POLICY FOR DEALING WITH THE MEDIA

<table>
<thead>
<tr>
<th>PROTOCOL NO</th>
<th>COM 003</th>
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</thead>
<tbody>
<tr>
<td>DATE RATIFIED</td>
<td>November 2016</td>
</tr>
<tr>
<td>NEXT REVIEW DATE</td>
<td>November 2019, extended until 30th September 2020</td>
</tr>
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POLICY STATEMENT/KEY OBJECTIVES:
The method for dealing with enquiries from the media.

ACCOUNTING DIRECTOR: Chief Operating Officer

POLICY AUTHOR: Head of Communications
## Executive Summary

<table>
<thead>
<tr>
<th>Subject</th>
<th>Policy for dealing with the media</th>
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</thead>
<tbody>
<tr>
<td>Applicable to</td>
<td>All employees of Lancashire Care NHS Foundation Trust and Foundation Trust Governors</td>
</tr>
<tr>
<td>Key Policy Issues</td>
<td>To ensure mechanisms are in place for responding to enquiries from the media</td>
</tr>
<tr>
<td>Date Issued</td>
<td></td>
</tr>
<tr>
<td>Dates Policy reviewed</td>
<td></td>
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<tr>
<td>Next review due date</td>
<td>November 2019, extended until 30th September 2020</td>
</tr>
<tr>
<td>Policy written by</td>
<td>Bev Pickover</td>
</tr>
<tr>
<td>Consultation</td>
<td>This policy was consulted on in 2009.</td>
</tr>
<tr>
<td>Policy reviewed by:</td>
<td></td>
</tr>
<tr>
<td>Lead responsible for policy</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Monitoring arrangements</td>
<td>The Head of Communications will be responsible for monitoring this procedure and will provide assurance to EMT Governance.</td>
</tr>
<tr>
<td>Approved by</td>
<td>Policy and Governance EMT</td>
</tr>
<tr>
<td>Authorised by</td>
<td>Policy and Governance EMT</td>
</tr>
<tr>
<td>Signature</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Related procedural documents</td>
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</tr>
</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy statement</td>
<td>2</td>
</tr>
<tr>
<td>Duties</td>
<td>2</td>
</tr>
<tr>
<td>Liaison with other organisations</td>
<td>5</td>
</tr>
<tr>
<td>Procedure</td>
<td>6</td>
</tr>
<tr>
<td>Photography</td>
<td>10</td>
</tr>
<tr>
<td>Crisis Management &amp; Major Incidents</td>
<td>12</td>
</tr>
<tr>
<td>Impact assessment</td>
<td>14</td>
</tr>
</tbody>
</table>
1. Policy statement

This document sets out the Trust roles, responsibilities and procedures for dealing with the media. It gives a broad corporate framework to guide staff in developing a positive two-way relationship with the media.

Good working relationships with the media are important as a means of communicating with the Trust's audiences. Co-ordination, integration and consistency in handling the media are essential for developing and maintaining a positive and open image of the Trust and the services it delivers.

Whilst this document only considers the Trust’s relationships with the press and media, many people, including employees and members of the public, base their perception of the Trust on what they read in the paper, hear on the radio or see on TV.

2. Supporting information

The media includes local, regional, national and specialist press, television and radio and new media such as the Internet. The primary focus is on the local and regional broadcast and print media, although there will be opportunities to raise the Trust’s profile at a national level.

3. Key principles

Our key principles when dealing with the media are:-

- To meet the Communications objectives set out in the Trust's Communications Strategies.
- To ensure that statements issued to the media are consistent with the messages being received by other stakeholders.
- To ensure that the timing of media releases is appropriate and co-ordinated with other Communications activities.
- To develop a positive, pro-active, two-way relationship with the media.
- To respond to all media enquiries quickly, efficiently and within a realistic target deadline.
- To gain media coverage of the Trust’s services, activities and events.
- To rebut false or inaccurate information as soon as possible and uphold the Trust's reputation.
- To track media coverage relating to the Trust.

4. Duties

4.1 All staff

Within office hours

Any member of staff receiving a request for comment or interview from the media about any aspect of service delivery is requested to refer all such enquiries to the Communications Manager on 01772 695368. Any enquiry from the media that has
the potential to be contentious should be brought to the attention of the Head of Communications on 01772 695396. The team can also be contacted via email Communications@lancashirecare.nhs.uk

Out of hours

Any member of staff contacted by the media with a routine or non-urgent enquiry out of normal office hours is requested to direct the caller to the Communications Team the next working day.

Any urgent enquiries, for example, an unexpected Serious Untoward Incident that cannot wait until the next day should be escalated to the Senior Manager on Call or the Executive Director on call.

This is done via The Hub on 01253 447 895253. As far as possible the Communicationss Team will have briefed the on-call manager of any issues that they are aware of which may result in calls out of hours. In the event of a media enquiry the SMO/Exec on call should refer to the suggested holding statement that has been provided in the on call brief. If a holding statement has not been provided the SMO/Exec should refer to the template provided as part of their training.

If the media request a TV/radio interview out of hours this should be referred to the Exec on call to decide on whether or not it is appropriate to field a representative. Media interviews should only be undertaken by employees who have had media training and/or are fully briefed on the subject matter.

The Exec/SMOC should provide the Communications Team of the details of any press queries that have been received and responded to out of hours so that they can be followed up and the resultant coverage monitored in order to brief accordingly.

Additionally, the Communicationss Team at NHS North can be contacted out of hours for urgent Communications issues only on 0113 825 3231. The call will be answered by the on call duty Communicationss official.

In the event that a major incident occurs, the Head of Communicationss and Communicationss Manager will be contacted and will manage the media in partnership with any other agencies involved with support from NHS England.

All staff are also asked to:

- Inform the Communicationss Team of issues or incidents, which may result in media interest as soon as possible. It is acknowledged that it may be hard to decide which incidents may attract media interest. Typical examples of the type of scenario that would invoke media interest includes: serious incidents, security
breaches, information governance breaches, suicides, high profile complaints,
inaquests, court appearances, criminal activity and misconduct by staff both inside
and outside of work. Where possible advance notice should be given to the
Communicationss Team so that a preliminary Trust response or reaction can be
considered before the media contacts the Trust.
· Make the Communicationss Team aware of positive news stories including
  events and achievements.
· Direct media enquiries to the Communicationss Team or on-call manager.
· Supply background information to help the Communicationss Team respond to
  any enquiries received as a result of a press release.
· Assist in the production of press statements at the request of the
  Communicationss Team in a timely way.
· Support requests for interviews in a timely way.
· Provide partner organisations with the details of the Communicationss Team so
  that liaison in relation to joint pieces of work can be undertaken.
· Refrain from proactively approaching the media without involving/notifying the
  Communicationss Team first. Staff are also asked not to respond to the media or
  issue statements on behalf of the Trust without first seeking advice from the
  Communicationss Team.

Governors

Governors should refer to item 11 in the Code of Conduct for Governors.

It is recognised that Governors may be active outside of the Trust in areas that could
attract media interest. If this is the case, Governors are asked to notify the
Communicationss Team of any planned work with the media. It may be necessary
for Governors to differentiate between and clarify with the media when they are
speaking from a personal capacity and when they are speaking as a representative
of the Trust. On receiving contact with the media, Governors should notify the
Communicationss Team in the first instance to seek advice.

4.2 Communicationss Team

The Communicationss Team is the first point of contact for all media enquiries. The
Communicationss Manager or Head of Communicationss will lead on contentious
media enquiries.

The main responsibilities of the team when dealing with the media are to:-

· Act as the first point of contact for media enquiries.
· Research and feedback responses in consultation with appropriate members of
  staff.
· Produce press releases as and when required.
· The Head of Communicationss/Communicationss Manager will highlight potential
  or actual media coverage to the Chief Executive and Chief Operating Officer,
  other Trust staff and other interested parties as and when appropriate.
· Produce a weekly briefing to Board members that provides a round up of media
  coverage and potential issues.
Brief the on-call manager of issues, which may cause media interest out of hours, wherever possible.
Develop a handling plan in anticipation of contentious/high profile issues that pre-empts media interest and draft related lines to take.
Brief staff who are asked to speak to the media.
Supervise the media whilst on Trust premises.
Arrange interviews and press conferences, ensuring that appropriate representatives are fielded.
Liaise with partners to ensure that multi-agency statements are appropriate and co-ordinated.
Arrange media training as appropriate.
Provide a brief for on-call directors to refer to out of hours
Monitor and report on media activity on a quarterly basis

4.3 Chief Executive and Executive Directors

The main responsibilities of the Chief Executive and Executive Directors are to:

Make comments/act as spokespeople to the media as appropriate and within a requested deadline. Each enquiry will be judged accordingly.
Assist in the drafting and approval of media statements as appropriate.
Take part in media interviews (radio and TV) as requested or delegate this to the most appropriate person.

4.4 On-Call Managers

The Senior Manager on Call or Exec on Call will deal with those media enquiries received outside normal office hours and which cannot wait until the next working day. Any statement provided to the media should be recorded and forwarded to the Communicationss Team for logging purposes and to assist with any further enquiries.

The Communicationss Team will notify on call managers of any issues that they are aware of that could result in a media query out of hours and provide an on call brief including suggested holding statements.

4.5 Switchboard / reception staff

All media calls should be transferred to the Communicationss Team in office hours and to The Hub (01253 447895/93) out of hours when the enquiry cannot wait until the next working day.

5. Liaison with other organisations

5.1 Other Trusts and partner organisations

NHS and partner organisation have an identified Communicationss lead. Other organisation's Communicationss leads should be contacted if appropriate, for example, where an activity or incident may have an impact on them.
Where possible, issues that are owned by both organisations should be managed in co-production with a joint statement drafted and agreed.

If this is not possible or appropriate, as a minimum press statements should be shared with partner organisations for information, ideally prior to issuing.

5.2 Escalation of Issues

The Trust will notify key stakeholders of potentially significant/contentious media issues and ensure timely and accurate briefings as requested. In particular the following stakeholders should be notified prior to an issue being featured in the media:

- The Board
- Network Directors, Clinical Directors and Professional leads
- The Council of Governors
- NHS Improvement and wider regulatory bodies if appropriate (e.g. CQC) Lead commissioner
- NHS England Staff side lead prior to wider staff

In addition to pre-empting the issue, briefings will aim to provide the organisational position on the issue.

6. Procedure

6.1 Responding to enquiries

All media enquiries, responses issued and the source of information are logged. A record is made of the reporter’s name, organisation, date and time of query, nature of enquiry, deadline, response made and the source of response. The media enquiry log is held by the Communicationss Team. The log enables co-ordinated responses to be issued to enquiries on similar subjects and facilitates media monitoring.

Once the enquiries are logged the appropriate members of staff are contacted and a response prepared. The media work to tight deadlines and will often ask for information at short notice with the expectation that this can be met. Therefore the co-operation of all staff in supporting the drafting of the response and approval process is essential.

Process

- Query logged
- Communicationss Team representative contacts the service to get the relevant information and draft the response accordingly
- The draft statement then needs to be signed off at the appropriate level within the organisation. This is usually Head of Operations or Clinical Director level and will be determined by the nature of the query and the availability of the appropriate lead. If a deadline is imminent the Communicationss Team will seek approval from an appropriate deputy/authority.
Once approved the Communicationss Team will email the statement to the journalist that made the request.

The Communicationss Team will brief the Senior Management Team and Executive Management Team where appropriate.

All press queries are captured in a weekly Briefing that is sent out every Friday to the Board.

Media coverage and contentious issues are also recorded in the quarterly KPI report. Communications

Approval Process

Every effort will be made to meet the media deadline wherever possible i.e. within the hour or as soon as possible thereafter.

There may be occasions, on matters of a minor/routine nature, where the Communicationss Team responds directly to the media without further consultation.

In all cases where someone is not available the next most appropriate person will be asked to co-ordinate/agree a press statement or perform an interview bearing in mind the given media deadline and the nature of the enquiry. The Communicationss Team will use their judgement and seek approval from an appropriate authority depending on the nature of the query. The table below serves to give some typical scenarios and the related level of approval that will be sought.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Approval</th>
</tr>
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<tbody>
<tr>
<td>Minor/Routine query/fact checking. Clarification of information already in the public domain.</td>
<td>Communicationss Team</td>
</tr>
<tr>
<td>Proactive press release sign off</td>
<td>Service manager or nominated lead with delegated authority</td>
</tr>
<tr>
<td>Reactive statement – service line specific, non-contentious and localised</td>
<td>Service manager or nominated lead with delegated authority</td>
</tr>
<tr>
<td>Reactive statement – service line specific, contentious and localised</td>
<td>Service manager or Assistant Head of Operations</td>
</tr>
<tr>
<td>Reactive statement – service line specific, contentious with potential for national coverage</td>
<td>Head of Operations or Chief Operating Officer</td>
</tr>
<tr>
<td>Reactive statement – contentious, Trust wide issue with reputational implications</td>
<td>Chief Operating Officer or Executive with relevant portfolio for the issue</td>
</tr>
<tr>
<td>Safeguarding issues – information to be prepared in partnership with Safeguarding Team and relevant Safeguarding Board</td>
<td>Director of Nursing and Quality or Assistant Director of Nursing (Safeguarding)</td>
</tr>
<tr>
<td>Publication of independent investigations – key lines to be agreed with partner organisations involved in the review process</td>
<td>Chief Executive, Director of Nursing and Quality or Medical Director</td>
</tr>
<tr>
<td>Development of handling plans for high profile issues</td>
<td>Executive with relevant portfolio</td>
</tr>
</tbody>
</table>

6.2 Responding to requests for interviews
Policy for Dealing with the Media

Process

- Request for interview is logged. Details of interviews captured will include the date, time, content/angles being taken and whether it is a live or pre-recorded interview and the logistical arrangements involved.
- The Communicationss Team will contact the appropriate member of staff to provide an initial telephone briefing and make the arrangements.
- The Communicationss Team will draft a fuller briefing to the interviewee if appropriate/required. NB: The brief provided by journalists is sometimes limited to enable them the flexibility to pursue other angles therefore a detailed brief is not always possible.

As a general rule the following people should be fielded for interview in the first instance: Chair, Chief Executive, Directors, Clinical Directors, Heads of Operations, Professional leads, subject experts and heads of a service.

However, depending on the subject matter it may be more appropriate for another member of staff with more relevant experience and knowledge to undertake an interview. Ideally, only employees that have undertaken media training or have the relevant experience or expertise in the subject matter should be fielded for media interviews.

Where a request is made to interview a service user or carer their permission must be gained before reporters are granted access. Consent forms should be provided and it may be necessary in some cases for a clinician to assess a person’s capacity to take part. The needs and dignity of any patients participating in an interview must be the main priority. If there are concerns in relation to this the interview should be declined and another interviewee identified.

6.3 Dealing with negative issues

The work of the Trust can often involve complex and confidential matters that can have a direct impact on service users, carers and the general public. Quite understandably such issues are often in the domain of public interest and as such can attract considerable media scrutiny, both negative and positive. If and when mistakes are made, or controversial decisions taken, these will be communicated to the media in a frank, factual and open way. Where necessary an apology will be given and an explanation provided of how things will be put right. A well-managed response to the media not only reduces tension; it can also promote a positive image to the outside world.

6.4 Making/issuing rebuttal statements

The Communicationss Team will capture media coverage about the Trust using a media monitoring service. CommunicationsIn the event of inaccurate information being featured in the press about the Trust, the media outlet will be asked to publish a correction and a rebuttal statement will be issued, if and where deemed appropriate. Personal contact, briefing notes and letters to the editor are rebuttal tools that can be used. Again time is of the essence and a speedy response is essential at all times.

Date of Issue: October 2016
6.5 Producing press releases

Press releases are probably the most commonly used tool in securing media coverage. Press releases are issued by the Communicationss Team to provide information on incidents, events, achievements, plans etc. All press releases should be approved at an appropriate level which is described on page 7.

A record of all press releases issued is kept on file.

Press releases are issued in a standard format and on Lancashire Care NHS Foundation Trust headed paper.

The main areas of format include:-

- date of release
- title (the press will usually change the heading)
- 1.5 line spacing
- Arial font point 12
- left justified text
- [MORE] if the release goes to a second sheet
- contact name and number at the end
- [ENDS] at the end of the release

The following tips on content are usually applied:-

- use of the 5 ‘W’s - ‘who, what, why, when and where’
- use of simple English in short sentences and paragraphs. (The first paragraph should ideally be no more than 25 words long)
- the main detail of the story should be at the top of the release. A release could be cut after any paragraph by the newspaper Editor.
- combine ‘what the media want to know’ with ‘what we need to tell them’
- try to keep to one side of A4 (1.5 spacing). The shorter the better.
- quotes are important and can liven up a press release. They are usually included in the third paragraph and sometimes again at the end of the press release.
- technical and other data - if essential - can be given in a separate ‘Note to Editors’. Photo opportunities should also be advertised here.

6.6 Use of quotes

Generally speaking quotes in press releases will be provided by the relevant employee depending on the content and nature of the release. The Chair, other Service Heads and partner organisations may also be quoted. Non-Executive Members will not be quoted unless clearance is given by the Chief Executive / Chair. All quotes will be agreed as necessary prior to issue. Again timing is of the essence and where the quoted member of staff is not available the next most appropriate person will be contacted so as not to delay the release of information.

6.7 Distribution
Press releases are distributed by email to targeted media contacts on the media distribution list. The distribution list includes all local press, radio and TV contacts. Selected releases are also sent to targeted magazines/journals as requested and as appropriate e.g. corporate releases giving news of major events/developments. The Communicationss Team should be notified of any additional addresses for distribution.

All press releases are available on the Trust's website. Often, the content of the press release will also be used for social media activity and inclusion in the Trust's internal publications.

6.8 Monitoring press release coverage

The Trust's Communicationss Team uses media monitoring software to record and monitor positive, negative and miscellaneous coverage. This helps in keeping track of how and where press releases have been used by the press. It also ensures the Trust is kept abreast of other stories appearing locally.

The Communicationss Team provides a roundup of coverage on a weekly basis via the Board Briefing. Press coverage is stored electronically.

As far as possible, the Communicationss Team will endeavour to notify the relevant manager about any coverage in relation to their service.

6.9 Photography

A photograph can greatly enhance publicity by drawing the reader’s eye and increasing the amount of space given to a story. Action photographs showing no more than three people often work better than large groups – and are more likely to be used by the press.

The Communicationss Team provides a photography service which needs to be booked at least 48 hours in advance. As far as possible requests for photography will be met by the team. If a team member is not available arrangements will be made for the loan of a camera.

The press will only accept photographs that they deem to be high quality and high resolution. Therefore there is no guarantee that photographs provided with a press release will be used. Consent must be sought from all parties photographed prior to sharing the image with the press.

It is sometimes appropriate to hold a ‘press call’ whereby journalists and photographers are invited to attend an event. Generally speaking, due to a reduction of resources in news rooms, attendance is usually limited to events that are high profile or extremely newsworthy.

6.10 Embargo

An embargo is a request to the media to delay publishing or broadcasting information provided until after a specified date and time. However, it is not binding
and should be avoided whenever possible. An embargo request should be clearly marked e.g. **Embargo - please do not use before TIME HERE on DATE HERE.**

6.11 Photocopying articles

A licence is needed to photocopy articles from national and some local papers and journals. This licence is expensive for an organisation of this size. As the Trust does not have the necessary licence photocopying articles from the local and national press is not permitted with the exception of public notices and ‘paid for’ advertisements.

7. Patient/ staff confidentiality

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.

Under normal circumstances there will be no 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 **even though the individual may be named in the enquiry or reported by the media.**

The following general principles **MUST** be followed when dealing with enquiries about specific individuals from the media.

- The duty of care and protection of the service user’s right to privacy, dignity, confidentiality and respect within the NHS as a good employer must come first on every occasion.
- Staff also have a right to confidentiality and respect which the NHS as a good employer has to honour.
- No pressure may be put on either service users or staff to participate in media activity.
- No financial inducement can be accepted, except for a facility fee for use of a building.
- Efforts must be made, as far as possible, to ensure accurate reporting.
- Reporters and photographers must ask for permission before entering areas of patient care. Any service user interviewed must be well enough and have given his or her consent. As a matter of courtesy the media should request permission to go into a public area.
- Where consent from the service user cannot be obtained, for example if the service user is not competent, the views of the family or carers should be sought and decisions should be made in the service user’s best interest.
- Where information about a service user is already in the public domain consent is not needed to confirm that information is incorrect. However, where additional information is required e.g. to correct wrong information given by the media, then again consent from the service user should be sought.
- Disclosure without consent may be justified if it is in the public interest, although this should be judged on a case by case basis.

Date of Issue: October 2016
7.1 Condition checks

- A condition check can only be given if the journalist has a name and either an address or date of birth that correctly identifies the service user and staff have obtained verbal consent from the service user that this information can be passed on.
- No details of condition can be provided or confirmed.
- Admission and discharge dates, the name of the ward or unit the service user is on, may not be passed on to the media.
- There are only three recommended definitions of condition: critical (there is some doubt whether the service user will recover); serious (acute ill, but chance of recovery); satisfactory (vital signs are stable and within normal limits).
- The Trust may report that a person has been involved in an incident but not give details about how that incident occurred.
- Details on incidents such as poisoning, suicide, shooting or sexual assault must not be made public.
- No information of any kind on service users under care for alcoholism, drug misuse, sexually transmitted infections and mental health difficulties may be made public.
- If a mental health service user absconds, the police must be notified and the media involved. Liaison with the media will be managed jointly with Lancashire Constabulary. The police will determine whether or not to release the name of a person into the public domain determined by an assessment of their vulnerability or potential risk to themselves or others.

8. Organising press conferences/ special events/ launches/ photocalls

Generally, press conferences should only be used for fairly major events, ‘firsts’ or when a press release will not suffice, e.g. launching a major facility or initiative, updating during a major incident, following the publication of the results of an inquiry, or explaining complex issues such as major budget changes.

The Communicationss Team can advise and assist in the preparation and organisation of a press conference/launch etc. Sufficient notice should be given of any event or initiative for which advance publicity is required. This is in order to meet the deadlines of the weekly papers, send out invitations etc.

9. Requests for Filming

Requests for filming and/or photography on Trust premises and/or involving Trust employees or service users must be made in writing. The request will be considered by the appropriate service manager and Head of Communicationss to ascertain the risks and benefits of partaking. Sign off/approval to proceed must be granted by the Head of Operations and/or Clinical Director. The Executive Management Team should also be notified and sighted of any issues and notice should be given to the Board via the weekly Board Brief.

If the Trust is to feature in a programme or documentary, liaison will be led by the Head of Communicationss with support from the Communicationss Manager and
wider team. The production company must provide a written brief of the project and develop an access agreement for the Trust to sign which addresses matters of consent, production arrangements, access and editorial control.

It is an expectation that the production company will provide a preview of the programme prior to broadcast. Although it needs to be noted that in most cases, this will not constitute the Trust having formal sign off/approval rights.

It is the responsibility of the Communications Team to ensure that the Executive Management Team is kept informed about the production via the weekly Board Brief.

10. Crisis Management

There may be situations which produce significant media interest such as a Serious Untoward Incidents (SUIs). These situations need careful management.

In the case of an SUI Incident, the Communications Team will work closely with the team that is managing the SUI. Press enquiries will be dealt with in liaison with the relevant staff and press releases will be issued as appropriate.

NHS Improvement and NHS England will be kept informed, as appropriate, by the Communications Team. NHS England will ensure the Department of Health is kept informed of untoward incidents that might attract national coverage. This will help ensure a co-ordinated response to any enquiries.

11. Major Incidents

In the event of a major incident the Trust’s procedure for managing major incidents will be implemented. The Head of Communications will take the lead in terms of managing the media and the Communications Manager will deputise.

It is highly likely that other agencies will be involved in managing the media and Communications. The Trust’s Communications Leads will liaise accordingly and will be responsible for providing updates to the press, organising briefings and drafting Q&As. Please refer to the Trust’s Major Incident policy and procedures for further details on the responsibilities and arrangements that will be in place should a major incident be declared.

12. Archiving Arrangements

The Communications Team is responsible for maintaining an archive of media enquiries and statements issued.

13. Equality and Diversity

The policy has been assessed against the Equality Impact Assessment Form from the Trust’s Equality Impact Assessment Guidance and there is no impact on any Equality Target Group.

14. Monitoring
Monitoring of the effectiveness of this procedure will be undertaken by the Head of Communication.

15. Review

The policy will be reviewed every three years unless there is a change in guidance.
## Lancashire Care NHS Foundation Trust
### Initial Equality Impact Assessment

<table>
<thead>
<tr>
<th>Department/Function</th>
<th>Communicationss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person responsible</td>
<td>Bev Pickover</td>
</tr>
<tr>
<td>Contact details</td>
<td>01772 695396</td>
</tr>
<tr>
<td>Name of policy/procedure/service to be assessed</td>
<td>Policy for Dealing with the Media</td>
</tr>
<tr>
<td>Date of assessment</td>
<td>6 October 2016</td>
</tr>
<tr>
<td>Is this a new or existing policy/procedure/service?</td>
<td>Existing</td>
</tr>
<tr>
<td>1. Briefly describe the aims, objectives and purpose of the policy/procedure/service?</td>
<td>To ensure media enquiries are handled and responded to in a consistent and coordinated way</td>
</tr>
<tr>
<td>2. Who is intended to benefit?</td>
<td>All staff</td>
</tr>
<tr>
<td>3. What outcomes are wanted?</td>
<td>A standardised approach to dealing with media requests through the Communicationss team</td>
</tr>
<tr>
<td>4. Who are the main stakeholders?</td>
<td>All Trust staff and Governors</td>
</tr>
<tr>
<td>5. Who is responsible for implementation?</td>
<td>Head of Communicationss</td>
</tr>
<tr>
<td>6. Are there concerns that there could be differential impact on the following groups and what existing evidence do you have for this?</td>
<td></td>
</tr>
<tr>
<td>People from a Black or minority ethnic background</td>
<td>No.</td>
</tr>
<tr>
<td>Women or men including trans people</td>
<td>No.</td>
</tr>
</tbody>
</table>

People with disabilities or long term health conditions

Date of Issue: October 2016
<p>| People with or without a religion or beliefs | No. |
| Lesbian, gay, bisexual or heterosexual people | No. |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older or younger people</td>
<td>No</td>
</tr>
<tr>
<td>7. Could any differential impact identified above be potentially adverse?</td>
<td>No</td>
</tr>
<tr>
<td>8. Can any adverse impact be justified on the grounds of promoting equality of opportunity?</td>
<td>No</td>
</tr>
<tr>
<td>9. Have you consulted with those who are likely to be affected?</td>
<td>No. Not applicable</td>
</tr>
<tr>
<td>10. Should the policy/procedure/service proceed to full impact assessment?</td>
<td>No, there is no requirement for a full impact assessment</td>
</tr>
</tbody>
</table>

I understand the impact assessment of this policy/procedure/service is a statutory obligation and take responsibility for the completion of this process.

Names of assessors: Bev Pickover
Date of assessment: 6 October 2016
Date of next review: October 2019