



Policy:

CG 002 Media

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| Executive or Associate Director lead | Director of Corporate Governance |
| Policy author/ lead | Head of Communications |
| Feedback on implementation to | Head of Communications |

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Policy Version and advice on document history, availability and storage

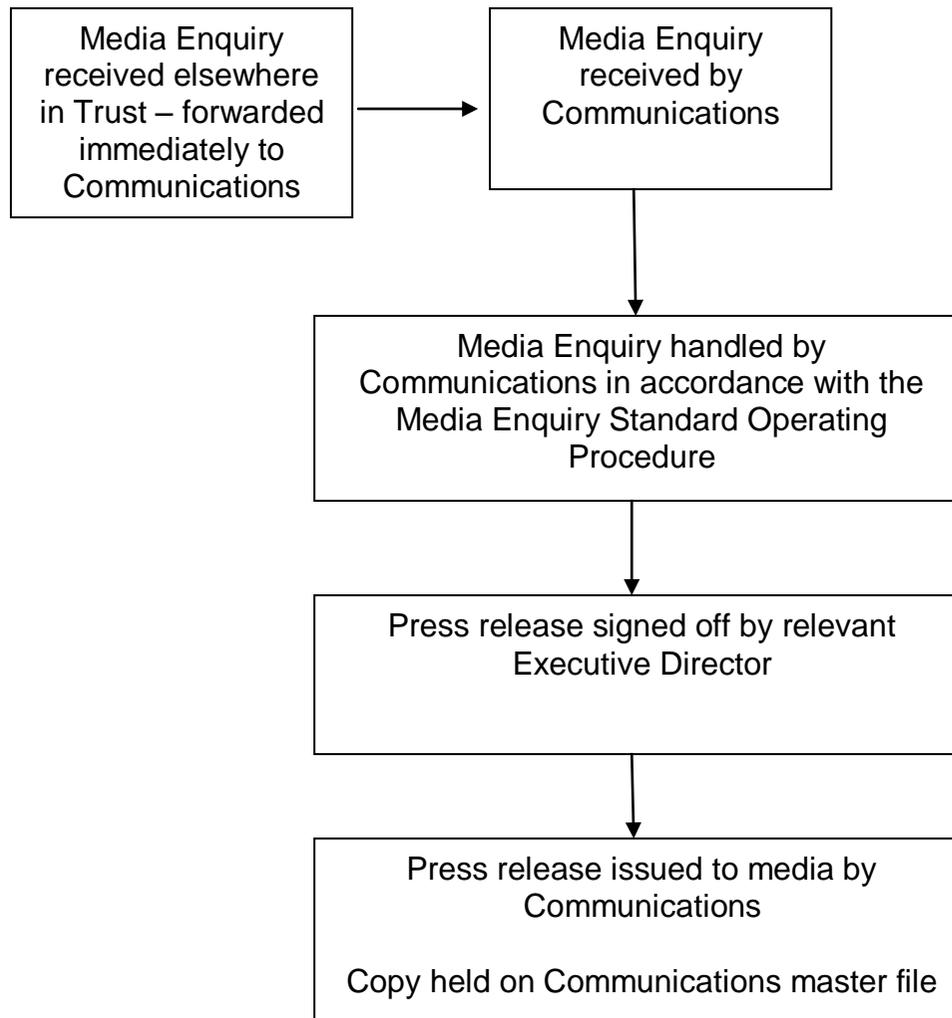
This is version 2 of this policy. This version replaces version 1.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Any copies of the previous policy held separately should be destroyed and replaced with this version.

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Flowchart



1. Introduction

All public sector organisations have a duty to be open and transparent when communicating with the public. We have a responsibility to provide clear information and robust assurance to our service users, carers, staff and the public about the services we provide.

The NHS is an internationally recognised brand. Everything we say and do and everything our staff say and do can impact on how the Trust and the NHS as a whole is perceived. Effective media handling helps to protect the reputation of the Trust and of the NHS. A failure to manage media relations successfully can negatively impact on the Trust's reputation.

We work proactively with the media to promote greater public awareness and understanding of mental health, learning disability, dementia issues as well as other health issues and to challenge the stigma and discrimination that can affect people with these conditions.

The Trust's Communications Team is responsible for co-ordinating all media relations activity which relates to the work of the Trust. Much of this work focuses on promoting positive stories about the Trust both as a place to work and as a place to receive treatment and care. It also includes providing appropriate responses to the media in relation to issues which may affect the public's confidence in our services and/or damage the Trust's reputation.

At all times we fully respect our service users' rights to privacy and confidentiality. We will not provide any information about any individual's care to the media without the appropriate consent unless this information is already legitimately in the public domain or it is deemed that withholding this information may place the service user, staff or the general public at risk.

Dealing with the media requires a planned, sustained and regulated approach which this policy seeks to put in place. The Communications Team aims to make sure that any media coverage of the Trust is as well informed and accurate as possible.

2. Scope

This policy applies Trustwide and to all those working in the Trust in whatever capacity, including volunteers (including service user volunteers), Governors, students, casual and agency workers and secondees, who are collectively referred to as staff in this policy.

All staff are expected to comply with this policy at all times to protect the privacy, confidentiality and interests of the Trust and our services, employees, staff and service users.

Breach of this policy may be dealt with under the Trust's Disciplinary Policy or any other policy guiding professional behaviour, including the Trust's Constitution and Code of Conduct. In serious cases, breaches may be treated as gross misconduct leading to summary dismissal.

3. Definitions

Communications Team – team of professionals employed by Sheffield Health & Social Care NHS Foundation Trust to deal with all communications matters

Journalist – a writer or editor for a newspaper or magazine or for television or radio

Media –newspapers, broadcast news outlets (i.e. television and radio news) and online publications.

Media enquiry – an approach from the media for information, comment or access to facilities in pursuit of a media/public story

Press/media release – an official statement or account of a news story that is specially prepared and issued to newspapers and other news media for them to make know to the public

Press/media statement – an official statement or report that an organisations gives to journalists in reaction to a story that they will be publishing or broadcasting or has already been covered

Proactive – publicising information or stories that are of interest to the media, rather than expecting the media or public to know what is going on or to approach us for more information or waiting until problems develop

Reactive – reacting to media interest or enquiries rather than initiating or instigating publicity

Social media - a generic term which refers to websites, online tools and other interactive communication technologies which allow users to interact with each other in some way, by sharing information, files, opinions, knowledge and interests. As the name implies, social media involves the building of communities or networks, encouraging participation and engagement.

4. **Purpose**

This policy explains how and why we work with the media and provides guidance to staff.

5. **Duties**

The **Board of Directors** is accountable for ensuring a commitment to open, honest and timely communication with all stakeholders.

The **Chief Executive** is accountable for ensuring appropriate systems and resources are in place to deliver the Board's commitment to open, honest and timely communication with all stakeholders.

Line Managers are responsible for making sure their staff are aware of the policy and that they work in accordance with the policy and its requirements at all times.

Staff are responsible for familiarising themselves with the contents of the policy and making sure they work in accordance with the policy and its requirements at all times.

Communications staff are responsible for advising staff and managers on the policy and associated standard operating procedures, monitoring the policy, as

appropriate and recommending amendments as required and ensuring the policy is adhered to throughout the process.

6. Process

6.1 Role of the Communications Team

The Communications Team is responsible for all media relations activity on behalf of the Trust including:

- Responding to all media enquiries about the work of the Trust and any associated activities. This includes responding to all requests for interviews and all requests to film/record/photograph on Trust premises.
- Identifying proactive media opportunities, advising and supporting teams on using the media to promote service developments and key achievements.
- Producing and distributing press releases/statements to the media about the work of the Trust.
- Responding to media interest about the work of the Trust. No one should speak to the media in their capacity as an employee of the Trust without approval from the Communications Team.
- Monitoring press, broadcast media and web coverage relating to the Trust and providing briefings for members of the Executive Directors' Group and the Board of Directors as appropriate.
- Crisis media handling. This involves media handling in relation to issues which may result in high profile, negative and/or misinformed media coverage and media handling of any major incident.
- Co-ordinating requests for case studies and interviews with service users, carers and staff, ensuring that appropriate consent is sought and documented.

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(s) are informed and involved.

In the unlikely event that a member of the Communications Team cannot be contacted to deal with an urgent media enquiry, then staff must pass the call to the most senior manager they can locate. The senior manager must then liaise with the Director on-call.

Any media calls received out of hours should be directed, via the switchboard, to the Duty Manager on call who is responsible for deciding the course of action.

The Communications Team will aim to ensure that any media coverage of the Trust is as well informed and accurate as possible. We will seek to correct (where possible) any intended publication of inaccurate or misleading information which may damage the reputation of the Trust, individual members of staff or service users within the constraints of our duty of confidentiality. Should inaccurate information be published about the Trust we will consider appropriate measures to redress the inaccuracy.

6.2 Media Enquiries

The Communications Team should be, and normally is, the first point of contact for members of the media enquiring about any issues in relation to the Trust or its staff.

The Communications Team will either answer the enquiry directly using the information supplied by relevant members of staff or ensure that an appropriate member of staff is supported to respond on behalf of the Trust.

Any and all enquiries from the media relating to the Trust must be directed to the Communications Team who will arrange for an appropriate response. Exceptions to these guidelines may include:

- Trade Unions issuing statements over formal disputes
- Issues governed by the Whistleblowing (Speaking Up) Policy

Any members of staff who are contacted by the media must refer the call to the Communications Team immediately. Staff are **not** permitted to make contact with the media to pass on information nor to express opinions in relation to any service user or other matter related to the Trust. The only exception to this is when they have obtained prior express permission from the Communications Team.

Contacting the media outside of this arrangement is a breach of this policy and may result in disciplinary action being considered or taken in line with the Trust's Disciplinary Policy (see Section 6.6).

Most media enquiries are made directly to the Communications Team. However, if any media enquiry is received elsewhere in the Trust (including any request to film on Trust sites) staff must:

- Make a note of the caller's name and phone number/e-mail address, the media they are representing and the nature of their enquiry
- Inform them that an appropriate person will call or e-mail them back
- Pass the information to the Communications Team as soon as possible. This is standard practice and journalists will be aware of this requirement.

Should staff be approached by the media to comment – either off or on the record – they must decline the request and redirect the journalist to the Communications Team without fail. This is standard practice and journalists will be aware of this requirement but may still make approaches in the hope someone will provide them with the information they require. Please note there is no such thing as 'off the record', anything you say to a journalist can be legitimately used by them in a story or article.

We have an absolute duty of care to our service users. This includes observing and maintaining service user confidentiality in line with the NHS Code of Confidentiality. Under normal circumstances there will be no basis for disclosure of confidential and identifiable information to the media (see Section 6.3).

The Communications Team will endeavour to cooperate with the media at all times. However, there will be occasions when information cannot be released either because it would breach service user confidentiality or because it could cause unnecessary damage to the Trust.

6.3 Confidentiality

The Trust respects service users' rights to privacy and confidentiality and will not provide any information about an individual's care to the media without their consent. Under no circumstances should any information be provided to the media

about any individual who is currently receiving treatment from the Trust, who has done so in the past or whom may be on a waiting list to receive treatment.

Where a potentially controversial story is being covered journalists will try to gain as much information as possible. Staff must be aware that what can appear to be a simple telephone conversation can lead to inadvertently passing on information that may be misinterpreted and/or breach service user confidentiality.

Staff must **always** pass on any calls 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.

The Trust standard procedure is neither to confirm nor deny whether an individual is receiving treatment from our services. The rights of our service users to privacy and confidentiality will always take precedence over requests for information from the media or the reputation of the Trust. These rights extend beyond the death of an individual and their confidentiality will continue to be respected by the Trust.

The Communications Team is responsible for co-ordinating all responses to the media in relation to individuals who have received or are currently receiving treatment. We will only provide the media with information about service users if it is already legitimately in the public domain via:

- An official statement issued by the police or governing bodies
- Inquests
- Independent external inquiry reports
- Judicial proceedings
- Hearing or reports made to regulatory bodies.

Should the media receive information about an individual's contact with any of our services directly from either a service user or their family, our duty to maintain service user confidentiality remains, even if this results in the Trust being unable to address potentially critical and/or one sided media coverage. We will not engage in discussion about any individual's care and treatment via the media.

In exceptional circumstances, disclosure of service user information may be in the public interest i.e. where failure to disclose information might place the service user, staff or members of the public at risk. Ultimate responsibility for approving the legitimacy of requests for service user information to be made public lies with the Trust's Caldicott Guardian. Should such a situation arise, the Communications Team will work with the relevant clinical and management teams to prepare an appropriate statement for the media, usually in writing. Legal advice will be obtained as necessary.

Where there is media interest in an individual service user and the responsibility of care is shared with another organisation, for example a local authority partner, the Communications Team will aim to ensure that there is an agreed, joint position between the organisations about how to respond. However, our position on maintaining service use confidentiality will remain, even if this differs to the approach taken by the other provider.

The protection of confidential information also applies to staff. Confirmation of staff employed by the Trust is not confidential and is available by contacting the

switchboard. However, we have a responsibility to ensure that no other information is provided to third parties unless this is legitimately in the public domain. Under no circumstances will the following information be released to the media about any employee:

- Address and home telephone number
- Medical history
- Disciplinary procedures
- Staff sickness
- Personal living arrangements such as family life and sexuality
- Appraisal results and references
- Any other information which has been given in confidence.

In certain circumstances such as independent inquiries or court proceedings it may be necessary to release information to the media about Trust employees. In doing this, the Trust will support staff where they acted to the best of their ability and where there is no question of wrongdoing.

In situations where a member of staff is suspected of misconduct or incompetence the Trust will remain impartial. The Trust may need to publicly state what action it is taking to ascertain the full facts. This may include giving details about the suspension of a member of staff pending an internal investigation or other relevant details. As an NHS organisation we have a commitment to be open and accountable.

6.4 Consent

Service users may be approached to support proactive or reactive media activity on behalf of the Trust. Only those service users who are able to give informed consent and are judged as well enough should be approached. The Communications Team will brief the clinical team who will make the first approach to the service user, fully explaining the nature of the project and the extent to which the service user would be involved.

If consent cannot be obtained from the service user because of incapacity or death, a close relative – personal representative – must consent before any service user details are disclosed to the media. In such circumstances the Communications Team and the Information Governance team must be consulted and must approve all planned media engagement.

Where a service user is not competent to make a decision about disclosure, the views of family members must be sought and decisions made in the service user's best interests.

Where the service user is under the age of 18, written consent must also be sought from the next of kin/guardian and details of the long term implications must be discussed fully with all relevant parties.

Where information is already in the public domain consent is not required either for confirmation or a simple statement that the information is incorrect.

However, where additional information is to be disclosed, for example, to correct statements made to the media, service user consent must be sought. It may well be though that disclosure without consent may well be justified in the public interest.

The service users(s) concerned and/or their representatives must be advised of any forthcoming statement and the reasons for it.

Disclosures need to be justified on a case by case basis and must be limited to the minimum information necessary in the circumstances.

6.5 Filming, recording and photography on Trust premises

There should be no unauthorised filming, photography or recording on Trust premises. Any request for filming, recording or photography involving the work of the Trust must be considered in the context of our primary duty to protect the wellbeing of service users, carers and staff as well as the reputation of the Trust.

The Communications Team should be notified of any such activity and of any approaches by the media at the initial stages of negotiation and before any agreement is given. The proposal will then be considered by the appropriate clinical and management team with advice and support from the Communications Team.

The request will be judged against the following criteria:

- Will the activity negatively impact on the day to day running of services
- Will the activity improve public understanding of mental health, dementia, learning disability or other specialist health area
- Will the activity challenges the stigma and misconceptions about mental health, dementia, learning disability or other specialist health area generally and the work we do
- Will the activity clarify or increase public understanding of an issue that is in the news
- Will the activity promote or portray the work of the Trust in a positive light
- Will the activity support the Trust's strategy and vision
- Will the activity address any misrepresentations of the Trust or mental health, dementia, learning disability or specialist health generally.

The Communications Team will seek further details about any proposal for filming, recording or photography on Trust premises which will include:

- Explanation of overall concept and the context in which the Trust's participation is requested
- Background information about the media organisation and the people involved in the proposal as well as examples of previous broadcast/published work where appropriate
- Full details of transmission or publication – where the material will be used and when
- Other organisations/individuals involved in the project
- Size of the crew who will be on site and information on the technology to be used
- Information on which Trust sites and/or staff would be involved, filming schedules and timetables etc.

The Communications Team will co-ordinate formal agreement and approval with the clinical team and the appropriate Associate Director.

Before any filming, recording or photography can take place on Trust premises, the appropriate consent forms must be signed by the media organisation, the clinical team and the Communications Team as well as any service users that may be involved. The appropriate consent forms are available on request from the

Communications Team. There will be occasions where consent forms are tailor made for individual projects and this will be supported by the Communications Team.

On occasion, it may be appropriate for a contract to be drawn up to meet the particular circumstances of the project. Should this be considered necessary, the Communications Team will draw up the contract with the media organisation and liaise with the Trust solicitors as required. In addition, the Communications Department will make all necessary security arrangements, including alerting security staff and arranging for an escort. Please be vigilant: if any staff spot an unescorted member of the media on Trust grounds or anyone with camera equipment, please inform both the reception staff on the specific site and the Communications Team immediately.

Anyone who films or takes photographs on Trust premises without prior authorisation should be asked to leave. We cannot prevent people from filming or taking photographs if they are not on Trust premises. However, they should be asked to stop on the basis that this could be distressing for service users and families. Please contact the Communications Team if you need advice or support on this issue.

6.6 Staff contact with the media

The Trust is committed to encouraging a climate of openness in order to address any issues of malpractice, abuse or general concern. Raising concerns promotes good governance and accountability.

Members of staff with serious concerns about any aspect of the Trust's work are encouraged to raise this through the appropriate channels (e.g. line manager, Human Resources team, Trade Union representatives) as described in the Whistleblowing (Speaking Up) Policy. The Trust is committed to act appropriately and without delay on information received from staff.

Victimising staff or deterring them from raising a concern about abuse or malpractice is a disciplinary offence. The rights of staff in relation to this important issue are set out in the Public Interest Disclosure Act (1998) and in the Whistleblowing (Speaking Up) Policy.

Contacting the media is not an appropriate or effective way of addressing concerns arising from the workplace. There is no guarantee that the media will represent staff views accurately or responsibly. In addition, adverse media coverage may reflect badly and unfairly on other parts of the organisation and may cause unnecessary concerns among service users, carers and others about the standard of clinical services.

Members of staff should not provide information directly to the media or indirectly including through social media platforms such as Twitter and Facebook or online forums about the Trust's services or activities without authorisation from the Communications Team. Members of staff must not disclose any information about service users either to the media or on social media or online forums. All staff should make themselves aware of their responsibilities under the Social Media Policy for Staff.

It will be regarded as a disciplinary matter if any member of staff releases information to the media which breaches service user confidentiality or is deliberately inaccurate or defamatory towards the Trust, individual staff or service users. Any alleged breach of this will be fully investigated by the Trust and appropriate action will be taken.

6.7 Crisis Media Handling

The Communications Team will co-ordinate all aspects of crisis media handling relating to the Trust's work. This involves media handling in relation to issues which may result in high profile, negative and/or misinformed media coverage and media handling in relation to major incidents.

In the case of inquests, judicial proceedings and hearings at the General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) etc staff are required to inform their relevant Deputy Director if they are giving evidence. The relevant Deputy Director will notify the Communications Team if the case has or is likely to attract significant media attention.

Clinical staff are also required to let inform their Professional Director or Trust Lead of the above (for example, Executive Medical Director, Director of Nursing, Director of Allied Health Professions, Director of Psychological Services, Lead Professional Social Work).

If any staff seconded from the Local Authority are involved in any inquests, judicial proceedings or professional hearings, the Local Authority must be informed of this through the Supply and Performance contract by the relevant Deputy Director.

Our primary objective in the handling of a crisis is to limit the possible detrimental effect which negative media coverage may have on service users, staff and the Trust's reputation. In giving the media the facts, our aim is to correct any misconceptions and put the incident in context. Providing the facts can help to provide balance to a story which may otherwise have been blown out of proportion or distorted. Our intent is always to reassure service users, their families and the wider public that they will not be put at risk by the Trust. This may involve explaining the rare circumstances of an incident or providing other explanations as appropriate.

The media operates 24 hours a day, is highly competitive and works to tight deadlines. A prompt response will help to ensure that the Trust and staff are not made the victims of critical media coverage and enable us to respond and give our perspective. It is, therefore, essential that the Communications Team is briefed quickly and fully following a crisis incident to enable us to prepare an adequate, suitable and timely response to possible media enquiries.

Wherever possible, if staff become aware of an incident that may lead to interest from the media they must inform the Communications Team at the earliest possible opportunity. This allows the Trust more time to assimilate the facts and have an adequate response in place before being approached by the media. The Trust also has an obligation to keep statutory bodies, including NHS Improvement and local commissioners informed of potential controversial media coverage.

In the event of a major incident the Communications Team will co-ordinate the setting up of a 'hotline number' for the public and will be responsible for making the necessary arrangements for publicising this (working with the IMST Department on the logistics and staffing).

All media enquiries during normal office hours will be dealt with by the Communications Team. All urgent media enquiries received outside of office hours should be directed to the Director on-call.

6.8 Publicity

Proactive media releases can help to publicise service changes and developments, strategic decisions, events and the achievements of the Trust and its staff. The Communications Team issues **all** of the Trust's media releases and maintains a record of everything that is issued. All news releases are posted on our website at www.shsc.nhs.uk

Building good relations with the media can help develop a positive image of the Trust in the mind of both journalists and the wider public. As a signee of the Time to Change organisational pledge, the Trust also has a role to play in challenging stigma and contributing to an informed debate about mental health issues among other health conditions.

The Communications Team can provide staff with advice, information and support on promoting their service and work through the media. This may include writing media releases on service developments.

If there is information staff would like to share with the media, please contact the Communications Team with as much notice as possible. It is important for staff to do this as a matter of course to enable us to make sure that the work of the organisation is promoted as accurately and responsibly as possible, and so that we can co-ordinate the most effective response to further media enquiries that may be generated.

The media receives huge amounts of press releases daily so there are no guarantees that a press release will be picked up.

Staff are not permitted to make contact with the media to pass on information nor to express opinions in relation to any service user or other matter related to the Trust. The only exception to this requirement is when they have obtained prior express permission from the Communications Team. See Appendix H for a useful guide for staff who have obtained the necessary permissions to talk directly to the media.

The Communications Team acts as a first point of contact for journalists seeking to find out more about the Trust's work. In this role, we receive calls from national, regional, local and specialist media, which include requests for:

- Clinical spokespeople to explain more about the causes, symptoms and most effective treatment for particular health problems
- Comment on specific health issues which are being covered in the media (e.g. new legislation)
- Details about new services or changes to services.

Staff who are happy to talk to the media about their areas of clinical expertise should contact the Communications Team.

Occasionally we are approached by high profile individuals who want to visit or find out more about our services. This may be an elected representative, overseas fact finding mission, government or other official. Equally it may be a creative or celebrity enquiry. It is important that all such visits are notified to the Communications Team. Visits by politicians or members of the Royal Family adhere to strict protocols. In the case of the former, for example, there are tight rules on activity in the run-up to an election. In all cases advance notification of interest and a request for advice should be made to the Communications Team before any such visit is agreed.

6.9 Social Media

The internet and social media provide a platform for opinion and social interaction that many of us enjoy as private individuals. However, it is important that all staff are aware that information presented online is effectively public and has an impact on personal and professional reputation. Professional bodies such as the Nursing and Midwifery Council have seen an increase in cases appearing before fitness to practice panels involving the use of social networking sites and other online activity.

Particular care should always be taken by staff to make sure that they do not breach our duty of confidentiality in relation to service users, staff colleagues or the organisation as a whole.

A good rule of thumb is to follow the approach set out in the NMC code to 'uphold the reputation of your profession at all times'. Conduct online will be judged in the same way as conduct in the real world and should be of a similarly high standard.

The following should be taken into consideration by all staff as they may impact on their employment. Staff should not:

- Share confidential information
- Post pictures of service users or active clinical settings
- Post inappropriate comments about colleagues or service users
- Use social networking sites to pursue personal relationships with service users or carers
- Use social networking sites to bully or intimidate colleagues
- Distribute sexually explicit material or material which could incite hate
- Engage in illegal or unlawful activity.

This list is not exhaustive. A good guide for staff is to make sure that their behaviour online, as in everyday life, does not contravene the terms of their employment. It is also important that staff protect themselves in respect of their own privacy and professional standing. Everything that is posted online is public, even with the strictest privacy settings. Anything posted online can be copied and redistributed beyond the originator's control and may have unforeseen consequences. It is always safest to assume that anything posted online may be available for the foreseeable future and will be shared.

Some general advice for online safety:

- Keep your personal and professional life separate as far as possible

- Protect your privacy – think about what information you would want to share and with whom
- You do not have to accept online abuse and can take action if you are subjected to this
- Most social network sites have a facility for reporting abusive activity. If you have continued concerns raise this with your line manager, who should inform HR and the Communications Team. In the most serious circumstances, where there is unlawful activity, it may appropriate to report this to the police.

The Communications Team manages a number of social media accounts on behalf of the Trust. This includes Facebook, Twitter and YouTube accounts. Content upload to all official Trust social media sites is carried out by the Communications Team. This official social media presence ensures that only suitable content is published in these areas.

There is a separate Social Media Policy for Staff Policy which covers this issue in more detail.

6.10 Freedom of Information

The media is increasingly using the Freedom of Information Act to obtain information from organisations, sometimes openly but occasionally without disclosing who they are.

Any Freedom of Information request must be dealt with by the Corporate Affairs Team.

If it is known or suspected the enquiry is from the media, the Communications Team will work together with the Corporate Affairs Team to provide a response.

7. Dissemination, storage and archiving (Control)

The policy will be made available to all staff via the Sheffield Health & Social Care NHS Foundation Trust intranet. All staff will be advised that the policy is available via Connect (the weekly staff e-newsletter).

Previous versions of the policy will be deleted from the intranet and website, however, electronic and hard copies of the previous version will be held in the relevant Trust archive.

Version control is the responsibility of the Head of Communications.

8. Training and other resource implications

The Communications Team have relevant qualifications and are required to undertake ongoing professional training through attendance at relevant seminars, conferences etc. provided externally.

The Communications Team are available to work with groups of staff to address their specific training and learning needs. See Section 12 Contact Details.

Directors, Associate Directors, Deputy Directors, Service, Ward and Team Managers are responsible for making sure that their staff are aware of and comply with this policy.

9. Audit, monitoring and review

| Monitoring Compliance Template | | | | | | |
|--------------------------------|------------------------|--|---|---|--|--|
| Minimum Requirement | Process for Monitoring | Responsible Individual/group/committee | Frequency of Monitoring | Review of Results process (e.g. who does this?) | Responsible Individual/group/committee for action plan development | Responsible Individual/group/committee for action plan monitoring and implementation |
| | Review and Audit | Head of Communications | 3 yearly or when changes to legislation or regulation occur | Director of Corporate Governance | Head of Communications | Director of Corporate Governance |

10. Implementation plan

| Action / Task | Responsible Person | Deadline | Progress update |
|--|------------------------|---|-----------------|
| Upload new policy onto intranet and website and remove old version | Head of Communications | Following ratification | |
| Make staff aware of new policy via Connect | Head of Communications | First issue of Connect following ratification | |
| Briefing to senior operational managers at Transformational Operational Group (TOG) | Head of Communications | First meeting following ratification | |
| All managers to ensure that they make their staff aware of the revised policy and its implications | All Trust Managers | Within a week of the briefing of senior operational managers at TOG | |

11. Links to other policies, standards and legislation (associated documents)

Duty of Candour and Being Open Policy, Learning from Deaths Policy, PREVENT Strategy Policy, Incident Policy, Social Media Policy for Staff, Complaints Policy, Confidentiality Code of Conduct, Managing Conflicts of Interest in the NHS Policy, Internet Acceptable Use Policy, Disciplinary Policy, Internet Access for Service Users Policy, Safeguarding Adults Policy, Safeguarding Children Policy, Bullying and Harassment Policy, Whistleblowing Policy and Procedure.

12. Contact details

| Title | Name | Phone | Email |
|----------------------------------|-------------------|--------------|--|
| Director of Corporate Governance | Margaret Saunders | 0114 3050727 | Margaret.saunders@shsc.nhs.uk |
| Head of Communications | Jane Harris | 0114 2716706 | Jane.harris@shsc.nhs.uk |

13. References

NHS Constitution:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

NHS Brand Guidelines: <http://www.nhsidentity.nhs.uk/>

Appendix A – Version Control and Amendment Log

| Version No. | Type of Change | Date | Description of change(s) |
|--------------------|------------------------|--------------|---------------------------------|
| 1.0 | Ratification and issue | January 2006 | New policy issued |
| 2.0 | Review | October 2017 | Policy significantly revised |

Appendix B – Dissemination Record

| Version | Date on website (intranet and internet) | Date of “all SHSC staff” email | Any other promotion/ dissemination (include dates) |
|----------------|--|---------------------------------------|---|
| 1.0 | January 2006 | January 2006 | |
| 2.0 | December 2017 | December 2017 | |

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

| | Does any aspect of this policy actually or potentially discriminate against this group? | Can equality of opportunity for this group be improved through this policy or changes to this policy? | Can this policy be amended so that it works to enhance relations between people in this group and people not in this group? |
|--------------------------------|---|---|---|
| AGE | No | | |
| DISABILITY | No | | |
| GENDER REASSIGNMENT | No | | |
| PREGNANCY AND MATERNITY | | | |
| RACE | No | | |
| RELIGION OR BELIEF | No | | |
| SEX | No | | |
| SEXUAL ORIENTATION | No | | |

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: no changes made.

Impact Assessment Completed by (insert name and date)

Jane Harris 23 October 2017

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?



Yes. No further action needed.



No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?



No, no further action needed.



Yes, go to question 3

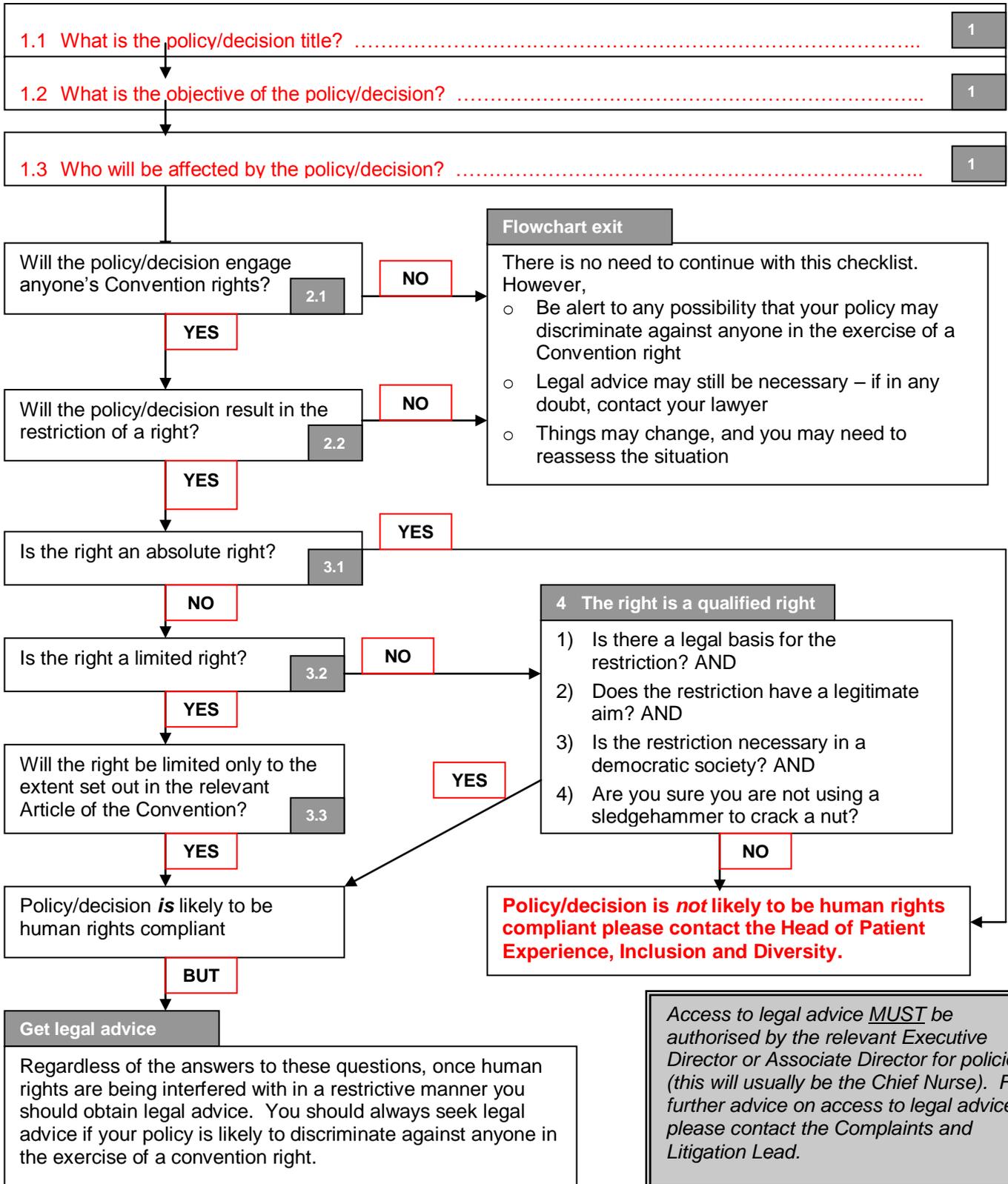
3. Complete the table below to provide details of the actions required

| Action required | By what date | Responsible Person |
|-----------------|--------------|--------------------|
| | | |
| | | |
| | | |
| | | |

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

This policy was originally written in 2006. It was reviewed in October 2017 and a significant revised policy was completed in draft as part of the on-going policy development and review process.

This policy was reviewed in line with current good practice in media handling and in line with the Communications Standard Operating Procedure for Media Enquiries.

This policy was reviewed by the Deputy Medical Director, Deputy Chief Nurse, Service Director and Clinical Director for the Clinical Directorate, Deputy Director of HR, Director of Psychological Services, Director of Therapies Services, the Head of Corporate Affairs, the Head of Integrated Governance and the Lead Professional Social Work as part of the consultation process.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).

1. Cover sheet



All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

2. Contents page

3. Flowchart



4. Introduction



5. Scope



6. Definitions



7. Purpose



8. Duties



9. Process



10. Dissemination, storage and archiving (control)



11. Training and other resource implications



12. Audit, monitoring and review



This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

| Monitoring Compliance Template | | | | | | |
|--|------------------------|--|-------------------------|---|--|--|
| Minimum Requirement | Process for Monitoring | Responsible Individual/group/committee | Frequency of Monitoring | Review of Results process (e.g. who does this?) | Responsible Individual/group/committee for action plan development | Responsible Individual/group/committee for action plan monitoring and implementation |
| A) Describe which aspect this is monitoring? | e.g. Review, audit | e.g. Education & Training Steering Group | e.g. Annual | e.g. Quality Assurance Committee | e.g. Education & Training Steering Group | e.g. Quality Assurance Committee |

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)





PHOTOGRAPH, FILM AND AUDIO RECORDING CONSENT FORM

Name: _____

Address: _____

Contact telephone number: _____

NHS Number (where applicable): _____

Sheffield Health & Social Care NHS Foundation Trust would like to take photographs of you for promotional purposes. These images may appear in printed publications or on our website or social media channels (Twitter and Facebook).

We need your permission before we take any images of you. Please answer the questions below and sign and date the form.

May we use your image in our printed publications Yes / No

May we use your image on our website and on our social media channels Yes / No

Are you happy for Sheffield Health & Social Care NHS Foundation Trust to use your image in any release or articles we do with the local and national media? Yes/No

What period of time do you agree to consent to the use of your image: (please circle)

1 year

2 years

5 years

Signature: _____

Date: _____

Conditions of Use:

- SHSC will retain all copyright to any audio recording, photographs or film produced.
- It is possible to withdraw your consent at any time by writing to Jane Harris, Communications Manager, Sheffield Health & Social Care NHS Foundation Trust, Fulwood House, Old Fulwood Road, Sheffield, S10 3TH.
- This form is valid from the agreed stipulated period from the date of signing. Consent will expire after this time.
- Sheffield Health & Social Care NHS Foundation Trust will not use these images after this time without gaining permission from you.
- We will not include any personal details (postal address, telephone number or fax numbers) in our publications or website or social media.



Media Consent Form

Press Photography/Filming

Once the photographs/film footage has been taken they become the property of that media organisation and not Sheffield Health & Social Care NHS Foundation Trust. Therefore any objectives to this will need to made to them and not Sheffield Health & Social Care NHS Foundation Trust.

| | |
|---|--|
| Date of interview/photograph | |
| Location | |
| Name of person interviewed/photographed | |
| Name of next of kin if service user lacks capacity | |
| Service user contact number | |
| TV/Radio/Newspaper involved | |
| Reporter's name | |
| Reporter's contact number | |
| <p>I consent that the photographs/filming may be used for publication/viewing and for the purposes of this filming only that(insert name) may speak about the particulars of my case.</p> <p>Signed:.....</p> <p>Date: Time:.....</p> | |
| <p>Any further details:</p> | |

If you are inviting the media to take photographs or film you must inform the Communications Team of this and ensure that everyone involved is aware that this is happening and where the photo or film will appear.

Appendix H: General Guidance – Dealing with the Media

If you have been authorised to talk to the media by the Communications Team, the following guidance may be helpful:

Only speak “On The Record”

Everything you say to the media either in person, in writing or on the telephone is ‘on the record’. This means that any of your comments can and will be reported whether you intend them for publication or not. If you do not want something reported, do not say it.

Saying something “Off the Record”

There is no such thing as “Off the Record” in relation to the media. If an issue is of interest to the media they will report it and you risk putting both your reputation and the reputation of the Trust at risk. Only say to the media what you are prepared to be quoted as saying. If you are unsure whether to say something, err on the side of caution and don’t.

Use plain English

Think about what you want to say before you say it and always make sure to use clear, ordinary language. Don’t use NHS jargon or complex clinical language as these are meaningless to the public and will obscure the meaning of your message. Don’t let the journalist rush you into saying something you don’t mean. Take your time, think about what you are saying and if you are unclear on any of the facts, say that you need to check and that you will ring the media back. Then check your facts and make sure you call them back.

Keep it simple

Despite media interviews often being quite long, 20 or 30 minutes in many cases, only a few of your comments are likely to be reported in the printed article. Many articles are short and those that are longer often have to include comments from other people within the same article. We recommend identifying two or three key points which you can repeat and expand on, thereby reinforcing your main messages and increasingly the likelihood of these being reported.

Use your knowledge

Remember you are the expert. You will probably know far more about the issue or subject than the reporter or journalist so do not be afraid to correct any misconceptions or offer new information which may be of interest.

Deadlines

All reporters are working to strict deadlines which are outside their control. Deadlines are set by the news desk (a group of senior staff at a particular newspaper, radio station or television company).

This means that reporters will often put you under considerable pressure for instant comment. Do not feel pressured into responding to these instant demands. If you are unsure of your facts or want to check something, take a telephone number and call back within an agreed timescale. It is always best, with very rare exceptions, to respond to all enquiries, particularly those relating to potentially damaging allegations. Always remember that if you do not respond within the reporter’s deadline, they are not obliged to check with you again before publishing or broadcasting the news item, even if the result is an unbalanced report.

Remember: We want to work collaboratively with the media, therefore, as our representatives we want you to demonstrate a willingness to help with their enquiries and an ability to do so in a professional manner while being aware of the media's needs and deadlines.

Confidentiality

At all times the confidentiality of service users must be maintained. This is the case even if a service user or carer has taken their story about their contact with the Trust to the media and has put their personal details in the public domain. Their actions do not entitle you or any member of staff to expose their personal details or question their motive for making a complaint.

Potential Hazards

If you are dealing with the media on behalf of Sheffield Health & Social Care NHS Foundation Trust it may be helpful to remember the following points:

Personal Opinions

Always be clear with the media if you are expressing a personal opinion. However, you must always be mindful that if you are speaking on behalf of Sheffield Health & Social Care NHS Foundation Trust, your views may be represented as those of the organisation or, if they differ from the "corporate" view, they may be represented as evidence of conflict within the Trust.

Anger

Never allow yourself to become angry or descend to personal remarks or attacks against the reporter. Journalists and the media will often try to play 'Devil's Advocate' to provoke a reaction and then report comments you may have made in haste or anger. You can be robust in your comments without displaying anger or upset.

Report back to the Communications Team

Make sure to provide feedback to the Communications Team know about your conversation with the media including who you spoke to and which publication/programme/channel they represented. Also share with the Communications Team what was said, how you felt the conversation went, and when you are anticipating the story will be featured in the media.

Radio Interview Hints and Tips

- Think about the message(s) you want to convey. Prepare two or three key points that deliver your message simply and succinctly (in less than 30 seconds ideally).
- Keep your answers to a 10 to 20 second sound bite. You can say a lot in that amount of time and then you don't sound like you are babbling on. Don't go on more than a minute without taking a break.
- Be aware that there is no such thing as 'off the record' when talking to the media. Stick to what you know and don't comment on areas outside your expertise and don't get drawn into anything political either!
- In a radio interview, listeners will know you only by your voice so avoid speaking in a monotone. It sounds weird but professionals recommend smiling to animate the voice. Also be sure to maintain the same distance from the microphone throughout the interview the keep the volume consistent.
- Be self-assured. Remember, you know your area inside and out. Be confident in your ability.
- Practice your sound bites out loud before the interview. Communicate your main points succinctly. Practice this out loud.
- Be careful not to slide into techno-babble, jargon or acronyms that few know about.
- Never talk down to your audience.
- Think of a radio interview as an intimate conversation with a friend and not a conversation with thousands.
- Radio interviews require verbal answers, not head nodding or uh-huhs. Hand gestures don't count in radio either.
- Don't just answer questions. Tell listeners something you want them to know, for example, if the host introduces you with a question, be polite, deliver your summary message, then answer the question. "Thanks, (use name), for the opportunity to talk about....Now, to your question (name)..."
- If you stumble, or fluff just keep going. Often what you perceive as a mistake, the listeners won't even notice.
- Keep a couple of glasses of water handy in case your throat gets dry!
- And whatever you do, don't swear!