

Media Policy

Document Governance

Ratified Date	04/07/2023	Version No	3	Expiry Date <i>Max. 3 years from ratification</i>	04/07/2026
Reason(s) for change (if not new at this edition)					
Updated policy to reflect new management, updated media approvals process and the addition of VIP service users and visitors. Previously known as COM003.					

Chief Officer	Chief Executive, Chris Oliver
Lead Author	Associate Director of Communications, Fiona Doorey

Document Type:	Policy	Reference No:	COR104	Document level:	Trust wide
Document Grading:	Medium				
Document purpose:	This policy provides comprehensive guidance to Lancashire and South Cumbria NHS Foundation Trust (LSCft) staff interacting with the media in connection with their employment. It should also be considered if featuring in the media in connection with personal or professional interests which may be linked with their role at the trust.				
Applicable to:	All employees, governors, contractors and sub-contractors employed by and working on behalf of LSCft including contracted, non-contracted, temporary, honorary, secondments, bank, agency, students, volunteers or locum staff.				

People/Groups Consulted:	Communications Team Operational Directors
Approval Meeting:	Communications Managers team meeting Trust Management Board
Governance Assurance Meeting:	Quality Assurance Committee

Other documents to be read in conjunction:	Social Media Policy Media, Celebrity & VIP Visitors Policy
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Version Control and Change Summary

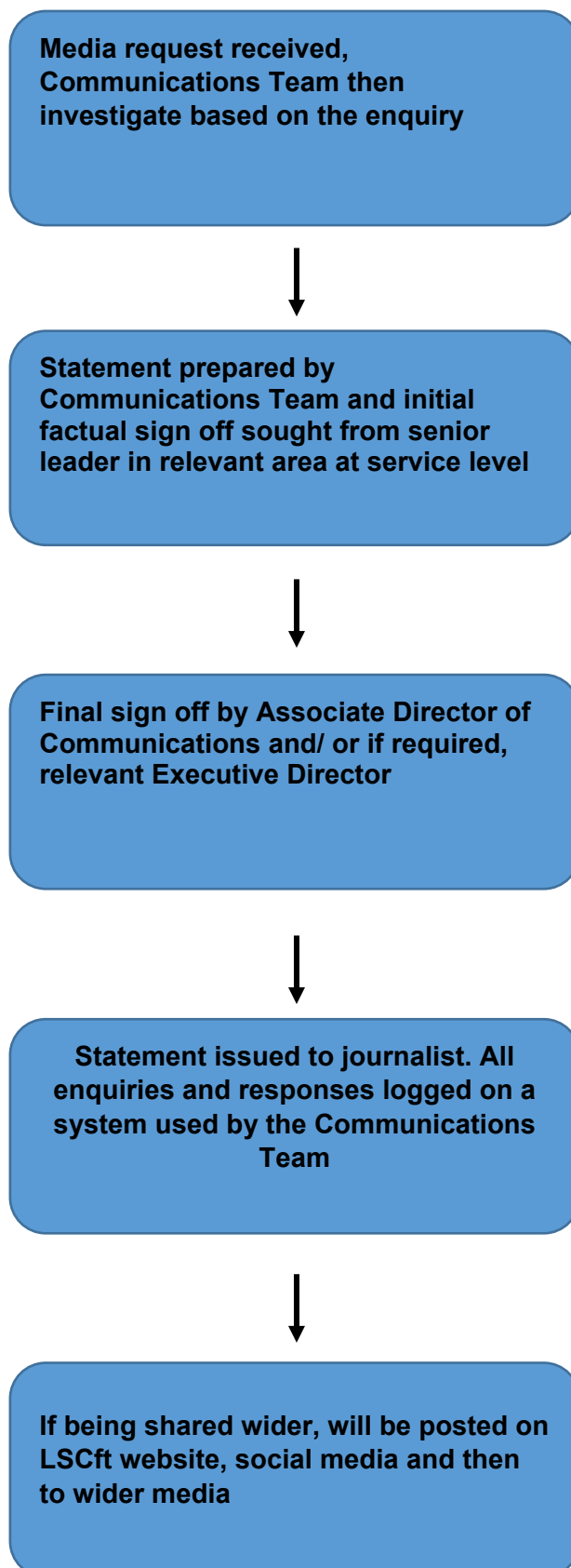
Version	Date	Section	Author	Comments
1	Nov 2013			New Policy
2	Nov 2016			Reviewed and Updated
3	July 2023		F Doorey	Reviewed and Updated

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IMPORTANT

At all times use the Procedural Document Handbook to help you with your approach to reviewing an existing or producing a new policy or get in touch with policies@lscft.nhs.uk

Quick reference flowchart: Please develop a flowchart(s) to provide staff an easy reference guide to key processes in the policy/procedure.



1.0 Introduction and Purpose

This policy sets out the standard that should be followed by all LSCft staff, governors, members, volunteers and contractors around any contact or interaction with the media in connection with their employment, role or contract with the trust. However, it should also be considered by any of those groups interacting with the media in connection with personal or professional interests which may be linked back to their role at the trust.

The media has a powerful influence on how the trust is perceived by public, patients, partners, stakeholders and staff, holding public bodies like the trust to account on behalf of local taxpayers. For this reason it is crucial that media enquiries are responded to in a timely and centralised manner and that proactive media activity is planned and coordinated. In the interests of effective media relations and sound information governance, it is important to establish guidance for trust staff when interacting with the media. This policy exists to ensure that the organisation and staff are fully supported and protected when dealing with the media.

In addition, one of the recommendations of [Kate Lampard's 'Lessons Learnt' report \(2015\)](#) into the activities of Jimmy Saville while on NHS premises was that all NHS hospital trusts should develop a policy for agreeing to and managing visits by high profile individuals such as celebrities, VIPs (very important people) and other official visitors which may attract media attention.

2.0 Scope

This policy applies to all employees, governors, contractors and sub-contractors employed by and working on behalf of LSCft including contracted, non-contracted, temporary, honorary, secondments, bank, agency, students, volunteers or locums. Users who are found to breach this policy will be managed in line with the organisation's disciplinary policy.

3.0 Definitions

The media includes local, regional, national and specialist print, online, television, radio, social and digital media.

4.0 Duties

The Chief Executive Officer (CEO) has overall responsibility for ensuring that the trust has appropriate policies and robust monitoring arrangements in place and has ultimate accountability for communications and engagement, including reputation management. The CEO delegates this accountability to the Associate Director of Communications, with responsibility for overseeing Communications, to ensure an effective communications strategy is implemented across the trust. This will include working in partnership on joint communications and the release of information to the media.

The Associate Director of Communications will also act as a main point of contact for high-profile service users and visitors.

All Chief Officers have responsibility for ensuring that information released to the media relating to their areas of accountability is timely, accurate and appropriate and that their delegated directors, managers and supervisors act in accordance with policy to protect the organisation's reputation.

The Associate Director of Communications has operational responsibility for media relations and information released to the media, along with official trust communication channels.

The Head of Communications, External Communications Manager and wider Communications Team have day-to-day responsibility for media relations and information released to the media and official trust communication channels, along with responding to media enquiries and facilitating media/high profile visits to trust premises.

Triumvirates, directors, senior leaders, managers and supervisors will be responsible for ensuring the local implementation of this and other appropriate policies within their sphere of responsibility. This includes taking appropriate management action should non-compliance arise, according to the trust's Disciplinary Policy. Clear accountability arrangements will ensure that staff are held to account for the work that they do and this will be reinforced through contractual arrangements.

All trust staff, whether clinical or administrative, employed, sub-contracted or volunteers, as well as governors and members, have a responsibility to ensure compliance with this and other policies and procedures.

5.0 The Policy/Procedure

5.1 Duties and responsibilities when dealing with media enquiries and requesting positive media coverage

A media enquiry is typically a telephone call, email or message on social media from an individual reporter representing any broadcast or print/online media organisation. The organisation can operate on a local, regional or national level and freelance journalists or bloggers may also submit enquiries.

All media enquiries need to be dealt with quickly, accurately and by the right person. To achieve this, trust staff should direct all media enquiries to the [Communications Team](#) immediately.

Urgent out-of-hours enquiries that cannot wait until the next working day (Monday to Friday) should be escalated to the Executive Director (Exec) on call. This can be done via The Hub on 01253 447895.

If this is a **media interview request**, this should be referred to the Associate Director of Communications via the Exec on call, who will then decide whether it is appropriate to facilitate this request if it cannot wait until the next working day.

While the media often presents an opportunity for positive press coverage, there are times when an apparently harmless or inconsequential enquiry can result in inaccurate or misleading coverage which can damage the trust's reputation and undermine confidence in its services. For this reason, staff in the Communications Team are trained in handling media enquiries and have insight into the context around them, as well as awareness of the current news agenda and the wider health and care systems.

Staff members must not contact the media directly themselves on matters relating to the trust, unless authorised by a member of the Communications Team.

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Paper Copies of this Document

If you are reading a printed copy of this document you should check the Trust's Policy A-Z Library to ensure that you are using the most current version.

Staff must also notify the [Communications Team](#) if they are contacted by a media outlet via a social media channel. For further guidance around social media use, please see the trust's [Social Media Policy](#).

Freedom of Information Requests (FOIs)

Members of the media may also submit Freedom of Information (FOI) requests to the trust. Contact details for this are readily available on the trust's website but FOI requests may still be submitted to other teams or individuals at the trust. The trust still has a duty to reply within 20 working days, so wherever the request is submitted by a reporter or media outlet the [Communications Team](#) will require notification at Communications@lscft.nhs.uk.

Taking a call from a journalist

In the unlikely event that a member of staff inadvertently takes a call from the media and is unable to transfer the call to the Communications Team on **01772 695384**, they should politely take a message and then relay it to the Communication Team as soon as possible without entering into a discussion with or providing information to the journalist.

The message should include the *journalist's name, organisation, contact details, deadline and a brief summary of the enquiry*. The Communications Team will always respond to media enquiries as a matter of urgency.

Staff, volunteers, governors and contractors should also follow this process if they receive an enquiry from a journalist via social media. For further guidance around social media use, please see the trust's [Social Media Policy](#).

5.2 Confidential information

Please be aware that unauthorised disclosure of confidential information may constitute misconduct and/or gross misconduct in accordance with the trust's Disciplinary Policy.

If, as non-employees, volunteers, contractors and individuals on work placements are exempt from conventional disciplinary/HR processes, any non-compliance with the Media Policy by them must be dealt with appropriately by whichever trust employee is responsible for their supervision while working at the trust or managing the contract with their company.

This may result in a number of measures, including the termination of their role/contract with the trust where it is deemed appropriate.

5.3 Proactive media relations

Proactive media activity refers to all contact with the media that is initiated by the trust. It is part of the Communications Team's remit to identify opportunities for proactive, positive media coverage. As well as keeping the public and stakeholders informed of significant service changes and developments, this includes promoting innovative work, good practice and general 'good news' stories. However, in an organisation as large as the trust, the Communications Team cannot be aware of all relevant activity.

Consequently, trust staff should inform the Communications Team about new policy, initiatives,

service developments and the introduction of new services and anything which could potentially make a 'good news' story.

Staff are encouraged to discuss work they feel might interest the media and the public with one of the Communications Team who will assess whether it is newsworthy and take appropriate action to try to generate media attention, while also considering it for social and internal communications channels.

Staff should not contact any media outlet themselves directly.

All proactive media relations is authorised to take place in the following way:

- 1) Communications Team works with relevant individuals to draft content, prepare interviews, or other material to be shared with the media.
- 2) The draft content is agreed by the individual and the communications team.
- 3) Where required, such as where there may be a considered reputational risk, sign off will come from the Associate Director of Communications and signed off by the relevant Executive Director.
- 4) The Communications Team will issue to media directly after uploading to the trust website and promoting on the trust's social media channels. The Trust strives at all times to own their own news.
- 5) If staff are contacted by the media as a result of a news release, they must inform the Communications Team immediately so that any further response or action can be taken.

While it is recognised that clinical staff often participate in general national debate around issues affecting the health service and their specific disciplines, staff, volunteers, governors and contractors must not contact the media themselves directly regarding their work with the trust without the permission of the Communications Team, even to promote wholly positive 'good news' stories. The issuing of news items to the media needs to be planned and coordinated to avoid duplication and ensure the maximum chances of items being used. The Communications Team will also be aware of the wider context of health and care news stories within the media landscape.

Staff, volunteers, governors and contractors also should treat all information provided via staff newsletters, screensavers, global emails, memos and other forms of internal communication as confidential and should not share it with the media or place it in the public domain without express permission of the Communications Team. Disclosing information of this nature without permission could result in disciplinary action.

Any staff, volunteers and contractors wishing to raise concerns about issues at the trust should follow the process set out in the Freedom to Speak Up route. Through this process (which can be done anonymously), any issues raised will be investigated and action taken where appropriate.

5.4 Emergency planning and business continuity

In the event of a major or significant incident, the relevant strategic emergency planning policy and procedure should be adhered to. This contains arrangements for different agencies' press officers to deal with the media in response to an emergency and aligns to each organisation's major incident plan.

All media responses are authorised to take place in the following way:

- 1) Communications Team works with relevant individuals and/or relevant partner agencies to draft response, content of interviews, or other material to be shared with the media.
- 2) The draft content is agreed by the individual and the Communications Team.
- 3) It is authorised for distribution by an executive lead and/or the Associate Director of Communications
- 4) The Communications Team issue to media directly

5.5 Condition checks and media enquiries involving requests for patient information

The Caldicott Committee was set up to review the passing of service user information from the NHS to other non-NHS bodies, to ensure that the service users' right to confidentiality was maintained at all times.

There should not be any routine basis for disclosure of service user information to the media. Comment will not be made in response to media enquiries on individual cases that may breach the individual's statutory rights to confidentiality or the Trust's statutory rights to maintain it; this extends to if **the individual may already be named in reporting by the media.**

Exemptions may apply, such as agreed filming involving a trust patient who has capacity to consent, clinicians or possible other circumstances as outlined in the confidentiality section of the NHS Code of Practice.

5.6 Duties and responsibilities when taking part in interviews

Any staff, volunteers, governors and contractors receiving requests for an interview with the media concerning the work of the trust in any context must direct these immediately to the Communications Team for consideration.

Once permission has been given to the individual or team to take part in an interview, the Communications Team can help organise and manage the logistics of the interview, provide a full briefing and informal media training to the individual concerned. A member of the Communications Team may also be present during the interview to provide support.

Being interviewed is recommended only for those who have a strong knowledge of the issue in question and, ideally, have had media training.

5.7 Duties and responsibilities around filming on trust premises

Any filming, photography or audio recording on trust premises must be requested in advance from the Communications Team and requires the agreement of the Associate Director of Communications or another senior member of the Communications Team.

Some Trust premises, including some car parks and grounds, are private property and the confidentiality of patients using our services and our staff is of paramount importance. As a result, any unauthorised filming, photography or audio recording will be questioned and likely stopped. Anyone taking part in this activity may be escorted off trust premises.

Wherever possible and if appropriate, a member of the Communications Team will be present at all times during any filming. Anyone given permission to carry out any filming, photography or audio

recording must ensure only service users with capacity and staff who give full consent are captured.

5.8 Staff involvement in filming, photography and audio recording

On occasion, the trust may permit the media to carry out filming, photography or audio recording on trust premises for the purposes of news reporting, documentary making or similar reasons. This will normally be agreed between the Associate Director of Communications and/or the External Communications Manager and at least one member of the Executive Team after careful consideration in order to further the trust's strategic objectives.

Any such filming will be carefully managed by the Communications Team who will ensure that only service users with capacity, who have given their full consent, will be filmed and/or broadcast.

Unless taking part in filming and acting as a trust spokesperson is expected as part of their role with the trust, individual staff, volunteers, governors and contractors can request that they are not filmed while filming is taking place within their working environment. If this is not practical (for example, due to colleagues/patients in close proximity to them being filmed or being part of a large group being filmed), they may be filmed but their faces removed or sufficiently obscured in any resulting broadcast footage.

However, once the trust has agreed to take part in filming, individual staff, volunteers, governors and contractors must not attempt to prevent filming, photography or recording from taking place.

This is vitally important as failure to cooperate with a filming project once contractually agreed could carry adverse financial and reputational implications, harm the trust's relationship with the media and stakeholders (for example, neighbouring trusts also taking part in the same filming project) and affect its reputation as a reliable and professional organisation to work with.

This applies to trust employees at all levels of seniority.

5.9 Service user and visitor filming, photography and audio recording

To protect confidentiality, patients and visitors must not take pictures or video of other service users with capacity to consent, visitors or trust staff without their permission.

Trust staff can and should challenge anyone believed to be taking pictures, video or personal details of other patients, visitors or trust staff without their permission.

If patients or visitors do not comply with this request, they may ultimately be asked to leave in appropriate circumstances, as their behaviour could constitute 'causing nuisance or disturbance on NHS premises' as per Section 119 of the Criminal Justice and Immigration Act 2008.

It may also be appropriate to report activity of this nature to the police in certain circumstances, for example if it suspected that images or videos of a voyeuristic nature are being recorded or if the material posted is of a significantly offensive or threatening nature (as outlined in the Communications Act 2003).

5.9.1 Visits from high-profile guests – staff responsibilities

The trust welcomes visits from high-profile guests such as MPs, dignitaries, members of the Royal Family, local elected representatives, celebrities and other officials. Prominent figures can help highlight positive news stories about the trust's work to the public and stakeholders, enhance service users' experiences, help motivate staff and give them some well-deserved recognition.

However, any staff wishing to invite a high-profile visitor onto trust premises must inform the Communications Team first who will inform the Executive Team and appropriate Security Teams.

While the trust will support visits of this nature wherever possible, permission may not be given for a visit to take place if it is deemed to be inappropriate in any way or not in the best interests of the trust and its service users and staff. Other local and national news may be considered prior to permission for VIP visits being granted.

Planning and managing a visit

Once a visit has been agreed, the Communications Team will manage any promotion of the visit through the media and will make arrangements for the media to be present if appropriate.

Trust staff and/or teams involved in the visit will handle arrangements alongside the Communications Team in order to identify any potential issues or opportunities. If attending, any media would be managed by the Communications Team.

During the visit

- 1) All high-profile guests should be accompanied by a member of trust staff at all times while on trust premises and should not be left alone with service users at any time. This is to protect service users, staff and guests themselves.
- 2) A plan should be drawn up by the relevant service in association with the AD of Communications and/ or by a member of the communications team to whom they delegated the task, and signed off as appropriate by an executive member.
- 3) A member of the Communications Team will also be present at all times during a visit wherever possible.

5.9.3 Protocol when dealing with high-profile people as service users

Trust staff must inform the Communications Team as soon as it becomes apparent that there is a high profile service user in the hospital who could attract media/public attention. This could include a patient with an existing high profile, such as a celebrity, or an ordinary member of the public who may be subject to media interest due to recent events.

The identity of the high profile service user can be legitimately disclosed to the Communications Team who will treat the information in the strictest confidence and work to ensure media interest is managed effectively and that patient confidentiality is protected.

If the high profile service user is detected out-of-hours and members of the public or media are breaching or attempting to breach the service user's confidentiality (e.g. by taking photos), trust staff should contact the Security Team immediately for assistance. This should be escalated to the Executive on call.

Service users and visitors attempting to take photos/video footage should be challenged immediately and reminded that taking photos or video of other patients is strictly prohibited. Requests should be made for any photos/videos already taken to be deleted.

On wards where high-profile service users are present, extra care should be taken by staff to ensure that only legitimate visitors are allowed onto wards and that ID is checked as appropriate. Reception and ward staff must be prepared for bogus callers attempting to find out the location of high-profile service users and should refer any suspicious calls to the Communications Team.

High profile guests and/or their relatives may wish to place information in the public domain relating to their care with the trust, usually in the form of a message of thanks to staff on social media. In such instances staff are reminded that the duty of confidentiality remains in place and no additional information relating to their care should be placed in the public domain or discussed outside of the organisation. The Communications Team will issue a response to the thank you message where appropriate.

5.9.4 Public forums, consultations and events

Public meetings, consultations and events often generate a lot of public and stakeholder interest, particularly if they relate to any form of service change.

As a result, any trust staff, volunteers, governors and contractors intending to hold a public forum, consultation or event should inform the Communications Team at the earliest opportunity, who will then work closely with the colleagues concerned to prepare for and coordinate any media and general communications work (e.g. press releases, media invitations, social media, internal communications).

5.9.5 Parliamentary and stakeholder briefings

NHS England sometimes requests parliamentary briefings to advise MPs of issues relating to trusts within their constituencies.

Briefings are prepared by the Communications Team often within very tight timescales so it is important that any staff, volunteers, governors and contractors approached to provide information for a parliamentary briefing do so as **quickly as possible**. This applies equally to request for briefings from other senior stakeholders, for example commissioners or NHS England.

6.0 Monitoring

Standard	Time frame/ format	How this will be monitored	By whom
The trust's External Communications Manager will maintain records detailing any	On-going	On a media monitoring and logging system used by the Communications Team	Communications Team

<p>instances of compliance and non-compliance with the policy – for example:</p> <ul style="list-style-type: none"> • Staff approaching the media directly • Staff arranging high-profile visits on trust premises without seeking relevant permissions first • No adverse reputational concerns raised • Breaches through social media. 			
<p>Records will be kept of any impact arising from this non-compliance (including action taken as a result) and escalated to the Director of Strategy via a directorate reporting process.</p>	<p>On-going</p>	<p>On a media monitoring and logging system used by the Communications Team</p>	<p>Associate Director of Communications</p>
<p>Additionally, messaging and/ or an audit will be carried out every year to test staff awareness of the key requirements of this policy and appropriate action taken (e.g. articles in staff newsletters, screensavers) to address any lack of awareness identified</p>	<p>On-going (yearly but may need to be responsive where breaches are identified)</p>	<p>If the Communications Team are notified, messaging to staff will follow. Audit will be done via staff comms yearly.</p>	<p>Communications Team</p>

7.0 References (including applicable NICE publications)

Areas of law/statutory requirements:

Data Protection Act 1998
 Access to Health Records Act 1990
 Human Rights Act 1998
 The Defamation Act 2013
 Freedom of Information Act 2006
 Common Law of Confidentiality
 NHS Confidentiality- code of Practice
 The Computer Misuse Act 1990
 The Electronic Communications Act 2000
 The Public Interest Disclosure Act 1998
 Crime and Disorder Act 1998

[Lancashire & South Cumbria NHS Foundation Trust's Social Media Policy 2022](#)

Lancashire & South Cumbria NHS Foundation Trust's Media, Celebrity & VIP Visitors Policy 2022

8.0 Implementation plan

Category	Action(s)	Target date	Responsible person
Engagement	Discuss in local team meetings	March 2023	Director of Operations
Training	N/A	N/A	N/A
Other (e.g. resources)	N/A	N/A	N/A

Appendix i: Equality Impact Assessment: this MUST be done in collaboration with the Trust Equality and Diversity Lead

When completing, remove all guidance text like this but do not alter or delete any elements of this assessment

LSCFT puts equality, inclusion, and human rights at the centre of the design and delivery of inclusive services for the diverse communities we serve, and the empowering culture we create for our staff.

The legal case is set out in the Equality Act 2010 and the practice is embodied by our staff every day, without exception.

We are stronger together.
Equality@lscft.nhs.uk



This assessment applies to any Trust procedural document, or activity required in a document which will have an impact on people. Please refer to the Equality Impact Assessment (EIA) Form Guidance which can be found via the link [here](#) and includes a recording how to complete an EIA form. This assessment must be done in collaboration with the E & D Lead.

1. What is the title of the Procedural document and purpose of the activity in requires or involves that needs to be considered and assessed for its impact on people?











Is not applicable to clinical practice

2. Which group/s of people is/are being considered?

Patients / Service Users Staff Public Partner agencies

Other (*please specify here*) Staff side representatives

3. Which of the following protected characteristics may or are likely to be affected by this policy?
(* in any box as needed)

Age	Disability	Gender-reassignment	Marriage/Civil Partnership in employment only	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Other Detail below
									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Other:

Veterans
Homeless
All service user groups under the care of the specialist locality

4. What engagement is taking place or has already been undertaken with those who are likely to be affected?

This policy will go through the Service User and Carer Council to allow for engagement with these cohorts. It will also be shared staff side for engagement with members of staff.

5. What impact or potential impact has been identified through the consultation?

No adverse impact identified across protected characteristics.

Translated documents can be sourced if required and easy read made available on request.

A copy of this policy will be available on the website and staff intranet for ease of access if colleagues are on maternity leave or special leave for any protected characteristics.

6. What further steps are needed to mitigate or safeguard against the impact/potential impact identified?

N/A

Outcome of the assessment	Action/s Required	Timescale	Accountability
Outcome 1: No change(s) required <i>When the scoping exercise has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.</i>	*No further steps identified		

<p>Outcome 2: Adjustments to remove barriers that were identified in the consultation <i>We need to be satisfied that the proposed adjustments will remove the barriers identified.</i></p>			
<p>Outcome 3: There is still potential for adverse impact or missed opportunities to promote equality. <i>This requires the consideration of 'reasonable adjustments' under the law to adapt and enable people to engage in or access the activities/practices required by the policy. In this case, the justification for continuing must be described here and should also be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. We need to demonstrate that there are sufficient plans to reduce the negative impact with 'reasonable adjustments' and/or plans to monitor the actual impact</i></p>			
<p>Outcome 4: Stop and rethink. <i>When an EIA shows actual or potential unlawful discrimination you will now need to make changes to the policy and practices it requires.</i></p>			

<p>How will we monitor this and to whom will we report outcomes? The Chief Officer of the policy must be made aware of this assessment and any monitoring or rewriting in relation to outcomes 2,3 or 4 <i>Risks identified throughout the assessment process and controls designed to address them, must be described and rated and recorded on IRiS or in service risk registers in line with Trust processes. Assurance mechanisms should be developed for each activity to ensure that equality and diversity compliance is achieved on an ongoing basis</i></p>	<p>Success monitored via adverse media coverage and lack of compliance against policy. Monitored and reported by Associate Director of Communications.</p>
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7. Who undertook this assessment and when?

Name: Fiona Doorey	
Job Title: Associate Director of Communications	Date assessment started: 22/12/22
Service: Corporate - Communications	Date assessment completed: 22/12/22
Sign off:	EIA Grade: Low – signed off by Lead Author