POLICY FOR DEALING WITH THE MEDIA

<table>
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<tr>
<th>PROTOCOL NO</th>
<th>COM 003</th>
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<tr>
<td>DATE RATIFIED</td>
<td>February 2010</td>
</tr>
<tr>
<td>NEXT REVIEW DATE</td>
<td>February 2013</td>
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POLICY STATEMENT/KEY OBJECTIVES:
The method for dealing with enquiries from the media.

ACCOUNTING DIRECTOR: Deputy Chief Executive

POLICY AUTHOR: Associate Director of Communications and Corporate Affairs
# Executive Summary

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<tr>
<th><strong>Subject</strong></th>
<th>Policy for dealing with the media</th>
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<tr>
<td><strong>Applicable to</strong></td>
<td>All employees of Lancashire Care NHS Foundation Trust</td>
</tr>
<tr>
<td><strong>Key Policy Issues</strong></td>
<td>To ensure mechanisms are in place for responding to enquiries from the media</td>
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<tr>
<td><strong>Date Issued</strong></td>
<td>February 2010</td>
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<tr>
<td><strong>Dates Policy reviewed</strong></td>
<td>February 2010</td>
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<tr>
<td><strong>Next review due date</strong></td>
<td>February 2013</td>
</tr>
<tr>
<td><strong>Policy written by</strong></td>
<td>Sarah Jones</td>
</tr>
<tr>
<td><strong>Consultation</strong></td>
<td>This policy was previously consulted on in 2009 and has just been updated to reflect changes in job titles.</td>
</tr>
<tr>
<td><strong>Policy reviewed by:</strong></td>
<td>Senior Management Team Policy and Governance Group</td>
</tr>
<tr>
<td><strong>Lead responsible for policy</strong></td>
<td>Deputy Chief Executive</td>
</tr>
<tr>
<td><strong>Monitoring arrangements</strong></td>
<td>The Associate Director of Communications and Corporate Affairs will be responsible for monitoring this procedure and will provide assurance to EMT Governance.</td>
</tr>
<tr>
<td><strong>Approved by</strong></td>
<td>Policy and Governance EMT</td>
</tr>
<tr>
<td><strong>Authorised by</strong></td>
<td>Policy and Governance EMT</td>
</tr>
</tbody>
</table>
| **Signature** | Shirley Saunders  
Deputy Chief Executive/Director of Operations |
| **Related procedural documents** | |

*Date of issue: March 2010*
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Date of issue: March 2010
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 Strategy.
- 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.
- 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 Officer on 01772 695368. If she is not available all calls should be referred to the Associate Director of Communications and Corporate Affairs on 01772 695396.
Out of hours
Any member of staff contacted by the media out of normal office hours is requested to direct the caller to the Communications Officer the next working day.

Any urgent enquiries, for example, an unexpected Serious Untoward Incident that cannot wait until the next day should be directed to the Associate Director or relevant on-call manager. If necessary the Associate Director will contact the Executive Member on-call. If possible the Communications Officer will have briefed the on-call manager where an incident has occurred within normal office hours, which may result in calls out of office hours.

All staff are also asked to:

- Inform the Communications Officer either directly or through their Associate Director of incidents, which may result in media interest. It is acknowledged that it may be hard to decide which incidents may attract media interest. Where possible advance notice should be given to the Communications Officer so that a preliminary Trust response or reaction can be considered before the media contacts the Trust.
- Make the Communications Officer aware of positive news stories including events and achievements.
- Direct media enquiries to the Communications Officer or on-call manager.
- Supply background information to help the Communications Officer respond to any enquiries received as a result of a press release.
- Assist in the production of press statements at the request of the Communications Officer.

4.2 Communications Officer and Associate Director of Communications and Corporate Affairs
The Communications Officer is the first point of contact for all media enquiries although the Associate Director may lead on reactive media enquiries. This arrangement is identified to the Strategic Health Authority and other partner organisations including Primary Care Trusts through the Cumbria and Lancashire Communications Network.

The main responsibilities of the Communications Officer 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 Associate Director will communicate potential or actual media coverage to the Chairman, Chief Executive, other Trust staff and other interested parties as and when appropriate.
- Brief the on-call manager of issues, which may cause media interest out of hours, wherever possible.
- Brief staff who are asked to speak to the media.
- Supervise the media whilst on Trust premises.

4.3 Chief Executive and Executive Directors
The main responsibilities of the Chief Executive and Executive Directors are to:
• make comments 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.

4.4 On-call managers
The On-call Manager 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 Communications Officer for logging purposes and to assist with any further enquiries.

4.5 Switchboard/reception staff
All media calls should be transferred to the Communications Officer in office hours and to the on-call manager out of hours where the enquiry cannot wait until the next working day.

5. Liaison with other NHS organisations

5.1 Other trusts
Each NHS organisation has an identified communications lead. Other organisation’s communications leads should be contacted if appropriate, for example, where an activity or incident may have an impact on another Trust.

Copies of press statements should be copied to partner organisations for information.

5.2 NHS North West
We will notify NHS North West of reactive or potentially significant media issues and ensure timely and accurate briefings as requested.

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, response made and the source of response. The media enquiry log is held by the Communications Officer. 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. When the information has been agreed the Communications Officer will respond to the enquiry direct or arrange for the relevant Director/Associate Director or most appropriate person to respond. Statements may be read out over the phone, faxed or emailed. Faxing or e-mailing press statements is often more appropriate especially if any further follow up action/rebuttal is required.

There may be occasions, on matters of a minor nature, where the Communications Officer 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 any press statement or perform an interview bearing in mind the given media deadline. Every effort...
will be made to meet the media deadline wherever possible i.e. within the hour or as soon as possible thereafter.

6.2 Responding to requests for interviews
On receiving a request for comment or interview the Communications Officer will contact the appropriate member of staff for more information and co-ordinate and agree a response or make interview arrangements with the relevant Director/Associate Director. A log is kept of all enquiries and responses.

As a general rule only the Chairman, Chief Executive, Directors, Associate Directors and other heads of service will be asked to undertake radio/TV broadcast or press interviews. This will, however, depend on the subject matter and the decision of the relevant Director. It may be more appropriate for another member of staff with more relevant experience and knowledge to undertake an interview.

The Communications Officer will make appropriate interview arrangements and help with preparations and briefings. Where possible, the Communications Officer or other manager, should sit in on the interview.

Where a request is made to interview a service user or carer their permission must be gained before reporters are granted access.

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
Where possible the Communications Officer will scan local press for both misinformation and attacks on the Trust, which could be damaging to the organisation’s reputation. As the range of local press is quite large Associate Directors are requested to alert the Communications Officer to potentially damaging information. Where these are felt to be unjustified or where untruths have been printed or facts interpreted wrongly appropriate members of staff will be consulted and a rebuttal statement 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.

6.5 Producing press releases
Press Releases are probably the most commonly used tool in securing media coverage. Press releases are issued by the Communications Officer to provide information on incidents, events, achievements, plans etc. All press releases should be approved by the Chief Executive or an Executive Director.

A record of all Press Releases issued is kept on file.

Date of issue: March 2010
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 meat 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 3rd 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 only be given by the relevant Director/Associate Director. The Chairman, 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/Chairman. All quotes will be agreed as necessary prior to issue. Again time is 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 e-mail or by fax 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 Communications Officer should be notified of any additional addresses for distribution.

Releases are distributed in-house to Executive Members and Associate Directors in order to keep them updated with events. Monitor and other NHS organisations including the NHS Northwest and Primary Care Trusts are also sent appropriate press releases via e-mail. Partner organisations including Borough Councils, Lancashire County Council, MPs etc are also e-mailed where appropriate. All releases are also available on the Trust’s website and extranet.

Date of issue: March 2010
6.8 Monitoring press release coverage
The Trust communication team undertake a press cuttings service including an estimate of the fiscal value of both positive and negative 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. Health related national daily headlines are e-mailed to the Communications Officer on a daily basis by the NHS Confederation. The Communications Officer relays relevant articles to Executive Directors on a weekly basis. Press cuttings are kept on file and are available for viewing at any time. Where appropriate recent positive press cuttings will also be displayed in reception areas.

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. However, photography can be expensive and should be used selectively. Waiting for photographs to be processed can also take time and consequently reduce the immediate impact of a story – especially if it is time specific. If possible, it is useful to have a photograph taken prior to an event, which can then be distributed on the day. For example, if an award is being presented, mock up a photograph on site rather than wait until the actual presentation. Action photographs showing no more than 3 people often work better than large groups – and are more likely to be used by the press.

It is possible to add a ‘Note to Editors’ on the press release inviting them to send along their own photographer. This is the cheapest option but not always the best solution as press photographers may not be able to attend the event. Even if a photographer is sent along with a press release there is no guarantee that the papers will use it.

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 11 am on Thursday, 11th November 2003.*

6.11 Photocopying articles
A licence is needed to photocopy articles from national and some local papers and journals. This licence can be expensive. 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.

### 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 3 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. If the media wants to do a follow up interview or requests access the service user must be in a fit state to give his or her permission.
Policy for Dealing with the Media

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 Communications Officer can advise and assist in the preparation and organisation of a press conference/launch etc. At least three weeks 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. Crisis Management

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

In the case of a SUI Incident, the Communications Officer will usually be part of any SUI team. Press enquiries will be dealt with in liaison with the relevant staff and press releases will be issued as appropriate.

Monitor and NHS North West will be kept informed, as appropriate, by the Communications Officer. The Strategic Health Authority 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.

In the event of a major disaster or emergency situation the Police and emergency services will generally provide the initial lead in handling the media. After the first few hours the lead may switch to the County Council or relevant local authority. The Trust may be required to help in co-ordinating, supplying or agreeing content. It is essential that if asked the Trust responds as quickly as possible. Refer to the Trust’s Major Incident Plans for further advice about handling the media in the event of a major incident.

Where there is a great deal of press interest, the decision may be taken to form a rota party with one camera, one reporter and one radio person. These will then have to be shared amongst the other media representatives.

10. Archiving Arrangements

The Communication Team is responsible for maintaining a log of all media enquiries and statements issued.

Date of issue: March 2010
11. Equality and Diversity

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

12. Monitoring

Monitoring of the effectiveness of this procedure will be undertaken by the Associate Director of Communications and Corporate Affairs.

13. Review

The policy will be reviewed every three years unless there is a change in guidance.
**Policy for Dealing with the Media**

**Lancashire Care NHS Foundation Trust**  
Initial Equality Impact Assessment

<table>
<thead>
<tr>
<th>Department/Function</th>
<th>Communications and Corporate Affairs</th>
</tr>
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<tbody>
<tr>
<td>Person responsible</td>
<td>Sarah Jones</td>
</tr>
<tr>
<td>Contact details</td>
<td>01772 695396 <a href="mailto:sarah.l.jones@lancashirecare.nhs.uk">sarah.l.jones@lancashirecare.nhs.uk</a></td>
</tr>
<tr>
<td>Name of policy/procedure/service to be assessed</td>
<td>Policy for the Dealing with the Media</td>
</tr>
<tr>
<td>Date of assessment</td>
<td>8th February 2010</td>
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<tr>
<td>Is this a new or existing policy/procedure/service?</td>
<td>Existing</td>
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1. Briefly describe the aims, objectives and purpose of the policy/procedure/service?  
To ensure media enquiries are handled and responded to in a consistent and coordinated way.

2. Who is intended to benefit?  
All staff.

3. What outcomes are wanted?  
A standardised approach to dealing with media requests through the communications team.

4. Who are the main stakeholders?  
All Trust staff.

5. Who is responsible for implementation?  
Associate Director of Communications and Corporate Affairs.

6. Are there concerns that there could be differential impact on the following groups and what existing evidence do you have for this?  
- People from a Black or minority ethnic background: No.
- Women or men including trans people: No.
- People with disabilities or long term health conditions: No.
- People with or without a religion or beliefs: No.
- Lesbian, gay, bisexual or heterosexual people: No.
- Older or younger people: No.

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<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>7. Could any differential impact identified above be potentially adverse?</td>
<td>No</td>
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<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: Sarah Jones  
Date of assessment: 8th February 2010  
Date of next review: February 2012