

Media Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This document details Solent NHS Trust’s policy on engaging the mass media for publicity purposes. The mass media refers to radio, television, newspapers, magazines, social media, websites and/or any other means of disseminating information to a wide audience. This engagement includes with and through journalists, photographers, researchers, web editors, bloggers and any other representative from the mass media.
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Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
1.	Version 3		Summary of policy: Changed the word 'protected' to 'maintained or enhanced' as this is less defensive. Removal of 'Marketing' to update name of Communications Team.	August 2019
2.			Scope and definitions: updated Scope text to ensure it complies with newer template version.	August 2019
3			Definitions: Included online publication to reflect changing role of a journalist.	August 2019
4.			Throughout document: amended reference to name of department from Marketing Communications to just Communications	August 2019
5.			Success Criteria and Monitoring Effectiveness: Updated to explain that the Exec will be sent proactive releases before they are issued to the media.	August 2019
6.			Glossary: Removal of 10. Glossary as this is a repetition of what is found in the Scope and Definition section.	August 2019
7.			Appendix E: Updated Communications Team details	August 2019
8.			Throughout document: minor amendments to grammar and punctuation	August 2019
9.	Version 4	3.1.5	Process/requirements: Updated Communications Team contact details	July 2022
10.		3.3.5	Process/requirements: Updated to reflect current process.	July 2022
11.		3.4.3	Process/requirements: Tweaked wording.	July 2022
12.		4.2 & 4.4	Process/requirements: Updated to reflect out of hours/on call media handling process.	July 2022
13.		Page 12	Policy titles updated as appropriate	July 2022
14.		Page 18	Appendix B: Updated with new consent form version.	July 2022
15.		Page 22	Appendix D: Updated flowchart to reflect correct name of Communications Team.	July 2022

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	02/06/16	Elton Dzikiti		Review following expiry
3	08/08/19	Oli Hughes		Review following expiry
4	07/07/22	Oli Hughes	Policy Steering Group, Clinical Executive Group	Standard 3 year review ahead of expiry

SUMMARY OF POLICY

This policy outlines how Solent NHS Trust engages with the mainstream media to raise awareness of the business and clinical services provided. The policy also stipulates how enquiries from the media must be handled so that the organisation's reputation is maintained or enhanced.

The main import of the policy is to manage and coordinate engagement with the media so that the Trust is seen to speak with one voice and the 'right' people are put forward to represent the organisation.

The Communications Team is the custodians of the policy and will need to be involved in all opportunities to engage with the media. All enquiries from the media, without exception, must be referred to the Communications Team in the first instance.

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MEDIA POLICY

1. INTRODUCTION & PURPOSE

- 1.1 Engaging with the mass media is an important part of enhancing the reputation of Solent NHS Trust. Failing to manage media relations successfully can lead to the organisation's reputation being damaged.
- 1.2 NHS organisations are subject to continual and regular media enquiries. It is, therefore, essential for Solent NHS Trust to have a policy in place for responding to media enquiries and other proactive engagement. Not only does this ensure the reputation of Solent NHS Trust is maintained and enhanced, but it also guards the reputation of the NHS as a whole.
- 1.3 Additionally, the policy ensures staff who have been put forward for interviews are provided with the necessary guidance and support in dealing with the media.
- 1.4 The NHS is an internationally recognised brand. Everything NHS staff say and do can impact on how the NHS is perceived.
- 1.5 Positive media coverage helps Solent NHS Trust attract and retain staff and maintain the confidence of patients and the public. Negative media coverage can damage staff morale and public confidence and, despite the exceptionally high quality of our services, can worry and upset our patients.
- 1.6 Damage to morale and confidence can be instantaneous and catastrophic, or gradual and erosive. In the former, the damage may be irreparable whereas in the latter case this damage can be repaired but needs a great investment of time and effort.
- 1.7 Dealing with the media calls for a planned, sustained and regulated approach. This policy seeks to put in place a system or process that everyone needs to follow, without fail, when it comes to dealing with the mass media.
- 1.8 This media engagement policy also aims to make sure Solent NHS Trust is proactive in managing its reputation; is consistent in its approach to its relationship with the media and has a realistic overview of how it is perceived as an organisation and how what it does might be of interest to the media
- 1.9 All line managers and teams leaders must familiarise themselves with the contents and implications of this policy. It is also their responsibility to ensure that all staff they manage and lead, already in post and new starters, are aware of this policy document.

2. SCOPE & DEFINITIONS

SCOPE

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also

applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

DEFINITIONS

2.2 For purpose of this document, the following definitions apply

<i>Journalist</i>	A writer or editor for a newspaper or magazine or for television or radio
<i>Mass media</i>	Newspapers, television, radio, online and social media that communicate news and information to large numbers of people
<i>Communications</i>	All of the communications media that reach a large audience, especially television, radio, newspapers, online media
<i>Communications Team</i>	Team of professionals employed by Solent NHS Trust to deal with all communications matters
<i>Publicity</i>	Promotional activity, such as media relations, advertising or the dissemination of information, designed to increase public interest in or awareness of something or somebody
<i>Reputation</i>	The views that are generally held about somebody or something
<i>Consent</i>	To give formal permission for something to happen for purposes of this policy, this may be permission to use take one's photograph for publicity purposes
<i>Approval</i>	Official sanction, e.g. formal or official agreement or permission by a manager to proceed with publicity plans
<i>Press/media release</i>	An official statement or account of a news story that is especially prepared and issued to newspapers and other news media for them to make known to the public
<i>Press/media statement</i>	An official statement or report that an organisation gives to journalists in reaction to a story they will be publishing (or broadcasting) or has already been covered
<i>Proactive</i>	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 approach us for more information, or waiting until problems develop.
<i>Reactive</i>	Reacting to media interest or enquiries rather than initiating or instigating publicity
<i>Media enquiry</i>	An approach from the media for information, comment or access to facilities in pursuance of a media/public consumption story

3. PROCESS/REQUIREMENTS

3.1 MEDIA ENQUIRIES (reactive)

- 3.1.1. The Communications Team should, and normally is, the first point of contact for members of the media enquiring about Solent NHS Trust policies, procedures, personnel matters, services, patients' care and treatment, estates, activities and anything else that is related to the organisation.
- 3.1.2. The Communications Team will either answer the enquiry directly using information supplied by relevant members of staff, or ensure that the appropriate member of staff is supported to respond on behalf of Solent NHS Trust.
- 3.1.3. Staff are not permitted to make contact with the media to pass on information nor to express opinions in relation to any patient or other matter related to Solent NHS Trust. The only exception to this requirement is when they have obtained prior express permission from their manager, in consultation with the Communications Team.
- 3.1.4. Contacting the media outside of this arrangement would be a breach of this policy. Failure to adhere to this policy will initiate the Improving and Managing Conduct Policy.
- 3.1.5. Should staff be approached by the media to comment – off or on the record* – they must decline the request and redirect the journalist to the Communications Team, via telephone 0300 500 6819 or email communications@solent.nhs.uk without fail. If a member of staff is approached for comment or asked to comment in a different capacity e.g. as a Union representative, we ask that the Communications Team is made aware in the event Solent is mentioned and we need to respond corporately.

* NB: there is no such thing as 'off the record', if a journalist hears something and thinks it is of interest to the public, they will find a way of using this information.
- 3.1.6. 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.
- 3.1.7. Solent NHS Trust has got an absolute duty of care to its patients. This also includes observing and maintaining patient 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.
- 3.1.8. Permission to discuss the care and treatment of patients, including the taking of pictures and moving images (filming) must always be obtained before any media involvement. Again, this needs to be approved by the Communications Team who will provide a consent form (see APPENDICES B; C and D) that will be signed by the patient and staff involved and sent back to the Communications Team for filing.
- 3.1.9. If consent cannot be obtained from the patient because they lack capacity; death or they are a young person: a person with legal responsibility; legal representative; Power of Attorney or court appointed deputy must consent and be consulted with for if it is in the persons best interests to share the information before any patient details are disclosed to the media. It should also be taken into consideration if a person lacks capacity, are they likely to regain it. In such circumstances, the Communications Team; the Patient Experience Service and the Information Governance Team must all be consulted and approve all planned media

engagement. Where necessary, the Trust's Risk and Litigation Team will be approached for further guidance

- 3.1.10. There will be occasions, however, when NHS organisations and staff are asked for information about individual patients. The Communications Team will work with other teams including those outlined in preceding point, as well as the Executive, to consider whether 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 collision;
- In circumstances where a patient or a patient's relatives are complaining publicly and unfairly about the treatment and care provided.

- 3.1.11. In distressing circumstances, care must be taken to avoid breaching the confidentiality of patients whilst dealing sympathetically with requests for information.

- 3.1.12. Where a patient lacks capacity to make a decision about disclosure, the views of the interested parties involved with this patient must be sought and decisions made in the patient's best interests along with consent and consultation with those as outlined in 3.1.9 (Interested parties being for example: Family, Friends, Advocates and relevant professionals).

- 3.1.13. 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.

- 3.1.14. Where additional information is to be disclosed, e.g. to correct statements made to the media, patient consent must be sought but disclosure without consent may well be justified in the public interest. The patients concerned and/or their representatives must be advised of any forthcoming statement and the reasons for it.

- 3.1.15. 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 must be limited to the minimum necessary in the circumstances.

- 3.1.16. Most media enquiries are made directly to the Communications Team. However, if any other member of staff receives an enquiry from the media (including any request to film on Solent NHS Trust premises, whether rented or owned by the Trust) you must:

- make a note of the caller's name and phone number/email address, the media organisation they are representing, and the nature of their enquiry
- inform them that an appropriate person will contact them directly
- pass the information to the Communications Team as soon as possible (see APPENDIX C). This is standard practice and journalists will be aware of this requirement.

See APPENDIX D for a sign off process flow chart

3.2 DEALING WITH MEDIA INTEREST (reactive)

- 3.2.1. 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 of patient confidentiality.
- 3.2.2. Staff must 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. See Appendix C for contact details.

3.3 PROMOTING GOOD/POSITIVE STORIES (PROACTIVE)

- 3.3.1. Media releases can help to publicise matters of interest, decisions that have been made, events and achievements etc.
- 3.3.2. The Communications Team issues all of Solent NHS Trust's media releases and maintains a database of everything that is issued.
- 3.3.3. All news releases are loaded onto the Solent NHS Trust website at www.solent.nhs.uk
- 3.3.4. The media receive huge amounts of press releases daily so there are no guarantees that a press release will be picked up. To help secure a share of voice for Solent NHS Trust, the Communications Team will, where possible, 'sell in' a good news story to a publication over the phone or at a face to face meeting rather than rely on email correspondence.
- 3.3.5. The Communications Team monitors media coverage every day and disseminate coverage to the Executive Team and services involved.

3.4 FREEDOM OF INFORMATION

- 3.4.1. The media is increasingly using the Freedom of Information Act to obtain information from organisations, sometimes openly but sometimes without disclosing who they are.
- 3.4.2. Any FOI request must be dealt with by the Information Governance Team. See Appendix C for contact details.
- 3.4.3. If it is known or suspected the enquiry is from the media, if necessary, the Communications Team will work together with the Information Governance Team to provide a response.

3.5. SERIOUS INCIDENTS AND MAJOR INCIDENTS

- 3.5.1. These types of incidents can generate the rapid appearance of large numbers of reporters, photographers and camera crews. Sometimes these are related to the treatment of high profile people or an unexpected occurrence such as a major transport incident or local disaster.
- 3.5.2. The Trust has a Major Incident Plan and Serious Incident Policy which provide instruction and guidance in regard to media management in the event of such incidents. Staff must ensure they are familiar with these policies.

4. ROLES & RESPONSIBILITIES

- 4.1 The **Communications Team** is the first point of contact for members of the media enquiring about anything or anyone linked to Solent NHS Trust.
- 4.2 The team can be contacted Monday to Friday, 9am – 5pm. The team does not have a formal on call rota (ad hoc on call can be arranged for major planned events and some Bank Holidays). Outside of these hours, please the Trust’s Manager on call. Please see Appendix C for contact details.
- 4.3 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 organisations are informed and involved.
- 4.4 In the unlikely event that a member of the Communications Team cannot be contacted to deal with an urgent media enquiry or the enquiry is received outside normal working hours, 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**.
- 4.5 Solent NHS Trust employs a small team of experienced **communications professionals** whose duties include:
- making sure good news stories are given maximum publicity and potentially damaging issues are handled with sensitivity and care
 - offering advice and support to staff and senior managers on how issues relating to potentially good or bad news should be handled
 - being aware of developments in the media, and throughout the NHS, so as to provide background knowledge to issues relating to the Solent NHS Trust
 - developing strong working relationships with journalists and other communications teams from the local health economy as well as national regulatory and statutory bodies such as Monitor, NHS Improvement and Care Quality Commission
 - working with Commissioners on local issues that may attract media interest
 - maintaining the reputation of the organisation
 - issuing proactive media releases and reactive statements
 - being the first point of contact for media enquiries
 - dealing with all media enquiries
 - dealing with information that needs to be cascaded speedily and accurately.
- 4.6 **Managers** would be expected to ensure compliance with this policy and to approach the Communications Team in the first instance with any plans to engage with the media – proactively or reactively.

5. TRAINING

- 5.1. The Communications Team recommends that senior managers receive media training in anticipation of media interviews. Media training is available by contacting the Communications Team.

- 5.2. All other staff put forward for interviews will be fully supported before, during and after the interview by the Communications Team. This support includes drafting briefing documents and key messages; accompanying staff to recording studios/media offices for interviews as and when needed.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1. A thorough and systematic assessment of this policy has been undertaken in accordance with the organisation's policy on Equality and Human Rights.
- 6.2. The assessment found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith, or sexual orientation. See Appendix A.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1. The Communications Team logs all media activity daily - and this includes monitoring of published or broadcast Solent NHS Trust related stories. This monitoring enables almost instant monitoring of effectiveness of policy.
- 7.2. Daily monitoring identifies exception to policy compliance. Remedial work is undertaken to apprise managers of appropriate processes and address any negative media coverage. The Executive Team is informed of proactive media activity before it is issued to the media and is also given immediate updates on major reputation issues.
- 7.3. All images and information supplied to the media must be approved by – or have some involvement of the Communications Team. Enquiries are made to establish the source of information for media stories that would not have come through Communications Team.

8. REVIEW

- 8.1. This document may be reviewed at any time at the request of either at staff side or management but will automatically be reviewed three years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1 Other Solent NHS Trust policies that must be read in conjunction with this policy include:
- VIP Visitors Policy
 - Policy Covering Digital Communication Outside of Trust Networks (previously known as: Social Media Policy)
 - Incident Reporting, Investigation and Learning Policy
 - Management of Violence and Aggression Policy

- Being Open and Duty of Candour Policy
- Giving our People the Freedom to Speak Up and Raise Concerns Policy
- Improving and Managing Conduct Policy
- Data Protection Compliance Policy
- Management of Audio-Visual Records Policy
- Deprivation of Liberty Safeguards and Mental Capacity Act
- Equality, Diversity, Inclusion and Human Rights Policy

9.2 All of these can be found on Solent NHS Trust intranet.

9.3 You can also refer to the NHS brand guidelines at: www.nhsidentity.nhs.uk

Appendix: A

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Communications	
Title of Change:	Media Policy	
What are you completing this EIA for? (Please select):	Policy	(If other please specify here)
What are the main aims / objectives of the changes	To ensure Solent NHS Trust is proactive in managing its reputation; is consistent in its approach to its relationship with the media and has a good overview of how it is perceived as an organisation.	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			x	
Gender reassignment			x	
Disability			x	
Age			x	
Sexual Orientation			x	
Pregnancy and maternity			x	
Marriage and civil partnership			x	
Religion or belief			x	
Race			x	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	No	
Have you taken into consideration any regulations, professional standards?	Yes	Data protection, Media law

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What action needs to be taken to reduce or eliminate the negative impact?

Who will be responsible for monitoring and regular review of the document / policy?

Ensure all staff are aware of the media policy, the processes of dealing with the media and media enquiries so that there is no negative impact on the Trust's or NHS's reputation.

Communications Team

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:

Oliver Hughes

Date:

07/07/2022

Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2. Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3 Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4 Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5 Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6 Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7 Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8 Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9 Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team

Appendix B:



Media consent form

Photography Film Audio Other
*tick as appropriate

Your details

Full name (please print).....
Address.....
Date of birth.....
NHS No (not essential but provide if known).....

User consent

I agree and consent to be photographed and/or recorded on film, tape or in writing on behalf of Solent NHS Trust. I am consenting the material can be used for:

- Publication or broadcast in media (eg. newsletters; newspapers; radio or TV)
- Marketing purposes, eg. adverts, posters, banners
- Online eg websites and social media
- Teaching and research, eg. workshops, presentations, events, conferences
- Sharing the photo / footage, with other partner organisations, such as local councils, for the same / similar purposes
- Other (please specify).....

I understand I can withdraw my consent at any time, although it may not be possible to recover all the material once released. I also understand that photographs and recordings by mainstream media become the property of that media organisation and not Solent NHS Trust. Any objection to continued use of that material will need to be made to the relevant media house and not to Solent NHS Trust. **If I am uncomfortable with this request as described above, this will not in any way affect the care I receive from Solent NHS Trust.**

My consent automatically expires 10 years after the date signed below.

Your/Parent/Guardian's signature.....

Date.....

For official use only

Service user's clinical contact (if applicable)

Name (please print).....

Job title.....

Service name.....

Contact details.....

Recorder commitment

(To be completed by the photographer or videographer)

I do hereby confirm I have verbally explained how the recorded materials will be used and have answered any and all questions.

Name (please print).....

Job title and organisation.....

Contact details.....

Signature.....

Date.....

Staff: You *MUST* get express permission from Solent NHS Trust's Communications Team before you invite members of the media (television, newspapers or magazine) to carry out interviews, film or take photographs of service users, staff or premises. Call **0300 123 4156** or email **communications@solent.nhs.uk**
This form *MUST* be scanned and emailed to communications@solent.nhs.uk The service will retain the original consent on the patient's medical file.

Appendix C:

Contact Details

Communications Team

Journalists with media enquiries should call the Communications Team on 0300 123 4156. Non-urgent enquiries can be e-mailed to communications@solent.nhs.uk. The Communications Team is only contactable between office hours – Monday to Friday 9am to 5pm.

If you would like to work with the Communications Team to issue a press release or invite the media to attend an event or meeting, please email the team.

Information Governance Team

Head of Information Governance	023 8029 6911
Information Governance Team	023 8029 6922 / 023 8053 8770

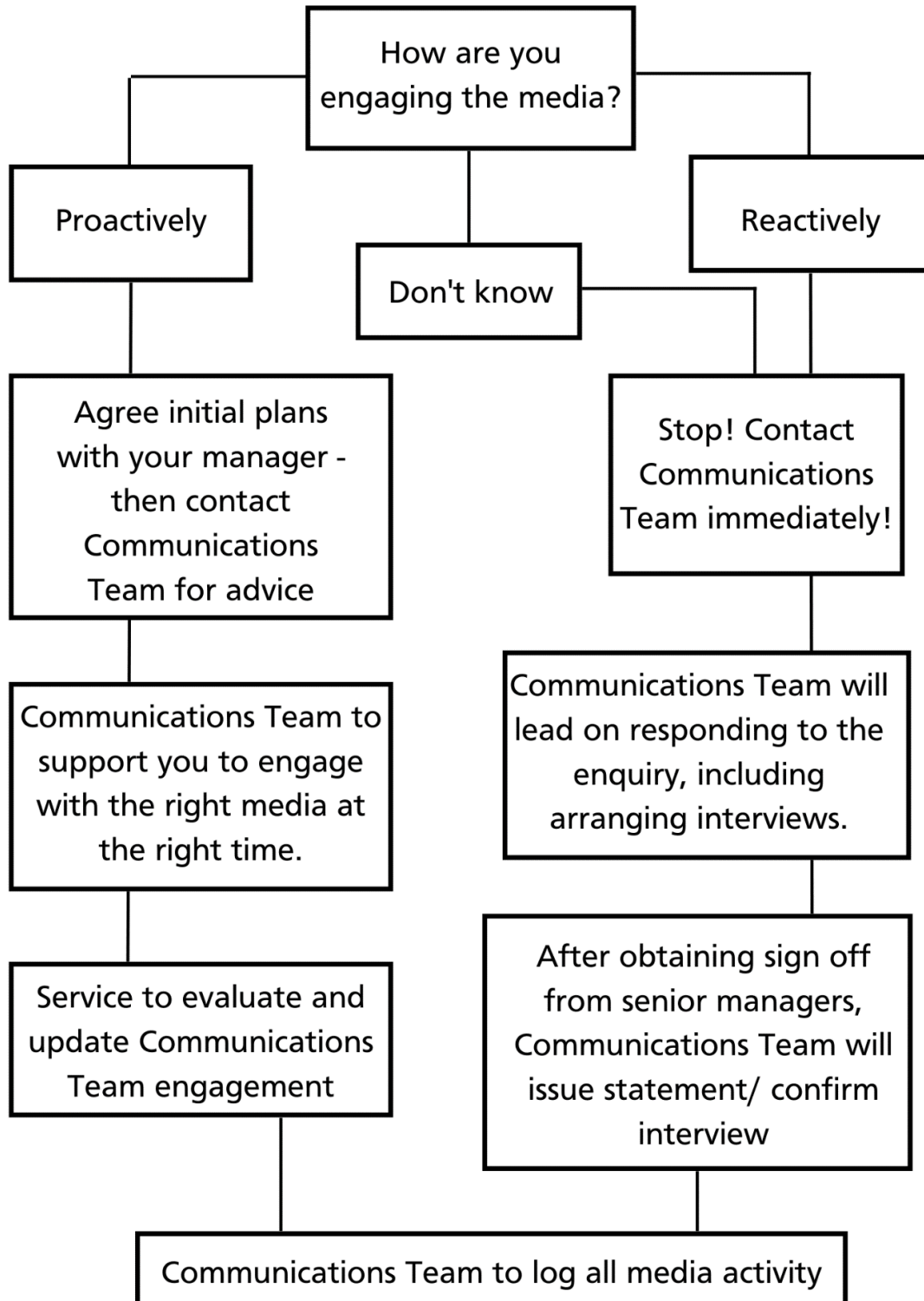
Patient Experience Service

Patient Advice and Liaison Service and Complaints

PALS
Highpoint
Bursledon Road
Southampton
SO19 8BR

Telephone: (Free phone) 0300 123 3390 Email pals@solent.nhs.uk

Appendix D: Engagement with the media flow chart



Appendix E

GENERAL GUIDANCE - DEALING WITH THE MEDIA

Having referred the issue to the Communications Team and you are subsequently required to talk to the media, the following guidance may be useful:

Only speak "On the Record"

From the moment the media approaches you, whether by telephone or in person, your conversation will be treated as "on the record". This means that any of your comments can be reported whether you intend them for public consumption or not. If you do not want a comment reported, avoid saying it!

Speaking Off the Record

This does not exist – if an issue is of interest to the media, they will cover it and you risk putting your reputation and that of the Trust at risk. Only speak to the media if you are prepared to be quoted for what you have said.

Clarity

Be clear about what you want to say before you say it, and use clear, everyday language. NHS jargon or complex clinical descriptions are meaningless to the public - so refrain from using them. If you cannot totally avoid jargon altogether, do find an alternative, simpler explanation of the words you'd have used. Do not allow yourself to be rushed or pushed into saying something you don't mean. If you need thinking time to ensure that you are clear about your facts, say you will ring the media back (unless it's live radio). Please ensure that you do so.

Simplicity

Even if you spend half an hour talking to a reporter, very few of your comments are likely to be reported. This is because many articles are short, or other people's comments also have to be reported within the same article. It helps to think of two or three key points, which you can reiterate and expand on so that your main messages are more likely to be reported.

Using your expertise

Usually you will know far more about the subject under discussion than the reporter so do not be afraid to correct misconceptions or take the initiative to introduce new information which may be of more interest.

Deadlines

All reporters work to strict deadlines which are imposed by their "news desk" (a group of senior staff who co-ordinate the news gathering operation of a particular newspaper, radio station or television company).

Reporters will often demand instant comments, but you must not feel pressured into making off-the-cuff comments. You must take a telephone number and call back within an agreed timescale. With

rare exceptions, it is best to respond to all enquiries, particularly those relating to potentially damaging allegations. You must remember that if you do not respond within the deadline, the reporter is not obliged to check with you again before publishing or broadcasting the news item, even if the result is an unbalanced report.

Remember that the Trust wants to work in a collaborative fashion with the media and therefore wants to demonstrate a willingness to help with enquiries and an ability to do so in a professional manner with awareness of their needs and deadlines.

Confidentiality

Individual patient confidentiality must be observed and respected. Even if a patient has put their private life into the public domain - for example, by telling the media of a complaint about the care provided by Solent NHS Trust - it does not entitle you to expose all their personal details or question their motive for making a complaint.

POTENTIAL PITFALLS

If you are dealing with the media on behalf of Solent NHS Trust it may be helpful to remember the following points:

Personal opinions

Be clear with the media if you are expressing a personal opinion. However, you must be aware that if you are speaking on behalf of Solent NHS 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 Solent NHS Trust.

Anger

Never allow yourself to become angry or make personal attacks on the reporter. The media will often play 'Devil's Advocate' to provoke a reaction and then report comments made in haste/anger. You may be robust in your comments without becoming angry.

Importantly

Report back to the Communications Team

Be sure to let the Communications Team know about your conversation with the media: who you spoke to and from which publication/programme/channel, what was said, how you felt the conversation went, and when you are anticipating the story will be featured in the media.