regularly review this policy and procedure.

## 5 Document reconfiguration

Author(s):	Tara Rose, Head of Communications (reviewed by Helen Davies)
Other contributors:	
Approvals and endorsements:	Trust Executive Group
Consultation:	Trust Executive Group
Issue no:	6
Supersedes:	PP(12)119
Equality Assessed	Yes – form completed
Implementation	Policies will be distributed by the IG Manager to general managers, service managers and all ward/department managers. Policies are also made available on the intranet and Trust website.
Monitoring: (give brief details how this will be done)	Implementation, compliance and effectiveness of this policy will be monitored by the communications team on an ongoing basis. This will be achieved by monitoring all press coverage on the Trust, whether written, broadcast or online.
Other relevant policies/documents & references:	Whistleblowing - Staff Concerns about patient Care PP(09)056 Freedom of Information Policy PP(14)155 Email and Internet Policy PP(14)109 Annex A

**Appendix 1**

**Process for staff and volunteers contacted by media (online, by phone, or in writing)**



## Appendix 2

### Condition checks

