**Media Policy**

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| --- | --- |
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| Trustwide | √ |
| Mental Health and LD |  |
| Community Health Services |  |

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| 2.0 | 21.07.14 | C A Wade |  | Replaces V1.2 guidelines for contact with the media January 2009 |
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**Contents**

| **Paragraph** | | **Page** |
| --- | --- | --- |
| 1 | Executive summary  Introduction | 5 |
| 2 | Purpose | 5 |
| 3 | Duties | 5 |
| 4 | Process | 6 |
| 5 | Training | 7 |
| 6 | Other relevant polices | 7 |
| 7 | Monitoring | 7 |
| **Appendices** | |  |
| Appendix A | Dealing with the Media – procedural notes for staff | 8 |
| Appendix B | Caldicott Principles | 10 |
| Appendix C | ELFT Website Editorial Guidelines | 12 |
| Appendix D | Web writing guidance | 15 |
| Appendix E | Media Consent Form | 17 |

**Media Policy**

**Executive Summary**

This policy sets out the roles, responsibilities and procedure for managing print and broadcast media enquiries across the Trust. The Communications team is responsible for dealing with any media enquiries that relate to the Trust and agreeing with the senior team who will act as a spokesperson for the Trust. This policy aims to ensure that the Trust is proactive in managing its reputation, that it has a consistent approach to its relationship with the media and that it has an overview of how the Trust is perceived.

**1.0 Introduction**

1.1 The media (newspapers, television, radio and web-based news sites) are important tools of communication for the NHS. They have the potential to reach staff, service users, carers and the public more quickly, and in greater numbers than any communication organised by the Trust itself. Positive media coverage can help the Trust attract staff, maintain the confidence of service users and carers and help to break down stigma and misconceptions about mental health. Negative media coverage can have a severe effect on staff morale, can cause service users to doubt the competence of the Trust and create or reinforce negative perceptions of the Trust.

1.2 Although the media are largely independent and have their own pressures, priorities and agendas, the aim should be to ensure that they have a steady stream of positive news stories and that negative news stories are countered with timely and accurate information, which looks at issues from the Trust’s point of view.

**2.0 Purpose**

2.1 This policy aims to ensure that the Trust is proactive in managing its reputation, that it has a consistent approach to its relationship with the media and that it has an overview of how the Trust is perceived. Media coverage is reported to the Executive Director of Planning and Performance via a monthly report and to the wider Board as appropriate. Media coverage is monitored and tracked daily. Copies of media reports are available for inspection as required. These are held on file for three years.

**3.0 Duties**

3.1 The Communications team is responsible for dealing with the media and all incoming media enquiries should be routed directly to the Communications team (020 7655 4038/4066)

3.2 Out of hours press enquiries are managed by the Director on Call rota meaning that there is senior oversight of out of hours media queries 24 hours a day, 365 days a year. They can be contacted anytime in or out of office hours by calling any Trust switchboard and asking for the Director on Call to be contacted. It is the responsibility of the Director on Call to inform the Communications team of any potential media interest out of hours, and for the Communications team to brief the Director on Call of any potential media interest that might result in media contact.

3.3 It is the Chief Executive, Chief Operating Officer or relevant Director’s responsibility to sign off reactive media responses on behalf of the Trust.

3.4 It is the responsibility of the Communications team to log all media enquiries, monitor media coverage and ensure all reactive media responses are signed off by the Chief Executive, Chief Operating Officer or relevant Director.

3.5 It is the responsibility of the Caldicott Guardian to give advice and guidance to the Communications team in relation to enquiries or circumstances where personal identifiable information is sought.

3.6 All staff members across the Trust are responsible for informing the Communications team at the earliest possible opportunity about any issue (positive or negative), which would be of potential interest to the media. All media enquiries must be routed directly to the Communications team who will ensure an appropriate response is prepared and signed off.

**4.0 Process**

4.1 The Communications Team must be informed at the earliest possible opportunity about any issue (positive or negative), which would be of potential interest to the media, whether or not the media are aware of it. This includes:

* serious untoward incidents of any nature
* complex complaints and legal cases
* inquests
* enquiries from MPs or local councillors
* local campaigns
* staffing issues which might reach the public domain via a tribunal or union action
* Freedom of Information enquiries by the media

4.2 The Communications team will work with the Caldicott Guardian, and other relevant members of staff to prepare information and help manage the issue from a media perspective.

4.3 All statements issued in response to a media enquiries will only be sent following sign off from the Chief Executive, the Chief Operating Officer, appropriate Director or the Director on call.

4.4 Where a spokesperson is required following a media enquiry, the Communications team will facilitate arrangements between the media and relevant staff member. The Communications team, with agreement from the Chief Executive or Board Director, may decline to provide a spokesperson from the Trust.

4.5 The Communications team should be consulted about any plans to promote Trust-based initiatives or to film within the Trust’s premises. Then with the support of the Chief Executive or Board Director, communicate refusal of permission for filming on-site if it is not in the Trust’s best interests.

4.6 If there is a media request to film or to speak to service user(s) about an issue, this will be considered with the individual and their responsible clinician, and permission and written consent sought from the individual service user(s). Where photos are held by the Trust, the Communications team will seek written permission from service users stating the agreed use of the photograph. The Communications team may ask for the support of the relevant clinical team to do this.

4.7 The Communications team will use a range of channels to disseminate information to the staff via the intranet, email and text messaging if appropriate, and to the public via the website and social media, to complement media coverage.

**5.0 Training**

5.1 The Communications team will arrange appropriate media training for individuals where supported by and agreed with their manager/service director. This can be done as one-to-one training or with a group of staff.

5.2 The Communications team can also offer one-to-one coaching with individual staff over the phone or via email if a media request has come in at short notice, to consider key messages, anticipate themes, discuss responses to difficult questions and rehearse simple descriptions or explanations to enable them to be able to convey key points in an accessible way.

**6.0 Other relevant policies**

6.1 Information Governance and IMT Security Policy

6.2 Major Incident Communications Policy

6.3 Social Media Policy

**7.0 Monitoring**

7.1 The Communications team is responsible for monitoring media coverage and reporting this to the Director of Performance and Planning on a monthly basis and to the Board as requested.

**Appendix A**

**Dealing With the Media**

Media calls should be directed to the Communications team by phoning 020 7655 4038 or 020 7655 4066 during office hours. Out of hours, the media should call 020 7540 4380 and ask for the Director on Call to be bleeped. The Director on call is on call 24 hours a day and can be contacted any time in or out of hours.

**Press Statements**

In response to a media enquiry, the Communications team may decide to issue a press statement. Press statements are usually factual statements which have input from relevant staff members.

The Communications team receives requests for statements on individual service users from the media and from Metropolitan Police. In these cases the team will contact a member of staff who is caring for the service user. Because of patient confidentiality the Communications team will only give out the most basic information and will not discuss the particulars of an individual service users’ case. Any information will only be released once, if applicable, the family has been consulted and in discussions with staff, the Caldicott Guardian, and if applicable, other agencies such as the local authorities.

Press statements never include any confidential information and once the Communications have agreed a statement with the relevant service or team they will send draft text for sign off. Statements will only be issued following sign off from the Chief Executive, the relevant Director or the Director on call.

**Press Releases**

The Communications team use press releases to proactively spread positive news stories and publicise events.

The Communications team will issue all press releases on behalf of the Trust. Staff who wish to announce something to the media must discuss the issue with the Communications team, who will provide assistance, approve/draft press releases and liaise with the media.

Staff should consult the Communications team before speaking to the media or taking part in an event which may be covered by the media (for example making a presentation at a public event where the media may be present). This is to ensure that staff are fully briefed and aware of other factors, which might affect the news story, and to help the Trust keep track of any publicity. The team will provide support and advice on talking to the media and suggest relevant messages to ensure appropriate media coverage.

**Interviews**

Where a decision is made to provide a spokesman for interview following a media enquiry, the Communications team will identify relevant spokespeople on any issue and will brief them before they need to speak to the media. On some occasions the Communications team may advise that a statement should be prepared rather than a spokesperson made available for the media.

On occasions, the Communications team may advise that another spokesperson is more appropriate or that it would be better not to have a spokesperson on a particular issue. If necessary, the team can consult the Chief Executive or senior managerial or clinical colleagues about who would best represent the Trust.

**Social Networking**

The Communications team may use social networking sites where appropriate to promote positive media coverage about the Trust or the wider NHS. The East London NHS Foundation Trust (ELFT) website is also used to communicate news. These sites are regularly monitored by the Communications team to detect any misuse or inappropriate content.

**Speaking to the media**

If a member of staff is speaking to the media on their own behalf, as a representative of their profession or as a member of an organisation to which they belong (for example, a union or professional body) it is important to make sure that their views or the views of the body they represent do not come across as the views of the Trust. The Communications team should also be alerted to any query of this kind as it may result in further publicity or media calls.

Staff should not, while speaking to the media on behalf of the Trust, make personal comments about health services which could be construed as party-political.

If the professional press (e.g. BMJ, HSJ or professional journals) contact clinicians, they should alert the Communications team to discuss the media interest. The team may be able to get further positive local media coverage to follow the professional journal article.

Journalists sometimes seek conflict between public sector bodies. Staff should avoid criticising other NHS organisations to the media. If a journalist asks about an issue, which has implications for another NHS organisation, please contact a member of the Communications team as they can broker a coordinated response with the other organisations.

**Appendix B**

**The Caldicott Principles**

The Need to Know:

1. Justify the purpose(s) of using confidential information.

2. Only use it when absolutely necessary.

3. Use only the minimum that is required.

4. Access should be on a strict need-to-know basis.

5. Everyone must understand his or her responsibilities.

6. Understand and comply with the law.

**Transporting Information – Caldicott Guidance**

1. The health record should only be taken off site when absolutely necessary.

2. A record should be made of the removal, why it is being removed, where it is going, and who it is going to.

3. The record must be transported in a sealed container.

4. The record must not be left unattended.

5. The record must be returned as soon as possible.

6. Record the return.

**Faxing Information – Caldicott Guidance**

1. Telephone the recipient and tell them confidential material is about to be faxed.

2. Ask them to acknowledge receipt.

3. Double check the fax number.

4. Use pre-programmed numbers wherever possible (tested).

5. Use a cover sheet properly addressed marked Private and Confidential.

6. If appropriate, request a report sheet to confirm if transmission was OK.

**Posting Information – Caldicott Guidance**

1. Confirm the name, department, and address of the recipient.

2. Seal the information in a robust envelope.

3. Mark the envelope “Private and Confidential – to be opened by Addressee only”.

4. When appropriate, send the health record by Recorded Delivery.

5. When necessary, ask the recipient to confirm receipt.

**Sharing Information by Phone – Caldicott Guidance**

1. Confirm the identity of the caller.

2. Confirm the reason for the information request if appropriate.

3. Take a contact telephone number.

4. Check whether the information can be provided. If in doubt, tell the enquirer you   
 will call them back.

5. Provide the information only to the person who has requested it (do not leave messages).

6. Make a record of the caller, who authorised the release of information, and the nature of the information.

**Appendix C**

**Trust Website Editorial Guidelines**

**Introduction**

East London NHS Foundation Trust is committed to the highest editorial and ethical standards in the provision of all its online content. All websites hosted or managed by the Trust are funded by the East London NHS Foundation Trust. It is committed to providing objective and trustworthy information and guidance on all aspects of mental health and healthcare.

East London NHS Foundation Trust will ensure that content is evidence-based, and that it is founded on the best scientific knowledge currently available.

The following sections set out our editorial principles, standards and processes:

**2 Principles**

2.1 **Accuracy:** East London NHS Foundation Trust websites content will be accurate, balanced and transparent. Information given will be judged against the best available scientific evidence and sources named wherever possible. Where content contains conjecture or opinion, this will be clearly indicated.

2.2 **Accountability:** East London NHS Foundation Trust is accountable to its service users and will deal fairly with them. It will be open in admitting mistakes and encourages a culture of learning via user feedback. The editorial processes will be transparent.

2.3 **Serving the public:** East London NHS Foundation Trust will put its service users’ interests first when sourcing and developing content. It will consult with relevant professional bodies, charities and other interest groups but serving its local communities will remain of paramount importance.

2.4 **Taste and decency:** All content on East London NHS Foundation Trust will be suitable for a general audience and will not include material that might reasonably be deemed offensive.

2.5 **Impartiality and diversity of opinion:** East London NHS Foundation Trust will be objective, impartial and even-handed. Where views differ and no scientific consensus can be found it will reflect all significant strands of opinion and state the uncertainty clearly.

2.6 **Privacy:** East London NHS Foundation Trust is committed to ensuring that strict privacy controls are maintained. Personal information, including any correspondence, will not be disclosed without the prior explicit consent of the service user, unless the Trust is required to do so for legal reasons (such as a Court Order), or disclosure is in the public interest. Permission will be sought from service users where photographic images are used.

2.7 **Funding**: the Trust’s online communications are funded by the East London  
NHS Foundation Trust. It does not carry advertising and does not accept corporate sponsorship.

**3 Standards**

East London NHS Foundation Trust has a dedicated team of editors. It has a clear mandate to produce accurate, balanced and transparent information.

No website editor, author, administrator will be asked, or is permitted, to provide favoured treatment to any partner organisation and all editorial staff must fully disclose any financial or other interests they may have in any healthcare-related companies or organisations.

In accordance with Trust policy, all staff, including editorial staff, are required to disclose any conflict of interests with other organisations, including healthcare related companies. The Trust Secretary will investigate any potential conflict of interest to the Trust’. The Director of Communication will report any potential conflict of interest to the Trust Secretary who will investigate the matter and reach a decision.

Where content is produced by outside organisations or individuals, East London NHS Foundation Trust requires that such agents make a similar disclosure of outside interests.

**4 Staff Training**

All editorial staff are given training to ensure editorial standards are met.

**5 Editorial process**

**5.1** **Phase 1 - Research**

The evidence-based knowledge that informs all East London NHS Foundation Trust online communications content is derived from the direct experience of clinicians, other health professionals, patients and the wider public.

In pulling together this knowledge to provide service users with a rounded and balanced package of material on a particular subject, East London NHS Foundation Trust requires its content authors to consult the following resources:

For peer-reviewed research, to consult the National Library for Health (NLH), which has developed a system for classifying different types of research evidence with respect to their validity.

For knowledge of direct experience to consult:

* Practising doctors and other clinicians with direct and current experience in dealing with or treating the mental health issue under investigation,
* National charities with a recognised expertise and specialist interest,
* Patients and ordinary members of the wider public who may be directly affected by a topic or issue

**5.2 Phase 2 – Production**

Once a piece of content has been drafted, it is edited by a member of the Trust’s editorial team. It is checked for:

* Accuracy
* Balance
* Accessibility
* Tone
* Common factual errors
* Spelling and grammar
* Adherence to house style
* Clarity

**5.3 Phase 3 - Clinical check and policy sign-off**

If the content contains clinical information it must be read and signed off by an appropriately qualified and experienced clinician. The Chief Medical Officer is has the final say on the inclusion of clinical information in all Trust’s online communications.

Any Trust policies must be signed off by the appropriate committee and logged by the information governance team before being issued to staff and published online

**5.4 Phase 4 - Review of content**

The content of the Trust’s websites are reviewed systematically. Major content is reviewed annually, and content less susceptible to change in knowledge and evidence is reviewed at least every two years.

Comments from service users and stakeholders on published content are considered on a day-by-day basis as they arrive, and content reviewed and amended immediately if necessary.

**6 Appeals procedure**

In the event of a complaint about online content that cannot be resolved by the Director of Communications, the matter will be escalated to the Executive Director for Corporate Affairs. The content of the Trust’s websites are reviewed systematically. Major content is reviewed annually, and content less susceptible to change in knowledge and evidence is reviewed at least every two years.

Comments from service users and stakeholders on published content are considered on a day-by-day basis as they arrive, and content reviewed and amended immediately if necessary.

**Appendix D**

**Web Writing Guidelines**

Web writing is different to writing for printed matter. We tend to scan content on the web hunting for the information we're after, as opposed to reading word-for-word. As a result of this, there are certain guidelines to follow when writing copy for the ELFT website:

**1. Use clear and simple language**

Reading from computer screens is tiring for the eyes and about 25% slower than reading from printed matter. The easier the style of writing the easier it is for site visitors to understand. The basic rules are:

* Avoid slang or jargon
* Get a colleague to proofread the page and test it for flow and clarity
* Use shorter words where possible - ‘used to’ rather than ‘accustomed to’ etc.
* Avoid complex sentence structures - try to include just one idea or concept per sentence
* Use active ahead of passive words - ‘We won the award’ is shorter and easier to comprehend than, ‘The award was won by us’

**2. Limit each paragraph to one idea**

If you assign just one idea to each paragraph site visitors can:

* Easily scan through each paragraph
* Get the general gist of what the paragraph is about, then move on to the next paragraph
* Limiting each paragraph to just one idea is especially effective when combined with front-loading paragraph content.

**3. Front-load content**

Front-loading content means putting the conclusion first, followed by the what, how, where, when and why.

The first line of each paragraph should contain the conclusion for that paragraph, so site visitors can:

* Quickly scan through the opening sentence
* Instantly understand what the paragraph is about
* Decide if they want to read the rest of the paragraph or not

Because each paragraph contains just one idea, users can do all this safe in the knowledge that if they jump to the next paragraph they won't be missing any new concepts.

This is also applicable to web pages, as well as paragraphs. The opening paragraph on every page should always contain the conclusion of that page. This way, site visitors can instantly gain an understanding of what the page is about and decide whether they want to read the page or not.

**4. Use descriptive sub-headings**

Breaking up text with descriptive sub-headings allows site visitors to easily see what each section of the page is about. The main heading on the page provides a brief overall view of what the page is about, and the opening paragraph gives a brief conclusion of the page (because you've front-loaded the page content).

Within the page though, there are various sub-themes which can be quickly put across with sub-headings.

There's no hard and fast rule for how frequently to use sub-headings, but you should probably be roughly aiming for one sub-heading every two to four paragraphs. More importantly though, the sub-headings should group on-page content into logical groups, to allow site visitors to easily access the information that they're after.

**5. The most important words should be bold**

Another way to help users locate information quickly and easily is to bold important words in some paragraphs. When site visitors scan through the screen this text stands out to them, so do make sure the text makes sense out of context.

Bolden two to three words which describe the main point of the paragraph, and not words on which you're placing emphasis. By seeing these bold words site visitors can instantly gain an understanding of what the paragraph is about and decide whether or not they want to read it.

**6. Use descriptive link text**

In the same way that bold text stands out to screen-scanning web users, so does link text. Link text such as ‘click here’ makes no sense whatsoever out of context so is useless to site visitors scanning web pages. To find out the destination of the link, site visitors have to hunt through the text both before and after the link text.

**7. Use lists**

Lists are preferable to long paragraphs because they:

* Allow users to read the information vertically rather than horizontally
* Are easier to scan
* Are less intimidating
* Are usually more succinct

**8. Left-align text**

Left-aligned text is easier to read than justified text, which in turn is easier to read than centre- or right-aligned text.

When reading through justified text the spacing between each word is different so our eyes have to search for the next word. This slows down our reading speed. Right- and centre-aligned paragraphs slow down reading speed even more because each time you finish reading one line your eye has to search for the beginning of the next line.

**Consent for Photography/Filming**

**Appendix E**

I give my consent to *(please tick as appropriate)*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Being photographed |  |  |
| Being filmed |  |  |
| Other |  |  |

Staff to state reason for film or photograph *(Eg. To support a project, health awareness event, publicise a service, launch, feature, health condition, etc.)*

I give my consent to the film/photograph being used for: *(please tick as appropriate)*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Training purposes only |  |  |
| Promoting the work of East London NHS Foundation Trust in the media or publications |  |  |
| Promoting NHS services and developments in the media or publications |  |  |
| Promoting services on the Trust website |  |  |
| Promoting services on social media platforms such as Facebook, Twitter, You Tube, etc |  |  |
| Other |  |  |

I confirm that the purpose of the photograph/film has been explained to me and I understand how the material will be used.

I understand that the photograph/film taken of me may be used in the future for up to 5 years

|  |  |  |
| --- | --- | --- |
| Signature |  | |
| Name in full  BLOCK CAPITALS |  | |
| Contact number |  | |
| Address  (So that we can contact you to let you know where the film/photo will appear) |  | |
| Email address |  | |
| Parent/Guardian if signing on behalf of a child (Anyone under 18) |  | Relationship to young person |

****

**Consent for Photography/Film**

**To be given to person being filmed or photographed**

**Purpose**

We sometimes use photos/film/video of the work we do at East London NHS Foundation Trust (ELFT) in our public information materials. We do this for several reasons, for example, to showcase innovative projects undertaken in all areas of the organisation by Trust staff or to illustrate the services ELFT provides.

We are asking you to give your consent to be photographed, filmed or videoed for inclusion in these public information materials.

**What will happen to my Image/footage?**

Photos/footage may be sent to the press, used on our website/social media sites or printed in various Trust publications such as the ELFT magazine Trusttalk, the Annual Report or leaflets. Film/video may also be used in promotional DVDs distributed to showcase the Trust or the Trust's services.

The photo/film/video may be seen by Trust staff, service users, our partner organisations and members of the public. Photographs/footage will be stored in our digital archive, which can be accessed by our Communications Department, and will be kept for 5 years. Once the images/footage have been used in promotional materials and distributed, the Trust will not be able to control how long the material is retained by the recipients.

If we want to use your name when we use your image, we will ask you. Your personal details will not be included without your written consent.

**Consent**

You have the right to refuse permission to being photographed/filmed/videoed. Please be assured that this will not affect how we support you or the care you receive. A parent or guardian will be asked to give permission on behalf of children who do not have the capacity and understanding to give consent themselves.

We will not photograph /film/video you for media purposes unless we have your permission. Even if you agree to feature in a photographs, you have the right at any time to ask that all photos be deleted from our archive to prevent further use.

You will be invited to state any special conditions for its use, which will be written on the consent form. You can see any photographs/films/videos we take of you by request. You can do this by contacting the Communications Department:

**By Post: Communications Department, 4th Floor, 9 Alie Street, London, E1 8DE.**

**By Phone: 020 7655 4066**

**By email: elft.communications@nhs.net**