

NHS Rotherham Clinical Commissioning Group

Operational Executive – 21/06/2019

Strategic Clinical Executive – 10/07/2019

AQuA – 03/09/2019

Clinical Commissioning Group Governing Body - 04/09/2019

Media Relations Policy Review 2019

Lead Executive:	Chris Edwards
Lead Officer:	Gordon Laidlaw
Lead GP:	Richard Cullen

Purpose:

To support the CCG and its members in dealing with the media in order to maximise positive coverage and minimise or negate any negative publicity relating to the organisation.

This policy applies to all directly employed staff and those working on behalf of NHS Rotherham CCG.

Background:

This is the second review of the media relations policy that was scheduled for June 2019. The only changes made to the policy in this revision are to update in line with the CCG style guide and update to the head of communications contact details.

Analysis of key issues and of risks

Effective media relations are essential to the success of any organisation that operates in the public eye. If this policy is not adhered to CCG staff and those acting on its behalf there is a risk to employees and the CCG's reputation, as well as damaging impact on public confidence in our ability to commission services on their behalf.

The media and public have high levels of confidence and trust in our clinicians when they are the source of health information through statements, quotes or interviews. By following the advice in this policy we will be able build upon this reputation for the good of clinical commissioning in Rotherham going forward.

It is important that issues of media interest – public interest – are handled in the appropriate way and are delivered by a spokesperson that is trained in conducting media interviews or, if not, are supported by someone who is i.e. Head of Communications.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

An Equality Impact Assessment has taken place and the completed form is attached.

Financial Implications:

No financial impact

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Human Resource Implications:

All identified media spokespeople should receive appropriate training via the Head of Communications.

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Procurement Advice:

Not applicable

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Data Protection Impact Assessment:

Not applicable

Approval history:

The media relations policy was last approved in June 2017. This revised policy has no approval history

Recommendations:

It is recommended that the policy is supported and approved to proceed through the CCG's governance structure.

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Paper is for Approval



Rotherham

Clinical Commissioning Group

Title:	Media Relations Policy
Reference No:	Comms/002
Owner:	Head of Communications
Author	Gordon Laidlaw
First Issued On:	February 2015
Latest Issue Date:	June 2017
Operational Date:	September 2019
Review Date:	June 2022
Consultation Process	
Ratified and approved by:	OE – 21 June 2019 AQUA – 3 September 2019 Governing Body – 4 September 2019
Distribution:	All staff and GP members of the CCG.
Compliance:	Mandatory for all permanent and temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

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MEDIA RELATIONS POLICY

Introduction

This media policy ensures that NHS Rotherham Clinical Commissioning Group (CCG) can enhance and manage its reputation, ensuring public confidence as the budget holder and accountable organisation for health services in Rotherham. By following this policy RCCG members and staff will ensure that we proactively promote the work of the organisation and are able to respond to media enquiries in a timely and positive manner.

Effective media relations are essential to the success of any organisation that operates in the public eye. The media are increasingly looking to GPs and other clinicians in Rotherham (not just CCG leads) for answers on specific issues and services that impact on people's health in Rotherham. The most successful organisations use the media to build good relationships with their customers (patients), clients, local organisations and general public. They are also prepared and equipped to react to any approaches by the media.

The media and public have high levels of confidence and trust in clinicians when they are the source of health information through statements, quotes or interviews. By following the advice in this policy we will be able build upon this reputation for the good of clinical commissioning in Rotherham going forward.

It is important that issues of media interest – public interest – are handled in the appropriate way and are delivered by a spokesperson that is trained in conducting media interviews or, if not, are supported by someone who is i.e. Head of Communications.

The CCG wants to foster a relationship of openness and dialogue with its stakeholders. This policy supports this but also ensures that the reputation of the organisation is protected, and, where possible, enhanced. We believe that the CCG governing body, GP members and staff should have access to expert knowledge to assist and support them promoting their commissioning work. The Head of Communications is also available to give advice and support on media issues relating to independent contractors as providers or relating to a GP practice.

Objective

To support the CCG and its members in dealing with the media in order to maximise positive coverage and minimise or negate any negative publicity relating to the organisation. This will enable the organisation to maintain public confidence whilst managing its reputation in Rotherham and further afield.

Scope

This policy applies to all directly employed staff and those working on behalf of NHS Rotherham CCG.

Accountability and Responsibility

The Head of Communications is responsible for media relations as part of their agreement with Rotherham CCG and works closely with our Governing Body, Strategic Clinical Executive and GP members Committee. This media relations policy is accountable to the Chief Officer.

Proactive media – news release procedure

There should be no proactive approach to the media with issues relating to the organisation and its work without the agreement of the Head of Communications, Chief Officer or Chair. Any internal disputes should be raised and addressed internally before any media is approached.

News releases are issued to present positive messages about RCCG and our work. They inform others about our aims and achievements and should be linked to the Commissioning Plan where possible. On occasions we may issue statements that explain or support our position on issues that may arise.

All news releases from the CCG will be planned, co-ordinated and released through the Head of Communications. The content will be cleared with the appropriate clinical lead and executive member. In order to maximise proactive media opportunities the communications team should be given ten working days notice of any events, potential stories or planned media contact. This will then allow any media print or broadcast deadlines to be co-ordinated with the planned activity.

All news releases which refer to other NHS trusts, NHS England, other CCGs, local authority or other partners will not be issued until the approval of relevant content has been confirmed with their respective communications team.

All news releases and statements will be copied to the Chair and Chief Officer for information when they are issued to the media.

Who can speak to the media?

Only trained, nominated media spokespeople will undertake media interviews. Media spokespeople who can represent the organisation will be pre-determined by the Operational Executive team. The relevant spokesperson will then be decided by the Chief Officer and Head of Communications, depending on the topic of the enquiry and availability. There may be cases for other staff to

undertake proactive media interviews as a development opportunity. Any media related development work should be discussed with line managers and the Head of Communication.

Events and meetings that are streamed live

Presentations and or speeches at meetings and events that streamed live, such as the Rotherham Health Select Committee, should be treated as a media interview. All individuals included in the scope of this media relations policy are required to discuss and agree key messages with their line manager and Head of Communications before attending live streamed meetings.

What to do if the media approaches you

All staff and GP members should initially NOT answer any questions on behalf of the CCG, but confirm that the communications lead handles all media enquiries and that they or the appropriate person will aim to get back to the reporter within the hour. The details of the enquiry (with contact details) should then be passed to the communications lead either by telephone or email.

In the absence of the Chief Officer and Head of Communications, media enquiries can be dealt with by a relevant Operational Executive member.

No formal comment should be given to the media without the agreement of the Head of Communications, Chief Officer, Chair or an appropriate deputy.

Do not speak to the media ‘off the record’ – it should be assumed that nothing is off the record.

Contact details for media enquiries:

Head of Communications

Tel: 01302 308989 or mobile: 07980 959137

gordon.laidlaw@nhs.net

The communications team will record all media enquiries.

What we do with a media enquiry

The communications team will contact the relevant service leads and brief them about the media enquiry. Having agreed what the response should be a statement will be drafted and signed off by the GP lead, executive lead, Accountable Officer and/or Chair. If necessary, availability and appropriateness to talk to the journalist will be discussed, following which the communications lead will set up an interview. This will involve setting up an interview with radio, TV or newspaper over the phone, in a studio or at another location. Every effort

should be made to meet deadlines and spokespeople should be prepared to make themselves available at short notice. All quotes given on behalf of RCCG will be attributable.

All national and specialist press media enquiries will be cleared and agreed with the appropriate commissioning lead if necessary.

Training

The Head of Communications will ensure that appropriate media training is available to people who have media contact or will act as spokespeople on behalf of the CCG.

Advice and support is available from communications lead to independent contractors for media issues relating to independent contractors as providers or relating to a GP practice.

Out of Hours enquiries

The communications team does not provide a formal out of hours press office service, though local media have been issued with mobile phone numbers for the communication lead and would be able to make contact if necessary. Generally, press enquiries are dealt with Monday to Friday 8am to 5pm (not including bank holidays).

On occasions it may be necessary for the communications lead to contact nominated spokespeople when they are in meetings or out-of-hours if an urgent reaction to a significant media story is required. This will be instigated by the Head of Communications.

In the absence of the Head of Communications due to annual leave or sickness, a mutual arrangement has been agreed with NHS Doncaster CCG's Head of Communications and Engagement to provide support on handling media enquiries.

Equality Impact and Engagement Assessment Form

Complete this section
Please retain one copy, and pass one copy to both the Equalities and Engagement leads

Section one – Project or plan details

1.1	Project Title:	
	Media Relations Policy	
1.2	Project Lead:	Contact Details:
	Gordon Laidlaw	01709 308989
1.3	This activity /project is:	
	Policy	
1.4	Describe the activity/project	
	This media policy ensures that NHS Rotherham Clinical Commissioning Group (CCG) can enhance and manage its reputation, ensuring public confidence as the budget holder and accountable organisation for health services in Rotherham.	
1.5	Timescales	
	June 2019 – June 2022	

2 Equality Impact Assessment

2.1	<p>Gathering of Information: This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.</p> <p>The objective of the policy is to support the CCG and its members in dealing with the media in order to maximise positive coverage and minimise or negate any negative publicity relating to the organisation. This will enable the organisation to maintain public confidence whilst managing its reputation in Rotherham and further afield.</p>
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2.2 Screening

Please complete each area)	What key impact have you identified?			Information Source
	Positive Impact - will actively promote or improve equality of opportunity.	Neutral Impact - where there are no notable consequences for any group.	Negative Impact - negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.	What action, if any, is needed to address these issues and what difference will this make? For example: <i>At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.</i>
Human Rights	N	Y	N	
Age	N	Y	N	
Carers	N	Y	N	
Disability	N	Y	N	
Sex	N	Y	N	
Race	N	Y	N	
Religion or belief	N	Y	N	
Sexual Orientation	N	Y	N	
Gender reassignment	N	Y	N	
Pregnancy and maternity	N	Y	N	
Marriage/civil partnership (only eliminating	N	Y	N	

	discrimination)				
	Other relevant groups	N	Y	N	
3	Engagement Assessment				
3.1	<p>What is the level of service change? – N/A</p> <p>If your project is classed as a ‘significant variation’ (level 3) or ‘major change’ (level 4) please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.</p> <p>The assurance process generally looks at the ‘case for change’ The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_-_hempsons_stp.pdf DH 2013</p> <p>Circle or highlight the appropriate level of service change</p> <p>Level 1 Level 2 Level 3 Level 4</p> <p>Add additional information and rationale for this scoring below</p> <p>Not applicable</p>				
3.2	<p>Who are your stakeholders?</p> <p>Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document</p> <p>Staff and those acting on behalf of NHS Rotherham CCG</p>				
3.3	<p>What do we already know?</p> <p>What do you already know about peoples’ access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.</p> <p>N/A</p> <p>Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight?</p> <p>How will the insight available to you help to inform your decision?</p> <p>N/A</p> <p>Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’, in relation to the activity?</p> <p>N/A</p>				

3.4	<p>Reaching out to overlooked communities</p> <p>Are additional arrangements for patient and public involvement required for this activity and in particular will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, those experiencing health inequalities are involved</p> <ul style="list-style-type: none"> • Seldom-heard groups Yes/No • Nine Protected Characteristics Yes/No • Health inequalities Yes/No <p>If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups</p>
	N/A
	Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)
	N/A
3.5	<p>What resources do you need for this?</p> <p>Consider the sections above</p> <ul style="list-style-type: none"> • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge
	N/A
4	Feedback and Evaluation
4.1	How will you use the feedback – who does it need to be shared with?
	N/A
4.2	Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.
	N/A
4.3	How will the outcomes of participation be reported back to those involved?
	N/A

4.4	How will you assess the ongoing impact of the change on patients and the public after it has been completed?
	N/A

5	Engagement and Equality Impact Plan				
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	Action	Approx. Timescale	Lead	Deadline	Comments/ progress

6	Form details				
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	Completed by:	Gordon Laidlaw
	Job title:	Head of Communications
	Date	14 TH June 2019
	Reported to	