



# POLICY FOR HANDLING THE MEDIA

Compiled by: Communications Team

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Ratified by: TEC  
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**Patients first • Personal responsibility • Passion for excellence • Pride in our team**

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## History

Version	Date Issued	Brief Summary of Change	Approved by
1	Jan 2010	New policy replacing Policy for Handling Press Inquiries	TEC
2	Nov 2014	General review, minimal changes	
3	Sep 2020	General review, minimal changes	

For more information on the status of this document, please contact:	Anna Scott, Joint Head of Communications
Policy Author	Communication Team
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Ratified by	TEC
Audience	All staff & the Media

# ASHFORD & ST. PETER'S HOSPITALS NHS FOUNDATION TRUST

## POLICY FOR HANDLING THE MEDIA

### See also:

- Complaints Procedure
- Confidentiality and Data Protection Policy
- Freedom of Information Policy
- Major Incident Plan
- Incident Reporting Policy

## 1. INTRODUCTION

NHS organisations are subject to continual media enquiries, almost on a daily basis. Rarely a day goes by in the UK without a story hitting the media about either the wider NHS or individual organisations. It is therefore essential for each organisation to have a policy in place for responding to media enquiries, not only to ensure the reputation of the NHS and individual organisations are upheld but also to safeguard patients and staff.

Ashford and St. Peter's Hospitals NHS Foundation Trust recognises that effective media relations are essential for public sector organisations which are publicly funded and therefore rightly the subject of considerable media scrutiny. Not only do we have a duty to be publicly accountable, honest and transparent; we have other responsibilities which are better discharged if a productive and professional working relationship with the media exists. These include: providing accurate information about our services, dealing with major incidents and providing important advice to patients and the wider community – for instance, in the event of a pandemic, significant outbreak of communicable disease in the community or within our premises.

By media this policy refers to the printed press, broadcast (radio, TV and film), online and news agencies. Enquiries may be from local, regional and national media (and in the event of a major incident possibly by international media).

## 2. PURPOSE

This policy describes the Trust's approach to handling media enquiries. Although media enquiries should always be handled by the Communications Team, this policy is relevant to **ALL STAFF**.

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### 3. DUTIES

#### 3.1 POLICY

Trust policy is to try to be as co-operative with the Press/Media as possible, without compromising patient or staff confidentiality. **We have an absolute duty of care to our patients to observe and maintain patient confidentiality** in line with the NHS Caldicott Guidelines as set out in our Confidentiality and Data Protection Policy. **Permission should always be sought** from the patient, or their relative if the consent cannot be obtained because of incapacity or they are a young person unable to consent, or from the next of kin if the patient has died, before patient details are disclosed.

However, in cases where the patient or their next of kin have made contact with the media guidance from the Department of Health (Annex A) provides for the Trust to disclose such patient details to enable the Trust to protect its reputation.

**Staff are not permitted to make contact with the Press/Media to pass on information nor to express opinions in relation to any patient or other matter related to the Trust, unless they have obtained prior express permission from either the Head of Communications, Chief Executive or an Executive Director. To do so would be a breach of this policy.**

**The Trust's Communications Team should always be alerted to all approaches from the Press/Media in the first instance, and informed of and consulted on any planned response.**

#### 3.2 MEDIA ENQUIRIES

3.2.1 Most media enquiries come directly to the Communications Team. But if any other member of staff receives an enquiry from the media (including any request to film on Trust property) you should:

- make a note of the caller's name and phone number/email address, the media outlet they are representing, and the nature of their enquiry;
- inform them that an appropriate person will call or email them back;
- and pass the information to the Communications Team as soon as possible.

The team can be contacted Monday to Friday, 09:00 to 17:30 hrs on ext 2163 (01932-722163). Non-urgent enquiries can be e-mailed to [asp-tr.comms.mailbox@nhs.net](mailto:asp-tr.comms.mailbox@nhs.net).

Outside the above hours, including weekends and bank holidays, ask the Trust switchboard (01932-872000) to page the Duty 'Press Officer'.

In the event of any difficulty the switchboard should try all the 'Press Officers' in the Communications Team before referring the call to the Senior Support Manager on-call.

3.2.2. The Communications Team will endeavour, subject to press/media deadlines, to ensure that appropriate clinical and managerial staff are involved in discussions about any proposed response and that where appropriate any external organisation e.g. Clinical Commissioning Group (CCG), regional and national NHS England and Improvement teams, local authority, contractor or other agency, are informed and involved.

**If the Press/Media telephone wards, departments or staff directly, staff should follow the**

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**above guidelines and pass ALL calls to the Communications Team /duty press officer. In the unlikely event that the duty press officer cannot be contacted, then staff should pass the call to the Senior Support Manager on-call.**

3.2.3 The Communications Team will respond to any press/media coverage which in the view of the Trust does not provide a balanced and fair presentation of the Trust and its services and will seek redress in line with industry guidelines and codes of conduct.

### 3.3 HANDLING PROTOCOLS

#### 3.3.1 Condition Checks

The Trust is occasionally asked for 'condition checks'. Local press and media can assist the Trust by:

- making the request for the condition check as soon after the incident as possible.
- providing as much information as possible, including:
  - name, gender and age of the injured;
  - the date and time of the incident, and where available time brought into hospital; and
  - circumstances of the incident including nature of injury resulting in hospitalisation.

Whilst the Trust will always endeavor to be helpful and answer media enquiries as quickly as possible, our ability to assist the Press / Media is limited by:

- (a) The amount and timeliness of the information provided – limited and late information limits the ability to trace the patient/next of kin; and
- (b) Whether the patient or their next of kin give consent for us to disclose information.

In general (assuming we can trace the patient) and with consent, we will be able to confirm gender, time of arrival, and whether they have been admitted or discharged. If they have been admitted then as a guide to their condition we will state that they are in one of three categories:

- **Critical:** Vital signs i.e. heartbeat, breathing, blood pressure may be unstable or not within normal limits. There is some doubt that the patient will recover. Death may be imminent.
- **Serious:** Acutely ill with an uncertain outcome. Vital signs are unstable but there is a chance of improvement.
- **Satisfactory:** Vital signs are stable and within normal limits. Patient is conscious and there is a good chance he or she will make normal progress.

Both the Trust and the press/media have a mutual responsibility to ensure that the public obtain accurate information on matters of interest and that the reporting of facts does not infringe in any way upon the patient's privacy and uninterrupted healthcare. By working together the Trust and press/media can endeavour to ensure that this is always the case.

### 3.4 NEGATIVE NEWS STORIES

3.4.1 Where the Communications Team judge the press/media enquiry to be a negative news story the aim of the Trust will be to minimise damage to the Trust's reputation by:

- presenting the facts, whilst not infringing on patient or staff confidentiality;

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- highlighting positive areas; and
- where appropriate and agreed, apologising for any errors.

3.4.2 This will usually be issued as a 'Media Statement' attributed to a named individual – usually the relevant executive director. Where press/media deadlines permit the Communications Team will seek to involve the wider clinical and service teams in drafting the statement. All statements must be approved by the relevant executive director and in the event of high profile stories, the Chief Executive. The Chairman should be kept informed and updated.

3.4.3 Where significant media interest is expected the Communications Team will consider, in consultation with the appropriate Executive and/or Divisional Director(s), whether to:

- alert security to the possibility of additional interest in hospital services both overt and covert
- issue a 'Media Release', briefing and/or release information via news agencies
- report the media interest as a Serious Untoward Incident to the regional NHS England team, the relevant CCG, and advise what arrangements should be put in place for communicating with staff and stakeholders including NEDs and Governors.

3.4.4 It is Trust policy to challenge the media if and when it feels they may be stepping outside the law – for example by attempting to run a potentially libellous or defamatory story. The Trust will obtain the necessary legal advice in such situations to attempt to halt or limit the story within legal bounds. This is both to protect patients, individual members of staff and the reputation of the Trust.

**Where a potentially controversial story is being covered, journalists will try to gain as much information as possible. Staff should be aware that what can appear to be a simple 'phone conversation' can lead to inadvertent passing on of information which may be misinterpreted and /or breach patient confidentiality. As a reminder, staff should ALWAYS pass on any call from the media – or suspect call (as journalists may use a number of ways to gain information and may not always disclose who they are) – to the Communications Team and/or duty Press Officer.**

3.4.5 When dealing with negative news stories, the response from the Trust will always be considered from a local health economy and national NHS perspective. It is not helpful or appropriate for the Trust to publicly disclose any grievance or dispute that may exist between local NHS organisations nor should the Trust seek to indicate any fault by another NHS or public agency. Upholding the reputation of the NHS as a whole should always be behind any press statement given by this Trust.

3.4.6 Freedom of Information – the media will often use Freedom of Information to obtain information from organisations on a wealth of subjects, sometimes openly but sometimes without disclosing who they are. Any FOI request known or suspected to be from the media should **always** be copied to and signed off by the Communications Team as well as being handled by the FOI team.

### 3.5 POSITIVE NEWS STORIES

3.5.1 Where the Communications Team judge the press/media enquiry to be a positive news story the aim of the Trust will be to maximise the opportunity. The Communications Team will support the journalist making the enquiry by arranging where possible and appropriate an interview with the lead clinician or manager and if the issue is judged to be of wider interest

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arrange further publicity, including photo shoots, in line with the Trust's Communications and Engagement Strategy.

**Any member of staff who believes they have a good news story or idea are encouraged to contact the Trust Communications Team on ext 2163, 2409 or 3740 or by e-mailing [asp-tr.commsm.mailbox@nhs.net](mailto:asp-tr.commsm.mailbox@nhs.net). Examples of good news stories are:**

- **new service developments**
- **high achieving departments, e.g. in response to audits, targets, patient surveys**
- **life saving or exceptional life changing treatment, particularly with a 'patient story'**
- **articles for professional publications such as the BMJ, HSJ or Nursing Standard.**
- **donations or fundraising for additional equipment or new facilities.**

### 3.6 SERIOUS UNTOWARD AND MAJOR INCIDENTS

3.6.1 These types of incidents will generate the rapid appearance of large numbers of reporters, photographers and camera crews. Sometimes these are related to the treatment of well known or celebrity figures in hospitals rather than an unexpected occurrence such as a major transport or incident or local disaster.

3.6.2 Guidance on reporting serious untoward incidents and media handling for major incidents is contained in the appropriate policies, namely the Trust's Major Incident Plan and the Incident Reporting Policy.

3.6.3 In the event of a national incident, such as a pandemic, consideration must be given to the regional and national Department of Health and NHS England protocols. It is likely that media enquiries and requests will need to be escalated to the regional team for approval and/or templates will be provided for some media statements.

### 3.7 APPROACHES FROM TV AND FILM COMPANIES

From time to time the Trust is approached by programme makers (as opposed to TV news), either to participate in documentary style programming, or for filming requests as a location shot for TV drama or film.

3.7.1 Participating in TV documentaries - Trust policy is to be open and helpful to the media but when making the decision whether or not to participate in documentaries, a number of factors should always be taken into consideration:

- what is the advantage to be gained for the Trust (either to participate or not to participate depending on the subject matter)
- if there is any political element that it may not be appropriate for the Trust to be associated with
- if there is any potential risk to the Trust's reputation
- if there is any risk to either patient or staff confidentiality.

Participating in documentaries and allowing film crews access to hospital premises is time consuming and potentially disruptive. Therefore any access allowed should seek to keep disruption to an absolute minimum.

The permission of the Chief Executive and, as appropriate the Chairman, Board and other Executive Directors, should always be sought before agreement is made. The Trust will also

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advise NHS England and the relevant CCG of their intention to participate. Where appropriate, it may be advisable to seek some form of contractual agreement as to the nature and purpose of the documentary. Any programmer must understand that the Trust has the right to stop filming at any time if they deem it necessary and that filming may only take place in an agreed area and with prior written consent of staff and patients.

3.7.2 Allowing Trust premises to be used for location filming – from time to time the Trust is approached by independent film and TV companies to use Trust premises as a location shot for a TV drama or film. It is Trust policy to allow this where appropriate (and with consent of both the Communications Team and the relevant operational staff) but that a reasonable financial charge is made to the film/TV company. Patients are not permitted to appear in the film (unless by prior written consent) and filming can only be allowed if it does not disrupt hospital business. However, this has been an, albeit small but additional, income stream for the Trust and is good PR and can be motivating for staff. Filming of this nature is **always** accompanied at all times by a member of the Communications Team.

3.7.3 Any filming allowed on Trust premises, of whatever nature, should **always** be accompanied by a member of the Communications Team or a designated senior member of staff.

#### **4. DISSEMINATION AND IMPLEMENTATION**

This policy will be published on both TrustNet and the Trust website as it has impact on both staff and external agencies – journalists, other NHS organisations and so on. Good internal communications on the existence of this policy is important to remind staff of their responsibilities regarding the media.

All dealings and contact with the media should be made through the Communications Team, using the Trust agreed templates for press releases and templates. Full media releases will be published on our website.

#### **5. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES**

Compliance with this policy will be monitored as part of an annual audit by the Communications Team, and through monthly media monitoring.

**6. EQUALITY IMPACT ASSESSMENT** – see Appendix 1.

#### **7. ARCHIVING ARRANGEMENTS**

This is a Trust-wide document and archiving arrangements are managed by the Quality Department, who can be contacted to request master/archived copies.

#### **REFERENCES AND/OR BIBLIOGRAPHY**

- Complaints Procedure
- Confidentiality Policy and Data Protection Policy
- Freedom of Information Policy
- Major Incident Plan
- Incident Reporting Policy

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## GUIDANCE FROM THE DEPARTMENT OF HEALTH ON CONFIDENTIALITY AND THE MEDIA

Under normal circumstances there will be no basis for disclosure of confidential and identifiable information to the media. There will be occasions however when NHS organisations and staff are asked for information about individual patients or, in response to particular circumstances, it is felt that disclosure is justifiable. Examples include:

- Requests for updates on the condition of particular patients, e.g. celebrities;
- In distressing circumstances, e.g. following a fire or road traffic accident;
- In circumstances where a patient or a patient's relatives are complaining publicly and unfairly about the treatment and care provided.

Where practicable, the explicit consent of the individual patient(s) concerned should be sought prior to disclosing any information about their care and treatment, including their presence in a hospital or other institution. Where consent cannot be obtained or is withheld, disclosure may still be justified in the public interest.

In distressing circumstances, care should be taken to avoid breaching the confidentiality of patients whilst dealing sympathetically with requests for information. Where a patient is not competent to make a decision about disclosure, the views of family members should be sought and decisions made in the patient's best interests.

Where information is already in the public domain, placed there by individuals or by other agencies such as the police, consent is not required for confirmation or a simple statement that the information is incorrect. Where additional information is to be disclosed, e.g. to correct statements made to the media, patient consent should be sought but disclosure without consent may well be justified in the public interest. The patients concerned and/or their representatives should be advised of any forthcoming statement and the reasons for it.

There is clearly a strong public interest in ensuring that the reputations of NHS staff and organisations are not unfairly and publicly maligned, but there is a competing public interest in sustaining the reputation of the NHS as a secure and confidential service that must also be considered. Disclosures need to be justified on a case by case basis and should be limited to the minimum necessary in the circumstances.

**Extract from the Confidentiality Code of Practice, published by the Department of Health in November 2003.**

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**EQUALITY IMPACT ASSESSMENT TOOL**

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		For each category describe how you have involved stakeholders including service users and employees
	Race and Ethnic origin (include gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	No	
	Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	No	
	Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	No	
	Culture (consider dietary requirements and individual care needs)	No	
	Religion or belief (include dress, individual care needs and spiritual needs for consideration)	No	
	Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)	No	
	Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist)	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, for example, less than equal access, are any exceptions valid, legal and/or justifiable, for example a genuine occupational qualification?</b>	n/a	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	n/a	

		Yes/No	Comments
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

If you have identified a potential discriminatory impact of this policy, please refer it to the appropriate Action Group, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Workforce & OD Directorate on 01784 884379.