

MEDIA HANDLING PROTOCOL

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1 Introduction

The media plays a pivotal role in shaping public perception and therefore should be treated as a key partner in building and maintaining the reputation of NHS Scarborough and Ryedale Clinical Commissioning Group (CCG).

This document outlines the approach Scarborough and Ryedale CCG will take to both proactive and reactive media management.

The Communications service is provided to the CCG by Scarborough Borough Council.

2 Key principles for dealing with the media

The following key principles should be adhered to by all CCG representatives to ensure media enquiries are dealt with appropriately:

- All requests from the media are only to be handled by a trained CCG communications lead. Any media request to the CCG through any other route should be re-directed to the communications lead immediately.
- Under no circumstances should a member of the CCG speak with the media unless it has been prearranged with a communications lead.
- All members of the CCG Communications & Engagement Committee are to be notified via email as soon as a media enquiry is received via the media log (Appendix A)
- Media enquiries outside of office hours will be dealt with using the existing CCG on call procedure, whereby enquiries will be taken by the on-call director who will then liaise with the on-call communications lead.
- Regular press enquiries are dealt with, during office hours, by the communications department.

3 Proactive media relations

Proactive media relations is when the CCG proactively supplies information to the media with the aim of generating coverage in their newspaper, magazine, TV programme or radio programme.

This information is typically in the form of a press release and can be about anything that the CCG wishes to communicate to the wider public – such as a new appointment, achievement, upcoming event or health advice.

It is important to maintain a regular flow of proactive press releases to keep the CCG in the public eye and to help build its reputation and understanding of its role. However, it is also important not to inundate journalists with press releases as they may start to turn a blind eye to them – particularly if they are not especially newsworthy.

To help achieve this, NHS Scarborough and Ryedale CCG will develop a proactive press release schedule which will aim to ensure between three and five press releases are published each calendar month.

The nature of these press releases will be agreed between the Communications & Engagement Committee and other members of the CCG.

In terms of writing press releases, it will be the responsibility of the communication lead to source all relevant content and prepare a first draft of the release to share with appropriate CCG members.

To ensure the press release flows and follows a consistent style, all quotes will be drafted by the communication lead who will then liaise with the spokesperson to approve the quote, unless specified otherwise by a CCG member who wishes to write their own quote.

All press releases are to be approved by the CCG member responsible for the topic of the press release and the CCG Chief Officer.

When issuing a press release, every effort should be made to supply a photograph that relates to the story. The press release itself should always contain a quote from the CCG member leading the initiative discussed and a photograph of this spokesperson should also be provided.

If it is likely that the press release will trigger a request for an interview, the communication lead should check the availability of the CCG spokesperson prior to publishing the press release. This will ensure interview requests can be satisfied.

When issuing a press release, all CCG Governing Body members should be **blind-copied** along with Scarborough and Ryedale political stakeholders such as MPs and councillors. This is a good way of keeping this influential stakeholder group informed of initiatives.

Once a press release has been issued to the media, the communication lead will make a follow-up call to key media titles to try and 'sell-in' the story and ensure it receives coverage.

Press releases will also be uploaded to the NHS Scarborough and Ryedale CCG website.

4 Reactive media relations

Reactive media relations is whereby the media approaches the CCG for a comment about a particular issue. This can often be triggered by a journalist being ‘tipped off’ about something by someone outside of the CCG or by a patient who perhaps is not eligible for treatment.

Many journalists will also keep a watchful eye on national news items or local Board agendas and follow up on particular issues.

It is important that NHS Scarborough and Ryedale CCG is prepared to handle enquiries from the media and appreciates the importance of providing a timely response.

To help this, the following protocol should be adhered to for all media enquiries relating to NHS Scarborough and Ryedale CCG. It should be noted that CCG members approached for comment as a clinical spokesperson for their own GP Practice should follow their own protocol, providing they do not make any comment on behalf of NHS Scarborough and Ryedale CCG.

4.1 Media call received by communications department.

Media enquiry form completed by communications lead capturing:

- a) Name, contact number, email and organisation of the journalist
- b) The nature of the enquiry and any specific questions
- c) The deadline for responding
- d) Whether the journalist has approached any other sources
- e) What type of response is required – verbal, written, interview
- f) The name of the communication lead that has taken the enquiry should also be noted on the enquiry form.

4.2 Written responses

Communications lead to make contact with the appropriate CCG representative to explain the enquiry and discuss a response. If an interview is required, a suitable time is to be agreed for the CCG representative to contact the journalist. The communications lead will collate all relevant information available about the issue in order to brief the CCG representative as fully as possible.

4.3 Requests for written statements

Communications lead to draft a response, liaising with CCG representative to ensure accuracy.

Final response emailed to CCG representative and copied to Chief Officer for approval with a clear deadline for response. Communication lead to chase if no response is received, keeping journalist informed of progress.

Final approved response emailed to journalist.

Media form to be updated with response given (if a long written response is provided it should be printed and attached to the media enquiry form).

Completed media form to be filed in media enquiries folder

Electronic version of the response to be saved on computer network with enquiry title, statement or press release, date and communications lead initials in the file name, e.g.: IVFfunding-st-at-22052012

If it is anticipated that the story will receive significant coverage, the media team at the NHS England and NHS England North should be informed. Also, depending on the nature of the story, it may be necessary to alert constituent GP Practices too.

5 Media participation

At all times, NHS Scarborough and Ryedale CCG should consider carefully the benefits and potential disadvantages of participating in media interviews, filming opportunities etc.

Whilst the CCG is committed to being open and accountable to its residents, there may occasionally be times when it is not in the CCG's interests to participate, or the potential benefit to the CCG and its public profile does not warrant the level of effort required to take part, in media interviews. This could include, for example, a request for a local GP to comment on a national story.

Each request will be considered on an individual basis, but with a focus on building/maintaining public credibility and the contribution which participation will make towards the overall achievement of the CCG's aims and objectives.

6 Media spokespeople

In both proactive and reactive media relations, it is necessary to identify a spokesperson for the CCG. Where possible, a quote should be attributed to a member of the CCG, rather than simply 'a spokesperson'.

The spokesperson will depend on the nature of the media enquiry, but the CCG should try keep the number of media spokespeople to a minimum as this will help build recognition and trust amongst members of the public.

NHS Scarborough and Ryedale CCG media spokespeople should all have received a satisfactory level of media training and be confident in being interviewed in both a live and pre-recorded context.

Those identified as spokespeople for particular areas or services should endeavour to be as flexible and accommodating as possible in terms of meeting media requests for interview, especially when the approach has been made proactively by NHS Scarborough and Ryedale CCG.

Spokespeople should also be mindful that, when taking part in interviews, they are representing the NHS Scarborough and Ryedale CCG Governing Body rather than speaking in their role as an independent GP. Comments made should be consistent with the CCG's decision making /approach to particular issues, irrespective of whether or not these resonate with the individual's personal views and opinions.

7 Media contacts

A list of appropriate media outlets for NHS Scarborough and Ryedale CCG has been developed, split by local media, regional media and health trade media.

This list of contacts will be maintained by the communication leads and used whenever publishing press releases.

If a media enquiry is received from an unfamiliar source, the source should be added to the media list for future use.

On occasion, it may be necessary to approach one media outlet in favour of others. This approach will be taken only when there is a perceived benefit in doing so in order to ensure good working relations are maintained with all media outlets. An example of where this may be appropriate is when an issue is limited to a specific local area and the CCG would benefit from working with a particular local newspaper to explain the issues.

8 Media evaluation

Although no formal media evaluation will be undertaken on behalf of the CCG at present, the communications leads will scan for coverage relating to the CCG and share with members of the communication steering group (and other Governing Body members where appropriate).

The communication leads will also scan the media for potential issues or opportunities which are relevant to, or which may have an impact upon, the CCG.

9 Media briefings

From time to time, NHS Scarborough and Ryedale CCG will undertake briefings with journalists by way of a general update about how things are going and what their current priorities are.

These will be scheduled periodically depending on key milestones and CCG development.

10 Media handling in an incident or crisis

In the event of an incident such as patient recall, the media approach and subsequent handing arrangements will be led locally and factored into incident specific communications plans.

In the event of an emergency situation arising, the Communications Department will lead on media handling.

Depending on the issue, the team may work alongside their other 'first responder' communications colleagues with the relevant agency taking the 'lead' for media handling.

If the issue is 'health' only, all public messages will be released ONLY through the CCG communications department. The communications department will liaise directly with the media, identify and brief CCG spokespeople (if required) and prepare all written information.

Wherever possible horizon scanning to identify possible issues should be conducted and preparatory work such as briefings and Q&A prepared.

Appendix A – Media Log

ISSUE:			
Core contacts to be informed	Title	Contact details	
Simon Cox	Chief Officer - SRCCG	Simoncox1@nhs.net 01723 343661	x
Sally Brown	Head of Corporate Affairs - SRCCG	Sally.brown16@nhs.net 01723 343671	x
CCG Spokesperson -			x
CCG Clinical Lead -			x
Additional Contacts - CCG	Title	Contact Details	
Dr Phil Garnett	Chair of the CCG	Phil.garnett@nhs.net	
Andy Hudson	Lay Chair of the CCG	andyhudson@nhs.net 01723 343660	
Richard Mellor	Chief Finance Officer/Deputy Chief Officer	Richard.mellor@nhs.net 01723 343669	
Barbara Buckley	Associate Director of Commissioning	b.buckley@nhs.net 01723 343652	
Vanessa Burns	Deputy Chief Finance Officer	vanessaburns@nhs.net 01723 343653	
Karen Mazingham	Head of Specialist Delivery	Karen.mazingham@nhs.net 01723 343681	
Gaye Hanson	Head of Planning and Assurance	Gaye.hanson@nhs.net 01723 343667	
Suzanne Bennett	Service Improvement Manager (Medicines Management)	Suzanne.bennett@nhs.net 01723 343678	
Sarah Tilston	Service Improvement Manager	stilston@nhs.net 01723 343672	
Mark Lagowski	Service Improvement Manager	Mark.lagowski@nhs.net 01723 343655	
Carrie Wollerton	Executive Nurse	Carrie.wollerton@nhs.net 01723 343654	
NHS England	Title	Contact Details	
Rabinder Bhachu	Head of Communications and Engagement	rabinderbhachu@nhs.net	
Alice White	Communications Officer	Alice.white3@nhs.net	
Carl Jessop	Communications Manager	c.jessop@nhs.net	
Other Contacts	Title	Contact Details	
Richard Webb	Director of Adult Safeguarding - NYCC	Richard.webb@northyorks.gov.uk	
Helen Edwards	Communications Officer - NYCC	Helen.edwards@northyorks.gov.uk 01609 522448	
Elaine Williams	Press Officer - NYCC	Elaine.williams@northyorks.gov.uk 01609 522448	
Ed Townsend	Comms at Harrogate and Rural CCG	edwardtownend@nhs.net 01423 799321	
Iquo Ema	Comms at East Riding CCG	Iquo.ema@nhs.net 1482 672195/ 07802 718 239	
Kelly McGinty	Comms at Vale of York CCG	Kelly.mcginty@nhs.net 07980 926924	
Georgina Sayers	Comms at Hambletonshire and Richmond CCG	Georgina.sayers@nhs.net	

ACTIVITY LOG

Date and time	Media company	Caller	Contact	Response given and source of information

Appendix B – Equality Impact Assessment

1. Equality Impact Analysis									
Policy / Project / Function:	Media Handling Protocol								
Date of Analysis:									
This Equality Impact Analysis was completed by: (Name and Department)	NHS Scarborough & Ryedale CCG								
What are the aims and intended effects of this policy, project or function ?	To outline the approach Scarborough and Ryedale CCG will take to both proactive and reactive media management								
Please list any other policies that are related to or referred to as part of this analysis?	Media Policy								
Who does the policy, project or function affect ? Please Tick ✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Employees</td> <td style="text-align: right; padding: 5px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Service Users</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Members of the Public</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Other (List Below)</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Reasoning

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

3. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input type="checkbox"/> Green-yes
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Appendix C - Sustainability Impact Assessment

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			✓	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			✓	
Reduce the risk of pollution and avoid any breaches in legislation.			✓	
Goods and services are procured more sustainability.			✓	
Reduce carbon emissions from road vehicles.			✓	
Reduce water consumption by 25% by 2020.			✓	
Ensure legal compliance with waste legislation.			✓	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			✓	
Increase the amount of waste being recycled to			✓	

40%.				
Sustainability training and communications for employees.			✓	
Partnership working with local groups and organisations to support sustainable development.			✓	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			✓	