



## Media Policy

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|---------------------------------------|----------|
| <b>VERSION NUMBER</b>                 | 7.0      |
| <b>REVIEW DATE</b>                    | Jan 2021 |
| <b>DATE PUBLISHED ON<br/>INTRANET</b> |          |

## Document Control Information

|   |                        |
|---|------------------------|
| <b>AUTHOR (POLICY FACILITATOR)</b>                      | Communications Manager |
| <b>DIRECTOR / POLICY SPONSOR</b>                        | Chief Executive        |
| <b>RATIFIED BY (Committee/ Group)</b>                   | EMT                    |
| <b>DATE OF RATIFICATION</b>                             |                        |
| <b>NAME OF LOCAL GROUP / FORUM APPROVING THE POLICY</b> |                        |
| <b>DATE OF LOCAL GROUP APPROVAL</b>                     |                        |

## VERSION TRACKING

| Version | Date       | Author Name and Designation                | Summary of Main Changes   |
|---------|------------|--|---|
| 1.1     | 6/1/15     | Sally Xerri-Brooks, Head of Communications | New format, addition of social media details, minor changes as a result of staffing changes.  |
| 1.2     | 16/4/15    | Sally Xerri-Brooks, Head of Communications | Addition of detail on celebrity visits and reputation consistent with recommendations from Kate Lampard's report into Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile |
| 1.3     | 20.11.2017 | Amos Mallard, Communications Manager       | Amendment following change of communications department structure   |
|         |            |  |   |

**PROCEDURAL CHECKLIST**

|  |               |
|--|---------------|
| <b>CONSULTATION COMPLETED</b>  | Y             |
| <b>CONSULTATION TRACKING SHEET COMPLETED</b>   | Y             |
| <b>VERSION CONTROL INFORMATION COMPLETED</b>   | Y             |
| <b>EXECUTIVE GOVERNANCE COMMITTEE CHECKLIST COMPLETED (<a href="#">APPENDIX M1</a>)</b>        | Y             |
| <b>IMPLICATIONS FOR IMPLEMENTATION COMPLETED (<a href="#">APPENDIX M2</a>)</b>                 | Y             |
| <b>EQUALITY IMPACT ASSESSMENT COMPLETED AND DECLARATION FORM (<a href="#">APPENDIX M3</a>)</b> | Y             |
| <b>IMPLEMENTATION PLAN COMPLETED (<a href="#">APPENDIX M4</a>)</b>                             | Y             |
| <b>DATE SUBMITTED TO POLICY COORDINATOR</b>  | 10 March 2015 |
| <b>APPROVED BY POLICY COORDINATOR</b>  | 11 March 2015 |
| <b>DATE APPROVED TO RATIFICATION COMMITTEE</b>   |               |

## CONSULTATION TRACKING SHEET

This document must be completed and accompany the policy procedure or guideline through the final ratification and authorisation process. A copy of this sheet should be included at the front of the final published policy.

**Name of Policy, Procedure or Guideline:** Media Policy

| <b>Name of person / team / committee asked to provide feedback</b>         | <b>Date request for feedback sent</b> | <b>Feedback received Y/N</b> | <b>Feedback incorporated into policy Y/N</b> |
|--|---------------------------------------|------------------------------|--|
| EMT  |                                       |                              |  |
| Information Governance Committee   | Feb 2015                              | Y                            | Y  |
| On call managers / directors   | Jan 2015                              | Y                            | Y  |
| Public and Patient Services Manager  | Jan 2015                              | Y                            | Y  |
| Anne Cholmondeley, Director of Workforce and OD                            | March 2015                            | Y                            | Y  |
| Simon Grainger-Lloyd, Associate Director of Governance & Company Secretary | Nov 2017                              |                              |  |
|  |                                       |                              |  |
|  |                                       |                              |  |

## Key Performance (compliance / success) Indicators (KPI's)

| Describe Key Performance Indicators (KPIs)                    | Target  | How will the KPI be Monitored ?           | Which Committee will Monitor or this KPI? | Frequency of Review | Lead |
|---|---|---|---|---------------------|------|
| Increase in good news stories in the media about ROH          | 12 (against 4 in 2014)  | All news stories mentioning ROH recorded. | IG Committee                              | Annual              | AM   |
| Negative stories managed well to minimise reputational damage | All media enquiries responded to by communications constructively and within required deadline. | Media enquiries log maintained .          | IG Committee                              | Annual              | AM   |
| Media training for executives and key individuals             | 5 confident spokespeople  | Training undertaken will be recorded      | IG Committee                              | Annual              | AM   |
| Social media engagement increased                             | 50% increase in followers/likes   | Analytics online                          | IG Committee                              | Annual              | AM   |
|   |   |   |   |                     |      |
|   |   |   |   |                     |      |
|   |   |   |   |                     |      |
|   |   |   |   |                     |      |
|   |   |   |   |                     |      |

**PERFORMANCE MANAGEMENT OF THE POLICY**

| <b>Responsible for Producing Action Plans if KPIs are Not Met</b> | <b>Committee to Monitor These Action Plans</b> | <b>Frequency of Review (To be agreed by Committee)</b> |
|---|--|--|
| Amos Mallard  | IG committee                                   | Annual   |

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## 1. Executive Summary

### Policy Aim

The aim of this policy is to enable the Royal Orthopaedic Hospital NHS Foundation Trust to engage positively with the media both proactively and reactively. This incorporates local, regional and national press, alongside online providers and social media sites such as Facebook, Twitter and Youtube. The ROH has a significant role locally, regionally and nationally, which means that media engagement is critical for raising awareness of it as a high quality, reliable and cutting edge brand as well as managing its reputation.

### Policy Description

This policy contains guidance on managing reactive media enquiries, including the process that must be followed. In addition, there are details on more proactive media engagement and how this is handled including guidance in response to the independent Lampard report. Finally, there are some guidelines on staff use of social media given its growing prevalence in daily life.

### Key References

Ofcom, April 2014: Adults Media Use and Attitudes Report 2014 -

<http://stakeholders.ofcom.org.uk/market-data-research/other/research-publications/adults/adults-media-lit-14/>

NHS Employers social media guidance: [www.nhsemployers.org](http://www.nhsemployers.org)

[Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile](#)

## 2. Introduction

Effective media relations are essential to the success of any organisation in the public eye. The most successful organisations use the media to build good relationships with their customers, clients, local organisations and the general public. They are also equipped and prepared to react to any approaches by the media.

Public confidence in an organisation can be damaged by a 'bad news' story. This damage can be instantaneous and catastrophic, or gradual and corrosive. In the latter case this damage can be repaired, but needs a great investment of time and effort; in the former case the damage may be irreparable. Equally, effective use of the media can, over time, enhance the image of an organisation.

The Royal Orthopaedic Hospital NHS Foundation Trust (ROH), as an organisation that is accountable to the public, will inevitably attract the interest of the media. In some cases we may be proactive, promoting the work of the hospital, whilst in other circumstances we may be reacting to a media enquiry. In either scenario it is essential that we are able to engage with the media on a basis of authority and knowledge, and that the spokesperson for the trust is supported by someone who is experienced in media relations, or are themselves experienced in the field.

In addition, data from Ofcom in 2014 showed that 66% of adults currently use social media regularly, 96% of whom have a Facebook profile. This inevitably includes ROH patients and staff. While management of this form of media is different to the press, it requires careful handling and will be considered within this policy.

### 3. Policy Objectives

A measurable increase in positive news stories about ROH in local, regional and national media.

Impact of negative press stories minimised wherever possible.

The maintenance of safeguarding and good governance alongside charitable and media related activity

Senior staff media trained.

Increase engagement with the ROH official social media feeds.

### 4. Definitions

**Media** - journalists, researchers, editors and others working for the press in all forms; newspaper, radio, television, social media or internet sites.

**Social media** – freely available open access online facilities such as Facebook, Twitter, Youtube, Pinterest, LinkedIn and others.

**The press** – newspapers and magazines.

## 5. Scope

The Media Policy will apply to all trust employees, consultants, non-executive directors and governors of the Members' Council. It also extends to service user/carer representatives engaged on official business on behalf of the trust. (In respect of the latter, disciplinary action would not be a consideration for breach of policy). The Policy applies to all media contacts – reactive or planned and proactive - and will provide a framework through which relationships with the media will take place within the trust.

The Media policy also applies to visitors, charitable organisations and fundraisers who work with the Royal Orthopaedic Hospital Charitable fund both directly and indirectly.

The policy will be proactively shared with colleagues across the organisation through internal communications channels, team meetings and individual interactions.

## 6. Duties / Responsibilities

### 6.1 Directors

Directors who are approached directly by the media to comment on negative issues will refer to the Communications Manager, and may be asked to respond directly if they feel it is appropriate. It may also be appropriate to flag a call of this nature to the Chief Executive. Where issues may be deemed contentious it may be more appropriate to issue a written response via the Chief Executive or Chairman. The Communications Manager can draft or copy check this for you if required. Directors and senior managers dealing directly with the media should advise the Communications Manager that they intend to do so in order for the enquiry and statement to be logged.

Timing is critical, so it is essential that all media enquiries are passed on immediately they are received in order to support the Trust in protecting/promoting its reputation.

### 6.2 Members of staff

If a call from the media goes directly through to any other member of staff or consultant it should be referred immediately to the Communications Manager. Members of staff should only ever speak to the media after they have spoken to the Communications Manager and after they have been briefed about how to respond to the enquiry.

### 6.3 Non-executive directors and governors

If approached by the media, NEDs and governors should immediately contact the Communications Manager or Chief Executive. The Communications Manager will provide support, advice and information to the NED or governor, or will deal with the media enquiry directly, either by providing the required information or by arranging with the journalist to put them in contact with the appropriate staff or Board member.

### 6.4 What the Communications Manager does with the enquiry

The Communications Manager will contact the relevant staff member to investigate and enquire about the background. Having agreed what the response should be, and the

availability and appropriateness of the staff member to talk to the journalist, the Communications Manager will then set up an interview if required. This will involve either putting the call through directly if the journalist is from a newspaper or magazine, or setting up a radio or TV interview either over the phone, in a studio, or at another location. Every effort should be made to meet deadlines wherever possible.

All national and specialist press media enquiries will be cleared and agreed by the appropriate Director and/or Chief Executive if necessary.

All quotes given on behalf of the trust should be attributable. Attributable quotes should only be made by agreed media spokespeople, but these people may be other staff members depending upon the issue. The Chief Executive or their nominated deputy will agree quotes for national media.

The Communications Manager will record all media enquiries, their progress and outcome. The Media Log document, as well as written statements, can be found at P:\Communications.

A record of press coverage will be kept by the Communications Manager and will be shared with staff as appropriate. The Communications Manager will also alert the Chief Executive and other relevant directors and senior managers of interesting or relevant press stories as appropriate.

## **7. General Principles**

### **7.1 Mainstream media – the press, television and websites**

#### **7.1.1 Contact details for media enquiries:**

##### **Communications Manager**

0121 685 4000 x 55607

Generic email address for Communications Department: [roh.comms@nhs.net](mailto:roh.comms@nhs.net)

##### **Chief Executive's Office**

0121 685 4005 or ext 55305

If the media approaches you, you should not answer any questions, but state that the appropriate person will respond to them as soon as possible.

All unsolicited media contacts are to be referred to the Communications Office. Consider with the Communications Manager whether it is necessary to brief Monitor, the Care Quality Commission, CCGs and/or non-executive directors.

The Communications Manager will:

- Support the Trust Board in fostering a culture of openness and transparency, managing the reputation of the organisation, and linking the organisation to internal and external stakeholders.
- Act as a source of expert knowledge and support for all staff, NEDS and governors on media relations.
- Work with the Chief Executive and Chair in managing the trust's relations with local, regional and national media organisations. They will also support Directorate and service level contacts with the media
- Provide access to training and awareness raising, when appropriate

All staff, non-executive directors and governors of the Members' Council are expected to read and follow this Policy when dealing with the media. They are also expected to adhere to these principles in undertaking communication activities.

No member of staff, non-executive director (NED) or governor will make any comment to the media in relation to matters of trust business unless specifically sanctioned to do so by the Communications Manager. When given permission, you must first contact the Communications Manager for advice/reassurance of message.

There is no such thing as 'off the record' in dealing with the media. However, there are circumstances where background information may need to be shared in a selective and careful manner. Be aware that any information shared with the media can be reproduced.

If using social media for professional (i.e. you identify on that account your employer and create content on that basis, or you provide content to a corporate account) or personal reasons (i.e. you don't refer at all to your work in your social media interactions) all staff should remember that the same standards of conduct are expected online as well as offline. Specifically, you need to behave in a way that engenders trust and confidence by the public in staff at ROH.

### **7.1.2 Out-of-hours enquiries**

Out of hours, the on-call Director or on-site bleep holder may receive calls directly or via switchboard. In these circumstances, details should be taken and the flow chart at section 16 adhered to.

On-call managers will be briefed on any on-going media issues by the Communications Manager or CEO where it is felt that out-of-hours calls may be received.

In the event of a major incident, the trust's Major Incident Plan will be followed and the Communications Manager will play a vital role in ensuring that press and media activity is coordinated effectively during such an incident.

### **7.1.3 Proactive media contacts - news and press release procedures**

News releases are issued to present a positive message about the trust and its work amongst the public and our partner organisations. They will inform others about our aims and achievements and should at all times promote positive healthy messages. On occasions the trust may issue statements that explain or defend the trust's position on issues that may arise.

The Communications Manager and their team maintain regular and proactive contact with local press and media, highlighting stories that may be of interest, and actively seeking out good news stories within the hospital. If you feel you have a story that would be of interest to a local journalist please contact the Communications Manager ext 55607 in the first instance.

No member of staff will make contact with the media without the approval of the relevant Director, or their nominated deputy. No non-executive director or governor will make contact with the media without the approval of the Chairman of the trust. This includes communication via email or with journalists who visit the site and its surroundings.

All news releases from the trust will be planned, co-ordinated and released via the Communications Manager, or in their absence, the Chief Executive's office. The content will be cleared with a director, Chief Executive or Chair prior to issue. This includes news releases that are issued to the national and specialist media.

All news releases which refer to other NHS Trusts, NHS England, local committees and local authority partners will not be issued until the approval of the content has been confirmed with their communications department.

Trust Board Members and Members of Council will be able to access news releases on the website or intranet, or by contacting the Communications Manager. Copies are also stored at P:\Communications but should not be altered or amended in order to maintain an accurate archive,

Relevant news releases will be available on the trust website: [www.roh.nhs.uk](http://www.roh.nhs.uk).

### **7.1.4 Corporate support for media relations**

The trust has a Communications Manager who is responsible for media relations as part of their portfolio and is accountable directly to the Chief Executive.

The Executive Management Team and Trust Board regularly review the trust's Communication Strategy and Communication Action Plan, and the Communications Manager is responsible for ensuring that it is updated as required.

### **7.1.5 Rights of staff side representatives of recognised trade unions or staff associations**

This Policy does not restrict the right of elected staff side representatives of recognised trade unions or staff associations to express their views through or to the media directly.

Elected staff side representatives of recognised trade unions or staff associations are fully entitled to make comment on behalf of their staff association or trade union. They are not able to make comment on behalf of, or representing the trust.

#### **7.1.6 Implementation and compliance: responsibilities of all staff and non-executive directors**

This Policy will take effect immediately on approval and will apply to all personnel referred to individuals mentioned below.

All staff, NEDS and governors are obliged to adhere to this policy. It is the responsibility of the individual to ensure that they understand this Policy. Managers at all levels are responsible for ensuring that the staff for whom they are responsible are aware of and adhere to this Policy. They are also responsible for ensuring staff are updated in regard to any changes in this Policy.

### **7.1.7 Corporate oversight**

The Communications Manager, on behalf of the Chief Executive, will take steps to ensure that all staff, non-executive directors and governors adhere to this Policy. A failure to adhere to this Policy may result in disciplinary action.

### **7.1.8 Training**

The Communications Manager and Chief Executive will regularly review the need for new or refresher media training, and ensure that it is available to those senior staff that require it.

## **7.2 Social media at ROH**

### **7.2.1 ROH social media accounts**

**The trust's main corporate social media accounts are:**

- Twitter: @rohnhst
- YouTube: [Royal Orthopaedic Hospital NHS Foundation Trust](#)
- Facebook : [Royal Orthopaedic Hospital NHS Foundation Trust](#)

These accounts are managed by the communications team for the purpose of sharing:

- News releases, events and information relevant to people, organisations and patients who use or may use the Royal Orthopaedic Hospital
- General information about orthopaedic care and public health
- Retweets and shared links from other health agencies, voluntary sector organisations and partners
- Retweets of feedback from patients and the public.

### **7.2.2 Employee guidance on use of social media**

ROH understands the value social media platforms can bring to its employees. This policy documents that every staff member has permission to use social media at work for work purposes, and sets out our expectations and guidelines for employees who do use social media.

There are a large range of social media platforms available, such as Facebook, LinkedIn and Twitter. Many staff use these in their own time, using their own computers, smartphones and tablets. In addition to personal use, for many, this is an important channel for professional communication, learning and gaining a work profile. However it is important to ensure that the organisation has the resource and the systems in place to monitor and manage it.

### **7.2.3 Use of social media for professional purposes**

Any member of staff using social media for work purposes must follow these guidelines:

- Please remember that whenever or however you may be using these sites, as ROH employees, you are required to maintain standards of professionalism and may be held to account for any inflammatory, derogatory, discriminatory slanderous or abusive statements. Just as we do not tolerate bullying, discrimination and victimisation in the workplace, we will not tolerate it online.
- It is important that you do not give the impression that your comments represent the views of ROH unless specifically authorised. The communications team are responsible for authorising any forms of social media that represent the Trust and its services/teams.
- When posting information via social media, assume your comments are public and accessible to all. You should be polite, open and respectful at all times, and make sure that what is said online is consistent with other communications.
- In all cases, confidentiality must be respected. Do not post information which could lead to the identification of someone using Trust services, or a colleague, without their permission. This could breach their right to confidentiality and you could breach your Professional Code of Conduct. Do not disclose personal or business sensitive information about your organisation, its employees, customers or any other stakeholders.
- Do not post photographs of people without their permission or use images without consent, unless it is in a public setting. Never take photos of patients or members of the public on NHS premises without their consent. Remember that once you have published information you cannot guarantee it can be fully removed, and you cannot control how it is shared. Consent forms are available via the communications team if required.
- Do not follow or accept friend requests or respond to @mentions/comments for people you directly provide care for or support.
- Do not respond to requests for clinical advice on social media
- All members of ROH NHSFT staff have a responsibility to report any inappropriate content or misuse of social media to the communications team with immediate effect. Inappropriate content will be removed wherever possible.
- You should only use social media during work time to benefit your role within ROHNHSFT. If you have any concerns, please seek clarification with your line manager.

- Employees are not to promote their own social media accounts through email signatures or any other form of promotional purposes unless they are accounts that are solely used for work purposes and have been approved by the trust's communications team.
- If the account is compromised in any way – for example, someone hacks into the account and starts posting – you must take action immediately. In the first instance you should contact a member of the communications team.

#### **7.2.4 Personal use of social media**

The trust recognises that many employees make use of social media in a personal capacity. While they are not acting on behalf of the trust, employees must be aware that they can damage the organisation's reputation if they are recognised as being one of the trust's employees.

If an employee's personal internet presence does not make any reference to the Royal Orthopaedic Hospital Foundation NHS Trust and the Trust cannot be identified, the content is unlikely to be of concern to the Trust. An individual is free to talk about the Trust. However, instances where the Trust is brought into disrepute may constitute misconduct, or gross misconduct and disciplinary action will be applied. Please refer to the Disciplinary Policy.

Any communications that employees make in a personal capacity through social media must not:

- Bring the organisation into disrepute
- Breach confidentiality
- Discuss internal information regarding the trust that is not already in the public domain
- Portray any unacceptable conduct towards a service user or employee of the Trust which causes a person to feel denigrated or threatened. This is consistent with the Trust's Harassment and Bullying Policy.

If managers are concerned about a member of staff's use of social media or the internet during work time, they are able to request a report on an individual's usage from IT.

#### **7.2.5 Personal use of social media during working hours**

Viewing and updating personal sites should not take place during working hours. Reasonable access is acceptable before/after working hours and during work breaks. Staff are also reminded to ensure they have the correct security settings on their accounts, for example that they have a password that contains letters and numbers that is not easy for anyone else to guess. This includes the use of smartphones, which should not be used for personal reasons in patient contact areas.

### **7.2.6 Existing guidance from professional bodies**

There is a wealth of social media guidance published for use amongst different professions across the NHS. In general, the guidance across all professions state:

- Professional or personal use of social media by clinical staff is not banned by any professional bodies
- Caution in using social media professionally is advised particularly around:
  - patient confidentiality
  - maintaining appropriate relationships with patients
  - upholding the professions values.
- Caution should be taken to avoid making any potentially libellous statements about others.

For more information, please access the guidance from your professional body or [www.nhsemployers.org](http://www.nhsemployers.org)

### **7.2.7 Conduct**

Staff should be aware that the same standards of conduct are expected online as offline. Appropriate disciplinary action, which may include dismissal for serious offences, will be taken against any employee who breaches this policy.

### **7.2.8 Patient and visitor access to the internet on Trust wi-fi and devices**

The Trust provides a free wi-fi network (ROH\_Public) for patients and visitors which can be accessed via personal devices. This is accessed through a captive portal administered by the IMT Team. Users must agree to terms of use which include provisions around appropriate and safe content.

If patients of Trust visitors use a Trust device to access online media, including phones, tablets, laptops, games consoles, they should agree to the terms. This may require staff to disconnect from the public network and reconnect to it so that the captive portal can be accessed.

Trust devices and the content accessed through them will be subject to audit and review by the IMT Team at any time to help ensure their correct and proper use is maintained.

More information can be found in the Internet Access Policy, available on the Trust intranet.

## **7.3 Managing visits by celebrities, VIPs, official visits and visitors**

There are a number of reasons why individuals or organisations may come into contact with patient areas within the hospital when they are not a patient or a relative of a patient. Examples of these include:

- Film Crews making promotional material for the hospital
- Celebrities making visits to support patients, staff and the hospital e.g. a football team visiting the children's ward
- Charities or individuals making financial or equipment donations
- Historical patients who wish to re-visit the hospital to share their experiences
- Groups of private sector staff wishing to undertake a community project as part of their organisations corporate social responsibility programme.

The Trust recognises that in the majority, most individuals are genuinely wishing to support the hospital and the level of excellence that it aspires to. At the same time, it also recognises that patients, by the very nature of what they are currently experiencing, are more vulnerable than would normally be the case. As a result of this, it is accepted that patients are more likely to be in a position of vulnerability to individuals wishing to cause them harm.

All staff and volunteers who work in the Trust and have regular contact with patients undergo a vetting procedure, which includes a DBS check. Individuals working on site but not employed by the Trust are also covered in specific procedures. In light of the investigations following the Saville enquiry and subsequent recommendations, some key actions must be followed.

### **7.3.1 Celebrity, VIPs and visitor definitions**

The Trust receives many visitors each day. This policy applies to certain visitor categories which are defined below:

- **Celebrity visitors:** A celebrity is a person who is well known and receives public attention, usually due to their involvement in high profile activities like entertainment, public life or sport.
- **Celebrity associates:** This would include individuals associated with a celebrity, e.g. press officers, employees, partners, family members, managers.
- **VIP / High profile visitors:** This includes anyone with a local or national high profile who may wield influence in the Trust e.g. politicians or health and social care senior staff
- **Charitable donors:** This includes people who have made significant charitable contributions to the Trust, through financial means, charitable means or sponsorship.
- **Partnership visitors:** The Trust engages in many different types of partnership including service development, charitable activities and time limited initiatives. This group includes anyone associated with a partnership who could use utilise a position of influence or Trust

### **7.3.2 Key actions for celebrity/ visitor / non-staff access to ROH**

This section of the policy applies to any individual in contact with patients who is not a volunteer, an employed member of staff or an honorary contract holder and will

therefore have been subject to a vetting procedure by the hospital. For clarity, these individuals are referred to as non-staff members but this does not include individual visitors of patients.

Any non-staff member who wishes to regularly attend the hospital in a voluntary capacity can be introduced to the voluntary services department for the appropriate vetting. Advice about this can be requested from the Public and Patient Services Manager if required.

Any non-staff member's visit should be considered in light of the relative risk of negative media coverage and reputational damage. The Communications Manager will provide guidance on this.

#### **Before a visit:**

- Any visitor who aligns to a category outlined in section 7.3.1 must be brought to the attention of the Communications Team via [roh.comms@nhs.net](mailto:roh.comms@nhs.net) for advice and support
- The visit facilitator (the person facilitating the visit, if not the Communications Team) must complete a Sanctioned Visitor Record form (appended to this policy).
- The completed form should be sent to [roh.comms@nhs.net](mailto:roh.comms@nhs.net) at least one day prior to the visit except in exceptional circumstances
- The Communications Team can choose to engage the local security management specialist, who can conduct a risk assessment of the planned visit if necessary (e.g. for high profile visits)
- Permission for photographing or filming carried out by non-staff members must be obtained in advance, in writing, from a member of the Communications Team.

#### **During a visit**

- Any non-staff member in badge activated restricted areas must be supervised at all times by a staff member.
- A member of the Communications Team should accompany any member of the media at all times

#### **After a visit**

- A de-brief meeting can be coordinated if the Communications Team and visit facilitator feel it necessary
- The completed Sanctioned Visitor Record form should be filed appropriately by the Communications team so that it is available for the Trust to view on a shared file. This should be filed with and record of photographic consent obtained, here: P:\Communications\Visitor Sanction Forms

### **7.3.3 Monitoring**

Any examples of failure to comply with this section of the policy should be reported through the incident reporting system as a potential security risk. This will be investigated where appropriate.

Potential safeguarding issues that are identified as a result must be escalated to the appropriate safeguarding lead within the Trust.

## **7.4 Fundraising and charitable giving**

The Royal Orthopaedic Hospital Charitable Fund is overseen by Trustees and a committee and subject to charity law and regulation. While the governance arrangements are sound (and outside the scope of the policy), we must be assured that we appropriately manage our relationships with individuals and independent charitable trusts.

### **7.4.1 Partnerships with independent charitable organisations**

Before agreeing to an informal or formal arrangement (e.g. an off-site event to raise funds) with an independent charitable trust, fundraising organisation or similar independent body, the Communications Manager and/or Fundraising Officer should:

- Seek evidence of appropriate governance arrangements
- Ask for additional evidence or references where required
- Seek the advice of the relevant corporate (and/or clinical) service to discuss partnership and governance arrangements (e.g. finance, governance, or safeguarding)

Any subsequent partnership formed should be:

- Recorded with rationale for partnership, benefits and risks
- Communicated to the Chair of the Charitable Funds Committee via email by the Fundraising Officer. The Chair can then decide whether the partnership requires any further action or formal discussion at committee.

If a subsequent partnership is formed which results in visits to Trust areas by any external parties, guidance from section 7.3 should be followed.

### **7.4.2 Managing significant donations**

Significant donations should be managed according to the Charitable Fund policy

### **7.4.3 Volunteer management**

Volunteers should be managed according to the Volunteering Policy.

### **7.4.4 Hospital and Charitable Funds Patrons**

There is a category of supporter that will apply to a very select number of people who can provide significant added value to the hospital charity by publicly supporting us.

Often referred to as ambassadors, celebrity patrons, advocates etc, we intend to refer to this group as Patrons.

### **Reasons for having Patrons**

Having Patrons can add status to the hospital charity, and can often bring much needed publicity leading to additional support.

By formally appointing a Patron, the hospital charity can also outline exactly what is expected of a Patron, agree a length of time for their patronage, and ensure the Patron understands the messages of the hospital charity.

### **Who would be a Patron?**

Ideally, a Patron should be someone who has expressed an interest in the activities of the hospital charity, or of the hospital itself. They should also be recognisable in their own field, and ideally in the general public eye.

### **What should we expect of a Patron?**

A Patron should be fully briefed on the activities of the hospital charity, its present and upcoming appeals, and how it helps benefit the patients of the Royal Orthopaedic Hospital. We should expect them to be able to talk about the charity, the hospital and our appeals to the media and their own circles of influence.

We should expect a Patron's normal activities to not be detrimental to the hospital or the charity – so for example, members of a young rock band may not be suitable as the risk of them being involved in adverse publicity could be quite high.

Due diligence should be carried out by the Charity before approaching a possible Patron, or when someone has approached the Charity to become a Patron.

### **How do we identify Patrons?**

A Patron can be department/appeal specific – for example, it may be appropriate for a Paralympian who has undergone oncology treatment to be a Patron for an oncology specific appeal. The regular visits of VIPs and celebrities to the Hospital give us the chance to approach individuals to see if there is interest in supporting the Hospital and the Charity on a more formal basis, subject to due diligence as above.

### **How do we manage Patrons?**

Patrons are not Trustees of the hospital charity, and have no management responsibilities. Therefore, the Chair of the Charitable Fund or corporate fundraising function would normally be responsible for maintaining contact with Patrons, identifying opportunities for Patrons to support the Charity, and for recruitment and media management of Patrons. It is expected that Patrons are introduced to Trustees, so that both Trustees and Patrons can see how both groups work for the benefit of patients. Patrons should be appointed for a fixed period of time (two or three years) so that the Patrons do not have to commit forever, and the Charity can refresh the list of Patrons if they wish. Where relationships between Patrons and the Charity remain strong, renewal of another fixed period can be agreed, subject to continued due diligence, and the approval of the Charitable Fund committee.

### **Visits by Patrons and/or Celebrities**

The Charity may also be involved in visits to the Hospital by Patrons, or by Celebrities (who may be potential Patrons). The same process should be followed as outlined in section 7.3.2

#### **7.4.5 Chaperoning**

Patient safety is paramount and visitors and guests (including VIPs) must not have access to areas where patients are undergoing intimate procedures.

- The Trust has a responsibility for protecting and promoting privacy, dignity and respect. It must inform patients and staff of a visit in advance and give patients the opportunity to choose not to interact with the guest.
- For some people who use our services, visitors and guests (including VIPs) to the NHS sites may be threatening or confusing. A chaperone, particularly one trusted by the patient/s, may help the patient and the visitor through the process avoiding undue distress.
- The chaperone must ensure that the visitor or guest (including VIPs) has Trust authority for the visit to occur and has means of personal identification such as photographic identification card, driving licence or passport.
- The chaperone must take responsibility for ensuring the visitor or guest (including VIPs) adheres to Trust Policies and procedures at all times during the visit. They must adequately prepare the visitor or guest for the visit (for example, explaining how to keep themselves and patients & service users safe), challenge the visitor or guest if their behaviour is unusual or unacceptable, and escalate any incidence of inappropriate behaviour or breach of Policy immediately to senior manager and complete a Ulysses Safeguard.
- All client information, in whatever format, must not normally be disclosed outside of the care team without the consent of the client (NHS Code of Confidentiality). Legitimate reason for accessing information. The chaperone should explain this to the visitor or guest and remind them that they may be exposed to confidential conversations, which they have a duty not to disclose. Restrict access to clinical areas when ward rounds are taking place and corporate areas (for example, record libraries) where there is a high risk of encountering confidential information.
- The chaperone must be aware of media interest in the visitor or guest (including VIPs) and ensure the Communication team are involved and patient consent sought for any media involvement.
- The chaperone must remain with the visitor or guest (including VIPs) at all times ensuring there is no unsupervised access or contact with patients or their personal identifiable information. This is both for the protection of patients and the protection of the guest against unfounded allegations of improper behaviour made by the patient/s.

Reported breaches of the chaperoning policy should be formally investigated through the Trust's risk management and clinical governance arrangements and treated as a safeguarding concern. If it is determined that breaches were deliberate on the part of

the chaperone then this will be considered a misconduct or gross misconduct issue accordingly and managed in line with the disciplinary policy and procedure.

**8. Dissemination Process – all policies**

This Policy will be available to all directors, senior managers and Heads of Department. A copy will also be placed in the on-call folder. The Trust Board and Members’ Council will also be provided with copies. The policy will be available to all staff via the trust Intranet.

The policy will be proactively shared with colleagues across the organisation through internal communications channels, team meetings and individual interactions.

**9. Equality and Diversity**

The Trust is committed to an environment that promotes equality and embraces diversity both within our workforce and in service delivery. This policy will be implemented with due regard to this commitment.

An Equality Impact Screening Assessment will be completed and the outcome noted on Appendix M3 of all policies.

**10. Supporting References**

|                                     |  |
|-------------------------------------|--|
| Ofcom, April 2014                   | Adults Media Use and Attitudes Report 2014 - <a href="http://stakeholders.ofcom.org.uk/market-data-research/other/research-publications/adults/adults-media-lit-14/">http://stakeholders.ofcom.org.uk/market-data-research/other/research-publications/adults/adults-media-lit-14/</a> |
| NHS Employers social media guidance | <a href="http://www.nhsemployers.org">www.nhsemployers.org</a>   |
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## 11. Training

All executive members of staff should receive media training so they can take on the role of spokesperson should the situation arise.

All members of the communications team should receive press handling training internally, with occasional external refreshers undertaken.

## 12. Appendices to this policy

### Appendix 1 – Media enquiries in hours process

#### IN-HOURS

**Preliminary step** Any member of staff should immediately notify the Communications Manager of any incident or occurrence which may result in a media enquiry



**Step 1** All media enquiries should be directed to the Communications Manager or in their absence the Chief Executive



**Step 2** Communications Manager' office logs enquiry including nature of enquiry and contact details



**Step 3** Communications Manager informs Chief Executive/Chief Operating Officer and liaises with relevant member of staff to decide action and formulate response. If major issue or incident, it may be appropriate to alert the NHS England, local CCG and/or Monitor's press office



**Step 4** Communications Manager responds to media to either answer enquiry (providing suitable information, response or press statement), or to set up interview with relevant member of staff



**Step 5** Outcome of media contact logged by Communications Manager and Chief Executive advised appropriately. In the case of a major issue or incident, the accompanying press statement is to be displayed on trust website as soon as possible. ROH-all to be sent as necessary.



**Step 6** Outcome of coverage may be shared with Monitor as appropriate to 'close down' event and ensure they remain fully informed



**Step 7** Coverage to be evaluated by Communications Manager and included in review documents

**Appendix 2 – media enquiries out of hours**  
**OUT-OF-HOURS**

**Preliminary step** Any member of staff should immediately notify the on-call director of any incident or occurrence which may result in a media enquiry



**Step 1** All media enquiries should be directed to the on-call director



**Step 2** On-call director to assess nature of enquiry:



**Step 3a** If a major incident, on-call director to take contact details of journalist and assess nature of enquiry. Assure journalist that the enquiry will be immediately passed to Chief Executive. Do not make any statement or further comment until situation is further assessed by Communications Manager and Chief Executive and a response has been agreed

**Step 3b** If a minor incident or non-time sensitive request, on-call manager can give a short holding statement if they feel informed and comfortable with doing so. Alternatively take all details (as in 3a) and assure journalist that enquiry will be passed onto the Communications Manager or Chief Executive on the next working day



**Step 4a** Communications Manager and Chief Executive to respond to enquiry as soon as possible and inform SHA/Monitor as appropriate. Log all responses.

**Step 4b** The Communications Manager to be informed as soon as possible on next working day (advising of the response given if any) who will prepare response/set up interviews as necessary (see also steps 3 and 4, In-Hours)



**Step 5** Outcome of media contact logged by Communications Manager and Chief Executive advised appropriately. In the case of a major issue or incident, the accompanying press statement is to be displayed on trust website as soon as possible



**Step 6** Outcome of coverage may be shared with Monitor as appropriate to 'close down' event and ensure they remain fully informed



**Step 7** Coverage to be evaluated by  
Communications Manager and included in  
review documents

## Appendix 3 – Visitor Sanction form



### Sanctioned Ward Visitor Form

|   |   |
|---|---|
| <b>Name/s of individuals attending:</b>                             |   |
| <b>Organisation involved with (if applicable):</b>                  |   |
| <b>Contact details :<br/>(telephone number &amp; email address)</b> |   |
| <b>Date requested for visit:</b>                                    |   |
| <b>Time requested for visit:</b>                                    |   |
| <b>Location to be visited:</b>                                      |   |
| <b>Purpose of visit:</b>  | <i>E.g Donation of toys to the Children &amp; Young People's unit</i> |

Please note you will not be able to take photos on your visit without full consent from the hospital, and anyone involved. If you would like to request a member of the communications team to take photos of this visit please tick here

I understand that I will be escorted by a member of Royal Orthopaedic Hospital Staff at all times whilst visiting & can only attend on the agreed date and time, for the agreed purpose. Your escort will be confirmed on the day.

**Visitor**

Print \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**Chaperone/staff member** / I confirm i will escort the above individual on their visit:

Print \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Once completed, please scan and send to the department visited, CC [roh.comms@nhs.net](mailto:roh.comms@nhs.net) & safeguarding lead

## 13. Mandatory Appendices Bundle

### APPENDIX M1

#### Executive governance committee checklist for new or renewed policies

**Name of Policy: Media Policy**

**Date Form Completed: 6/1/15**

**Name of Policy Facilitator / Policy Sponsor: Amos Mallard/Paul Athey**

| Question  | Response Y/N |
|---|--------------|
| Does the policy have the appropriate approved front cover layout including the ROH NHS Foundation Trust Logo  | Y            |
| Is the policy written in 12 point arial font  | Y            |
| Is the Document Control Information Bundle complete <ul style="list-style-type: none"> <li>○ Author/ Sponsor/ Committee information</li> <li>○ Version Tracking</li> <li>○ Procedural checklist</li> <li>○ Consultation tracking sheet</li> <li>○ Compliance monitoring</li> <li>○ Performance management</li> <li>○ Contents page</li> </ul> | Y            |
| Has the policy had an EqlA done?  | Y            |
| Have Mandatory Appendices M1-M4 been completed and provided to the group?   | Y            |
| Has a review date that is a maximum of 2 years from the date of ratification / approval been included in the document control information?  |              |
| Are the pages in the policy numbered?   | Y            |
| Is the policy name included in the footer?  | Y            |
| If this policy replaces a previous document, have the results of a previous audit of compliance (undertaken in the previous 2 years) been provided to the group   |              |
| Does the policy include references  | Y            |
| Has the EMT submission sheet been completed (See Policy on procedural documents <a href="#">Appendix 2</a> )  |              |
| Has the Memo to Managers been completed (See Policy on procedural documents <a href="#">Appendix 3</a> )  |              |
| <b>Additional comments from the group approving the policy</b>  |              |
| <b>Name of group approving the policy</b>   |              |
| <b>Chair of the group approving the policy</b>  |              |
| <b>Signature on behalf of the group</b>   |              |

|  |  |
|--|--|
|  |  |
|--|--|

## APPENDIX M2

### Implications For Implementation Of This Policy

This document must be completed and accompany the policy, procedure or guideline through the final ratification and approval process.

**Date: November 2017**

**Name of Policy, Procedure or Guideline: Media Policy**

**Name of Policy Facilitator: Amos Mallard**

**Name of Policy Sponsor: Paul Athey**

The following points include those aspects that need to be considered prior to the authorisation of this policy:

**Staffing issues arising from implementation of this policy:**

None

**Training issues arising from implementation of this policy:**

Media training for executives and handling training for communications

**Funding / Cost Issues arising from implementation of this policy:**

Media training costs as and when required

**Barriers to implementation of this policy:**

None

**Implications on other services or processes from implementation of this policy:**

**None**

**APPENDIX M3**

**Equality Impact Assessment Form**

**Stage one – (all policies, procedures, protocols and functions)**

**Name of project, policy or activity:**

Staff member(s) completing screening assessment:

Sally Xerri-Brooks

Telephone: 55294

Date: 6/1/15

***Screening decision:***

Please delete as applicable\*:

**Yes/ No\*** We have decided we should proceed with section one (EIA screening).

**Yes/ No\*** We have decided it is not necessary to undertake EIA screening after all.

**Statement explaining this decision:**

.....

**Signature:**

**Date:**

**Checked by Equality, Diversity and Human Rights advisory group:**

**Recommendation:** requires Screening

**Statement explaining this recommendation:**

All policies should be impact assessed for equality and diversity.

**Signature:** ..... **Date:** .....

If you have decided that you do need to go ahead, proceed to section one (screening).

## APPENDIX M4

### Implementation Plan – Media Policy

| No | Objective  | Responsible | Deadline     | Status |
|----|--|-------------|--------------|--------|
| 1  | Ensure all key executive staff have received media training  | SXB         | January 2016 |        |
| 2  | Ensure all staff have an awareness of this policy highlighting it via email, the intranet, ROH Life and targeted education sessions. | SXB         | January 2016 |        |