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Statement No.: 1
Exhibits: GG01 and GG02
Dated: 19 June 2024

THIRLWALL INQUIRY

WITNESS STATEMENT OF GILL GALT

EXHIBIT GG02

POLICY FOR MEDIA ENQUIRIES AND HANDLING

1.0 INTRODUCTION

The purpose of this policy is to set out the roles, responsibilities and standards that we expect the Trust to adhere to when dealing with the media. This includes local and national print media, regional broadcast media as well as trade publications specific to individual professions. It is set out with a view to explaining:

- Benefits and risks to working with the media
- Roles and responsibilities
- Process for handling and responding to media enquiries
- Process for preparing and issuing of proactive media releases
- Process for managing filming on site
- Arrangements for managing the media in an emergency or crisis
- Interactions with the media using social media
- Alternatives to media coverage
- Briefings for stakeholders regarding media interest
- Monitoring effectiveness of this policy

2.0 BENEFITS AND RISKS TO WORKING WITH THE MEDIA

There are many positive reasons as to why it is important for the Trust to develop a strong working relationship with the local media. For example:

- Coverage in the local papers can help raise awareness about NHS services with the local population
- It can instil a sense of pride for staff to see stories about their teams and colleagues in the local media
- It provides an opportunity to factually address misconceptions about NHS services in a way that maintains public confidence in NHS services

At the same time, there are risks that the Trust and colleagues working with local media need to be aware of, for example:

- Reporters will cover stories they believe to be in public interest drawing from a range of sources, the Trust cannot and should not expect this will always be positive coverage
- Interactions a representative of the Trust may have with the media are likely to be recorded and potentially used in a quote – and in some cases misquoted
- A story with the potential to present a reputational risk to the Trust, can rapidly escalate if it is not managed with the involvement of a communications or media handling specialist
- The Trust works with a range of stakeholders that would expect a level of involvement or prior notice of any expected media coverage

3.0 ROLES AND RESPONSIBILITIES

3.1 All employees

- As a general principle any member of staff approached by the media should signpost the enquirer in the first instance to the Trust communications and engagement function. This is either via a phone call to 01244 362 102 or 01244 362 116 or email countess.feedback@nhs.net or message via twitter using the handle @TheCountessNHS
- Any employee with an interest in raising the profile of their service with the media will be supported with the provision of media training, this will support the Trust in its development of a bank of clinical media spokespeople.
- Any employee with an interest in raising their profile as an individual clinician within a particular speciality must make it clear that they are acting in a personal capacity, and not as an employee of the Trust. In these cases, the individual should liaise with the communications function so that the Trust is fully briefed.
- Any employee interacting with the media via social media or commenting on websites should be mindful of not posting anything that may bring the Trust into disrepute.

3.2 Members of the executive team

- Members of the Executive Team are each accountable for leading the media agenda for their respective portfolios.
- The Medical Director and the Director of Nursing and Quality are the 'voice' of our clinical staff and as such have a key role to play in the senior management of media enquiries.
- Media refresher training and sessions to develop confidence in front of the camera, should be maintained at regular intervals by members of this team.

3.3 The communications and engagement function

- First point of contact for logging and managing media enquiries, including advising on a response in liaison with service leads and executive team
- Coordinating briefing for stakeholders regarding any expected media coverage, including liaison with CCG comms leads when appropriate
- Preparing handling lines and briefings for any potential news stories that present a reputational risk
- Drafting and distribution of proactive media releases and photocalls
- Utilising news stories across other content platforms (Trust website, newsletter and social media) to ensure maximum reach
- Monitoring of media coverage and taking steps to correct factual inaccuracies
- Managing and accompanying members of the media who come on site

3.4 Senior managers, clinical leads and nurse specialist

- To provide a support role to the communications function in establishing context, position, risks etc... in the event of a media enquiry affecting their services within the required timeframes
- To share good news stories with the communications function (in keeping with the policy) to raise the profile of their service and team
- To take responsibility for managing and coordinating the operational logistics of a PR event or launch.

3.5 Freedom of Information leads

- To share completed FOI requests from known journalists with the communications and engagement function for information.

3.6 PA to Chairman lead for Governor communications

- To share briefings regarding expected media coverage with non executive directors and Foundation Trust governors when appropriate.

4.0 PROCESS FOR MANAGING MEDIA ENQUIRIES

4.1 Stage 1: Logging the enquiry

- Any media enquiries should be signposted in the first instance to the Trust communications and engagement function. This is either via a phone call to 01244 362 102 or 01244 362 116 or email countess.feedback@nhs.net or message via twitter using the handle @TheCountessNHS
- In the event of the media enquiry being out of hours, this media enquiry should be directed to the clinical site coordinator in the first instance, and escalated to the senior manager on call.
- All members of the communications and engagement team have access to shared folder for the logging and tracking of media enquiries. This includes recording:
 - Name of reporter or journalist
 - Publication
 - Nature of the enquiry (angle that they are pursuing)
 - Who else have they spoken to, or plan to speak with
 - Deadline for response
 - Understanding of whether they have enough to run the feature with or without a response from The Countess
 - Whether they are planning to use with a photograph, if so – what is the photo of

4.2 Stage 2: Sourcing context internally and drafting a suitable response

- It is the Trust preference for any response will be issued from a named suitable lead (ideally a clinical spokesperson).

- A proposed statement or response will be developed jointly between the communications function and the most appropriate service lead.
- The language and content will reflect the agreed tone for the Trust as set out in the Communications and Engagement Strategy (published March 2015).
- The response may include a combination of information for quoting / attributing to a spokesperson as well as points of factual interest and accuracy for context and background information. The communications function will be able to advise on rationale for approach.
- Divisional directors, senior managers, clinical leads or nurse specialists are responsible for liaising with the communications function to develop a clearer picture of the context, risks and position etc...
- A proposed statement will be sent to the most appropriate executive lead for sign off or comment. At this stage the director with overall responsibility for the communications function and the Chief Executive will be copied in for information to alert them to the potential media issue. A more thorough briefing will follow at a later stage. This communication will include a deadline for comments.
- Following and subsequent revisions a final draft statement will be circulated for final sign off by the appropriate executive lead for the service. In the absence of this executive lead, this responsibility falls to the Chief Executive, Deputy Chief Executive or the designated deputy for the executive lead (depending on the nature of the enquiry).

4.3 Stage 3: Issuing the response and alerting colleagues to potential coverage

- The communications function will coordinate providing the agreed response to the reporter.
- A record of the response will be stored centrally by the communications function.
- The communications function will attempt to get a further steer on when the article is expected to feature, the confirmed angle for the story and prominence with which it is expected to feature.
- The information above will be used to inform the development of a wider briefing for stakeholders. This should include alerting of frontline staff via management cascade if there is a risk of the public asking staff questions about any coverage they might have seen.
- The communications function will monitor its alert system and inform those executive leads and senior managers involved with preparing the media response when the news story has been published.
- Steps will be taken to address any factual inaccuracies.

5.0 PROCESS FOR PREPARING AND ISSUING PROACTIVE MEDIA RELEASES

5.1 Stage 1: Planning for media coverage

- All teams are encouraged to think about news stories which may be of interest to the wider public and the patients that they care for. This might include:
 - Publishing of some new research
 - Changes to the service you deliver (expansion or delivery in a different way)

- Upgrade, refurbishment or new medical kit within your service area
- An example of where you have made a life-changing impact on a person under your care (where they have capacity and are keen to support the service)
- A local response to a national campaign or health awareness initiative
- A fundraising or ‘feel good’ initiative that will impact on patient care
- In the event of individuals or teams identifying a possible news story for sharing more widely, this can be discussed with the communications team in the first instance. The communications team holds an annual events and news planner, and schedules publications of news stories and social media posts.
- A template is available to support staff in documenting the background to their story, this includes providing details around:
 - Why this is a news item?
 - How has it come about?
 - What has it involved? Any challenges?
 - What will the benefit be for staff?
 - What will the benefit be for patients?
 - Can you identify any patients or carers that will be willing to give their views about the story, based on their experience and provide contact details?
 - What is the reaction to the change so far?
 - Are there other plans in development?
 - Are any other stakeholders or partner organisations involved? If so how and what are their contact details?
 - Is there a photo opportunity that will support the story – if so outline what this might be?
 - Is there a preference around publications / broadcast channels for this news story?
- This information should be emailed to countess.feedback@nhs.net a minimum of three weeks before any time limiting factor (i.e. an event). Lead in times to secure news coverage in a paper varies from publication to publication.

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5.2 Stage 2: Drafting the media release

- The communications team will draft a media release and return it to the service lead for comment regarding factual accuracy.
- The language and content will reflect the agreed tone for the Trust as set out in the Communications and Engagement Strategy (published March 2015).
- Where possible the release will also include messaging that sets out how this news item contributes towards the Trust’s overall vision and strategy.
- This will be use the appropriate Trust media release template.
- There will be scope offered for an individual to change content that features as a quote, in discussion with the communications lead.
- It is expected that feedback will be provided within two working days.
- A further point of contact, ideally a clinical spokesperson, should agree to be available for interview in the event of further subsequent interest.
- The appropriate senior manager and executive lead will be copied in for information.

- Following and subsequent revisions a final version of the media release will be circulated for final sign off by the appropriate executive lead for the service. In the absence of this executive lead, this responsibility falls to the Chief Executive, Deputy Chief Executive or the designated deputy for the executive lead (depending on the nature of the enquiry).
- If partner organisations are involved, the communications function will share the draft release with respective communication leads in these organisations. This can impact on the timeframes for signing off a release, and senior managers may be requested to support expediting this process with their own operational contacts.
- If there is a requirement for photography, this will be planned in advance depending on the availability of the medical photography team. In the event of medical photography not being available the team may be required to take images for themselves or source an alternative photographer from an approved supplier list.
- Media photography involving a patient or member of the public will require the Trust model release form to be completed.

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5.3 Stage 3: Distribution of the media release

- The communications function will coordinate distributing the media release to local contacts. An email distribution list is held and updated centrally by the communications team.
- If there is a preferred publication for the article to feature in, the communications function may negotiate an exclusive arrangement with that publication. This is dependent on the interest level of the publication.
- Follow up calls will be made to known local reporters to further highlight the news angle (i.e. sell in the story and offer further interviews)
- The media release will be posted on The Countess website in the news section.
- The Trust social media account will be used to link to the published story.
- In addition the weekly round-up will be used to link to the published story, and it will be submitted for potential inclusion in the edition of Countess Matters.
- A record of the media release will be stored centrally by the communications function.
- The communications function will monitor its alert system and inform those executive leads and senior managers involved with preparing the media response when the news story has been published.
- If appropriate steps will be taken to further engage with the media and reporter via the Trust social media account to express thanks for coverage.

6.0 PROCESS FOR MANAGING FILMING REQUESTS ON SITE

6.1 Media filming requests

- Approval for whether or not the Trust is to take part in a filmed media interview should follow the same approval process as a media statement (i.e. decision making based on involvement of clinical leads, senior manager and executive lead).
- For most reactive situations, it is unlikely that the Trust will offer a filmed media interview.

- Those agreeing to take part in film or broadcast interviews should have received media training, and have an awareness of principles for communicating key messages.
- Film crews / reporters should be asked to report to the main reception on arrival at the site and accompanied at all times while on Trust premises.
- Requests for news filming have the potential to cause significant disruption to services, and impact on patient privacy. As such they need to be carefully managed with support of the communications function.
- Where possible media filming interviews requests will be managed in a contained setting away from a backdrop that impacts on patient care. Suitable locations at the Chester site include:
 - The education and training centre
 - Using one of the courtyards
 - By the signage at the front of the hospital site
- Request for filming in clinical areas will need the approval and supervision of the most senior clinical for that service area.
- Security and facilities leads should be notified of planned media filming in the event of in placing additional pressures on domestic services and parking.
- In the event of media film and interview requests from regarding political NHS media issues (such as A&E pressures at winter), as a general principle the Trust will not support

6.2 Documentary film requests

- Increasingly the Trust receives requests to accommodate on-site filming to support TV documentaries. In some cases, the TV production company has already secured patient consent to follow their story.
- Approval for whether or not the Trust is to take part in a filmed documentary should follow the same approval process as outlined above (i.e. decision making based on involvement of clinical leads, senior manager and executive lead).
- The communications function will liaise with the production team to review a filming location agreement setting out expectations for working arrangements including any restrictions to filming on site and opportunity to review footage for clinical factual accuracy. If appropriate legal input will be sought.

7.0 ARRANGEMENTS FOR MANAGING THE MEDIA IN A CRISIS

- The Trust major incident plan includes details and action cards that set out the role of the communications function in the event of an emergency or crisis. This includes details regarding:
 - Trust website and social media updates being the main channel for updating the media on the Trust position in the event of a crisis or emergency situation
 - The education and training centre being the building allocated to house journalists if a press conference is required
- Where possible, the communications function will support the development of potential reactive handling lines for a range of eventualities (for example winter pressures). These statements are intended to support a planned, faster response for some reactive situations.

- When a media issue that is known to the communications has the potential to escalate out of hours, briefing notes on potential handling lines will be shared with senior managers and executive directors on call.

8.0 INTERACTIONS WITH THE MEDIA USING SOCIAL MEDIA

- Journalists increasingly source news stories, quotes and photographs from social media (predominantly facebook and twitter). For example all Chester Chronicle journalists have their own twitter handles.
- The Trust adopts a permissive approach to staff use of social media, and there is a social media policy in place that sets out expected standards of behaviour for posts.
- Staff are requested not to make posts that may present a reputational risk.
- If you are approached by a local journalist via social media, you are of course entitled to respond and engage in a personal capacity – but not with a view to representing the views of the Trust.
- If a member of staff feels they are approached inappropriately by a journalist on social media, you can contact the communications function for guidance. This is either via a phone call to 01244 362 102 or 01244 362 116 or email countess.feedback@nhs.net
- The Trust communications function will engage directly with journalists via social media. Examples of when this will be appropriate include:
 - To bring their attention to a good news story
 - To thank them for coverage
 - To show support for an event or initiative as a community partner

9.0 ALTERNATIVES TO MEDIA COVERAGE

- The communications function will lobby for news coverage, but this may not always be appropriate or achievable.
- In instances whereby the team cannot support a media release, the communications function will work with individuals to identify alternative approaches that target appropriate audiences. Options include:
 - A leadership blog that offers professional opinion or insight into a specific topic with opportunity for comment.
 - Social media posts and photo galleries.
 - An article in the Foundation Trust membership newsletter Countess Matters (produced in partnership with governors three times per year).
 - An article for syndication to suitable partnership organisations (eg local authority, Cheshire and Wirral Partnership NHS Foundation Trust) for use in their own internal newsletters.

10.0 BRIEFINGS FOR STAKEHOLDERS REGARDING MEDIA INTEREST

- For reactive media situations, the communications function will assume responsibility for preparing a briefing for all members of the executive team.
- This briefing will:
 - Outline the background to the media enquiry, including who the reporter has spoken to

- Advise on who has supported development of the response
 - Detail the response provided
 - Detail when and where the article is expected to appear
 - Outline whether any additional actions may be required
- The communications function will assume responsibility for sharing the briefing with the CCG communications lead.
- The Director of Corporate and Legal Services will assume responsibility for sharing the briefing with the non-executive directors and governors if appropriate.

11.0 MONITORING EFFECTIVENESS OF THIS POLICY

- Media coverage secured is shared with service leads requesting coverage and the appropriate executive leads for information.
- The Trust does not currently formally report to any designated sub-committees of the board regarding media interest and media coverage.
- Activity is summarised in a monthly 1:1 with the executive lead for the communications function. Instances of non-adherence with the policy will be recorded and reported.
- Any individuals found not to be adhering with the policy, will be contacted retrospectively by the communications function and asked to follow the policy going forward.