

Policy Document

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Media and Filming

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Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed [here](#)

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1. INTRODUCTION

University Hospitals of North Midlands NHS Trust has a duty to be accountable and open about the care it provides, its performance, decisions, policies and actions, and ensure that the highest possible standards are maintained. It needs to ensure that accurate information is accessible and made readily available.

Communicating effectively across a range of channels is vital to the openness of the organisation, whilst at the same time allowing the Trust to promote and ensure accurate information on its services is made available.

The Trust uses a number of external communication channels to ensure effective and inclusive communication with staff, patients, members of the public, system partners, regulators and other key stakeholders. This includes using print, online and broadcast media as well as a range of social media platforms, including Vimeo, Twitter, Facebook and Instagram.

Positive and informative media coverage can have a powerful impact on staff, patients and their carers, as well as local people, as it creates a positive profile of the organisation, increases public understanding of the services delivered and boosts the morale of staff and volunteers. Conversely, negative and inaccurate media coverage can damage staff morale and can worry patients. It is therefore vital that all Trust communication with the press and social media is well-managed, consistent and monitored.

This policy is designed to ensure that the Trust continues to work openly, promoting accurate trustworthy information internally and externally.

This policy is also intended to help staff make appropriate decisions about the use of social media such as blogs, social networking websites, podcasts, forums, message boards, or comments on web articles such as, but not limited to, Twitter, Facebook, Instagram, LinkedIn etc.

This policy outlines the standards staff are required to observe when using social media in both a personal and professional capacity in order not to bring the Trust or its employees into disrepute. The policy also details the circumstances in which use of social media will be monitored and the action the Trust will take in respect of breaches of this policy. It should be read in conjunction with HR13 Social Networking Policy.

This policy is in line with NHS England guidance.

2. PURPOSE

The purpose of this policy is to offer clear guidance for all staff and representatives of the Trust for managing internal and external communication, including any media attention, social media issues, filming requests and VIP visits to the organisation.

It also provides evidence that the Trust makes reasonable efforts to manage the way the Trust and Trust staff liaise and share information with the media, patients, other stakeholders and the wider public, as well as ensuring that staff are not compromised by media interest or pressure.

The Trust is committed to being an open and transparent organisation with strong working relationships with both local and national media, maximising the potential for positive publicity and minimising the risk of damage to the Trust's image and reputation by inaccurate information.

This policy provides clear procedures for staff to follow when approached by, making contact with, or exploiting any form of media. The Communications Team will work to ensure that interviews given or statements issued accurately reflect Trust policies, practices and services and do not compromise or threaten its reputation.

Information issued by University Hospitals of North Midlands NHS Trust to the media is honest, appropriate, informed, accurate, consistent and timely.

3. SCOPE

This policy covers all individuals working at all levels and grades, including senior managers, officers, directors, consultants, contractors, trainees, homeworkers, part-time and fixed-term employees, casual and agency staff and volunteers (collectively referred to as staff in this policy).

All staff are expected to comply with this policy at all times to protect the privacy, confidentiality, and interests of the Trust and its services, employees, partners, and patients.

Breach of this policy may be dealt with under the Trust Disciplinary Policy and in serious cases, may be treated as gross misconduct leading to summary dismissal. In the case of a breach by a contractor, we would report the matter to the employing company and expect them to take appropriate action through their own policies. Depending on the severity of the issue the company could be asked to remove the contractor from Trust premises and for them to no longer be allocated to work on the Trust's contract.

4. DEFINITIONS

For the purpose of this document, the following definitions apply:

Approval official sanction	Formal or official agreement or permission by a senior manager to proceed with publicity plans.
Communications	All of the communications media that reach a large audience, especially television, radio, newspapers, online media and staff.
Communications Team	Team of professionals employed by the Trust to deal with all corporate communications matters.
Consent	To give formal permission for something to happen. The Trust requires written consent when it wants to include patients in the media and social media.
Journalist	A writer, presenter or editor for a newspaper, magazine, television or radio.
Mass media	Newspapers, television, radio, online and social media that communicate news and information to large numbers of people.
Media enquiry	An approach from the media for information, comment or access to facilities in pursuance of a media/public consumption story.
'Off the record'	A term used to describe a statement (usually given to a journalist) that is not made as an official or attributable statement. Please be aware that there is no formal or legal backing to 'off the record' and as such, any information or statement you give to the press could be reported and attributed to you.
Press/media release	An official statement or account of a news story that is specially prepared and issued to newspapers and other news media for them to make known to the public.
Press/media statement	An official statement or report that an organisation gives to journalists in reaction to a story they will be publishing (or broadcasting) or has already been covered.
Proactive	Publicising information or stories that are of interest to the media, rather than expecting the media or public to know what is going on or approach us for more information, or waiting until problems develop.
Publicity	Promotional activity, such as media relations, especially advertising and the dissemination of information, designed to increase public interest in or awareness of something or somebody.
Purdah	Purdah is the period shortly before an election or referendum when specific restrictions on the communications activity of public bodies, civil

	servants and local government officials are put in place. This pre-election period prevents announcements and activities by public bodies (including the Trust), which could influence or be seen to influence the election.
Reactive	Reacting to media interest or enquiries rather than initiating or instigating publicity.
Reputation	The views that are generally held about somebody or something.
Social media	Forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages and other content (such as videos). Includes Twitter, Facebook, Instagram, individual blogs and other social networking sites.
VIP (very important person)	A person of great influence or prestige; especially a high official with special privileges.

5. KEY ROLES AND RESPONSIBILITIES

- 5.1 The Director of Communications**, via the Trust Board and the CEO, has responsibility for the effective operation of this policy, including its development and review. Questions regarding the content or application of this policy should be directed to the Head of Communications in their absence.
- 5.2 The Deputy Director of Communications** is responsible for reviewing the operation of this policy, with input from the Communications Team, and making recommendations for changes to minimise risks to Trust operations.
- 5.3 Divisional Associate Directors** are responsible for ensuring all staff within their Division are aware of the policy and its requirements. All Divisional Associate Directors are also responsible for ensuring all staff within their division responds to requests by the Communications Team for information.
- 5.4 Gold on call** - any request from the media must be referred to the on call Executive Director/On Call Gold if outside office hours. If the request is urgent, sensitive and time critical the Executive Director will contact the Director of Communications (or the Head of Communications in their absence) who will respond to the media on behalf of the Trust and brief the Communications Team at the earliest opportunity.
- 5.5 The Communications Team** is responsible for the operational management of media including media relationships, managing official Trust media channels including website, Facebook and Twitter and supporting the Trust and individual services in communicating key campaigns and messages locally, regionally and nationally.
- 5.6 All staff** are responsible for their own compliance with this policy and for ensuring that it is consistently applied. All staff should ensure that they take the time to read and understand it. Any breach of this policy must be reported to the line manager, as well as the Head of Communications or Director of Communications in their absence. Any incident should also be reported on Datix, as per the Trust's incident reporting policy.

All staff must adhere to this policy at all times. Any incident which has the potential to cause the Trust significant reputational damage must be reported to the Director of Communications, or their deputy, immediately. Staff must notify Communications if a photographer or film crew is present.

The following checklist should be used by any member of staff receiving an enquiry from the media:

- Do not offer any immediate response or reaction to the enquiry;

- Do not confirm or deny the presence of a patient;
- Take a full note of the journalist's name and which organisation they represent;
- Take details of their query;
- Take contact details, telephone number and where possible their email address;
- Promise that someone will call them back promptly;
- Pass the details on to the Communications Department by calling extension 76644, or the Executive Director on call if outside office hours.

All staff must be mindful of how they portray the Trust and their position. Behaviours or comments which could bring the Trust into disrepute could lead to disciplinary action. See HR01: Disciplinary Policy and HR13 Social Networking Policies for related information.

If a member of staff is concerned about something they read in the media or on social media, it is their professional responsibility to alert their line manager (who should then alert the Head of Communications), and log as an incident on Datix.

The Trust does not routinely monitor social media sites for evidence of staff activity (although individuals may be followed by the Trust as part of the regular networking nature of social media). However, if it is brought to the attention of the Trust that inappropriate information, images or comments have been posted, then the allegation will be investigated.

- 5.7 UHNM Charity** - Staff at UHNM Charity have responsibility for promoting the work of the Charity and can call on the Communications Team for additional support and advice where needed. If the Charity is contacted for a response to a perceived negative enquiry, this should be escalated to the Communications Team.

6. MEDIA RELATIONS

All media-related issues – whether a member of staff has been approached by a journalist or would like to approach the press with a story – should be managed by the Communications Team. The Communications Team are professionals who can provide media, social media and filming advice and support to staff throughout the Trust.

The Communications Team is also responsible for ensuring that staff and patient confidentiality is maintained when liaising with the media and that patients, staff and the organisation as a whole are represented fairly. By managing all media requests, the team can protect staff and visitors from unwanted media intrusion and minimise the impact of adverse media attention.

Effective media relations require honesty, mutual trust and understanding. The Trust will, at all times, work to ensure that positive news stories are given maximum publicity, and that potentially sensitive issues are handled with sensitivity and care. To aid these activities the Communications Team keeps a broad perspective on developments in the media and across the NHS, so is often able to bring background knowledge to an issue. The Communications Team also maintains strong working relationships with local media, clinical commissioning groups, NHS Improvement, NHS England, local healthcare partners and the Department of Health and Social Care. The team also work with communications colleagues across the region in the interests of the local NHS as a whole.

The Communications Team is available five days a week (Monday to Friday during office hours). Outside of these hours an urgent enquiry and communications support rota provides help and assistance. In addition, the team is one of the Trust's major incident responders and will manage external and internal communications during times of major incident.

6.1 Media enquires

All media enquiries of any kind in relation to the Trust will be handled by the Trust's Communications Team. The Communications Team is the first point of contact for members of the media enquiring about Trust policies, procedures, personnel matters, services, patient care and treatment, activities and anything else that is related to the organisation. The only exception

to this is when a journalist submits a Freedom of Information request, which is dealt with by the Data Security and Protection Team.

The Communications Team will either answer the enquiry directly using information supplied by relevant members of staff, or ensure that the appropriate member of staff is supported to respond on behalf of Trust. Staff are not permitted to make contact with the media to pass on information nor to express opinions in relation to any patient or other matter related to the Trust. The only exception to this requirement is when they have obtained prior express permission from the Communications Team. Contacting the media outside of this arrangement would be a breach of this policy and may result in disciplinary action being considered or taken through established processes as stipulated in the Trust's Disciplinary Policy. Staff must be made aware and follow the Trust's Raising Concerns at Work Policy should they feel the need to raise or highlight an issue. The Raising Concerns at Work Policy is available on the intranet.

Should staff be approached by the media to comment – 'on' or 'off the record' – they must decline the request and redirect the journalist to the Communications Team, via the switchboard. This is standard practice and journalists will be aware of this requirement but may still make approaches in the hope someone will provide with them the information they require. Staff should be aware that there is no such thing as 'off the record' – if a journalist hears something and thinks it is of interest to the public they will find a way of featuring this information, and may attribute the quote provided to the individual.

The Trust has got an absolute duty of care to its patients and its staff. This also includes observing and maintaining patient and staff confidentiality in line with the NHS Code of Confidentiality and the Data Protection Act 2018. Under normal circumstances there will be no basis for disclosure of confidential and identifiable information to the media. Permission to discuss the care and treatment of patients and staff, including the taking of pictures, filming and recording of audio must always be obtained before any media involvement. This needs to be approved by the Communications Team who will provide a consent form that will be signed by the patient or visitors involved and sent back to the Communications Team. If consent cannot be obtained because of incapacity or death or they are a young person unable to consent, a close relative – personal representative – must consent before any patient details are disclosed to the media. In such circumstances, the Head of Communications must be consulted and must approve all planned media engagement.

Retrospective consent can be sought if there is a justified reason for obtaining consent after the event. Care must also be taken to avoid filming, videoing or photographing name boards etc. which may identify patients.

There will be occasions when NHS organisations and staff are asked for information about individual patients. Where information is already in the public domain, placed there by individuals or by other agencies such as the police, consent is not required for confirmation or a simple statement that the information is incorrect. Where additional information is to be disclosed about a patient, e.g. to correct statements made to the media, patient consent must be sought in writing.

You can contact the Communications Team:

- During normal working hours, call 01782 676644.
- For urgent matters that need to be dealt with outside of normal office hours the Director of Communications can be contacted via the switchboard.

6.2 What to do if the media contacts you (reactive statements and interviews)

No member of staff should enter into discussions with journalists on behalf of the Trust without prior contact with the Communications Team. This applies equally to contact received by email or in person at NHS premises and to approaches made at events or meetings. This includes condition checks (journalists may call to find out the current status of a patient admitted to hospital following an accident/condition that has previously been mentioned in press).

If you are contacted by anyone from the media, whether a newspaper, television company, radio station, web-based news site or other news organisation, do not get drawn into conversation. It is essential that you redirect the journalist to the Communications Team without delay. This is usual practice and the journalist will not be surprised if you ask them to speak to the Communications Team as a first point of contact. Staff should remain vigilant to media approaches at all times in order to protect patient confidentiality. Some journalists may contact wards or individuals directly. Never give any information to a caller if you are not sure who they are. Should you see a film crew onsite, or a journalist arrives at the hospital without prior permission, please contact Security (who will ask the person/s to leave the site) and the Communications Team.

All NHS staff have a particular duty to protect patient confidentiality and privacy and ensure that the information held about patients does not fall into the wrong hands. Dealing with the media can be daunting and time consuming, and the Communications Team can provide support and advice. Consent must be obtained from the patient or next of kin before any patient information is released to the media. Clinical staff should make log of this any verbal consent in the patient's notes.

The Communications Team will agree with the journalist what information they require from the Trust and will then liaise with the relevant members of staff to finalise the information to be provided. This process will be managed by the Communications Team. If staff are contacted by the Communications Team for information, you should respond to the Communications Team and not respond directly to the journalist. If it is appropriate for an interview to be arranged as a result of the media enquiry, this will be handled by the Communications Team who will agree with the relevant director(s) who would be the most appropriate person to be interviewed.

There are circumstances where a response might be inappropriate – legal reasons, for instance. In such circumstances the subject of the call and action taken will still be recorded and shared with relevant staff.

6.3 Preparing for possible media interest

In order to effectively prepare for media queries, the Communications Team must be told at the earliest possible opportunity about any issue (positive or negative) which could lead directly, or indirectly, to media interest. This might include serious incidents, complex complaints, enquiries from MPs or local councillors, or staffing issues which might reach the public domain via tribunal or union action. All information provided will be held in the strictest confidence by the Communications Team.

6.4 Speaking to the media

Staff members have the right to make their personal views known to the media if they wish and you have the right to act as a spokesperson for professional associations or trade unions of which you are a member. However, staff who are speaking to the media in a private capacity, or as a representative of a professional body or organisation, should ensure that their views, or the views of the body they are representing, are not misinterpreted as those of the Trust.

It is important that members of staff who choose to comment either in this capacity, or as individuals, should recognise that their comments may have a bearing on the reputation of the Trust.

Staff who comment on any issue in a private capacity should not be interviewed on Trust premises or in uniform. If writing a letter on any issue in a private capacity staff should use their home address.

Staff planning to make comment through the media, in an individual or professional capacity, using the Trust's name, or discussing one of the hospitals, should always contact the Communications Team in advance of doing so. In addition, the Communications Team should always be alerted to any query of this kind as it may result in further publicity or media calls. Staff

should not, while speaking to the media on behalf of the Trust, confuse the views of the Trust with their own personal or political views. The Communications Team is responsible for coordinating any staff interaction with the media and will provide a comprehensive brief to official Trust spokespeople prior to interview.

If the professional press (e.g. BMJ, Nursing Times or HSJ) contact staff directly, they should refer the call to the Communications Team in the first instance. The team will coordinate any appropriate response to the journalist and may be able to achieve further positive local media coverage to follow the specialist article.

Journalists sometimes seek conflict between public sector bodies. Staff should avoid criticising other organisations (such as NHS / social care) to the media. If a journalist asks about an issue which has implications for another organisation, please contact a member of the Communications Team who can work with other organisations to develop a coordinated response.

6.4 Promoting good/positive stories (proactive)

Media releases can help to publicise matters of interest, decisions that have been made, events and achievements etc. The Communications Team issues all of the Trust's media releases and maintains a database of everything that is issued. All news releases are uploaded onto the Trust's website. The Trust uses good news stories and pictures with captions in its internal communications and across its social media platforms.

The media receive huge amounts of press releases daily so there are no guarantees that a press release will be picked up. To help secure a share of voice for the Trust, the Communications Team will, where possible, 'sell in' good news stories to a publication over the telephone or at a face to face meeting rather than relying on email correspondence.

6.5 Training

The Communications Team recommends that very senior managers receive media training in anticipation of media interviews. The training is arranged by the Communications Team. All other staff put forward for interviews will be fully supported before, during and after the interview by the Communications Team. This support includes drafting briefing documents and key messages; accompanying staff to recording studios/media houses for interviews as and when needed.

6.6 Documentaries

The Trust as the primary organisation

The Trust may wish to become involved in a major project, such as a radio or television documentary or series. Generally such projects will cover much more broadcast time and will involve the Trust in more work. Any proposal to participate in a major project must be referred to the Director of Communications. The Director of Communications, or their deputy will consult with staff in the areas and departments involved with the proposal and with appropriate senior clinical and non-clinical staff and will make an initial assessment of the proposal. If they decide it is worthy of further consideration it must then be referred to the Chief Executive who will make a decision whether or not to proceed along with the Executive Team.

If approved, a comprehensive access agreement and code of conduct will be agreed prior to filming. Communications may grant permission for media to photograph or film on site unaccompanied for these long-term projects.

Supporting partner organisations

Partner organisations will participate at times in major projects that may impact the Trust site. Any proposal to support a partner organisation in a major project must be referred to the Director of Communications. The Director of Communications, or their deputy, will consult with staff in the areas and departments involved with the proposal and with appropriate senior clinical and non-clinical staff and will make an initial assessment of the proposal.

If the partner organisation's access agreement and code of conduct covers the Trust, an additional agreement is not necessary. If it does not, the Trust will request these documents be produced prior to granting access.

Communications may grant permission for media to photograph or film on site unaccompanied for these long-term projects.

7. SOCIAL MEDIA

The Trust recognises the importance of the internet and social media in shaping public thinking about the Trust and its services, employees, partners and patients, and runs established profiles on Twitter, Facebook, Instagram and Vimeo. The Trust also maintains a busy website, which sees more than 100,000 visitors every month.

The Trust also recognises the importance of two-way conversation, including staff joining in and helping shape health service conversation and direction through appropriate interaction in social media. Therefore the Trust supports the use of social media for these purposes, actively encourages staff to use social media and support by providing standards and procedures to follow.

Trust departments or services considering creating social media pages or a site for the promotion, support, or publication of goods, services or functions of the Trust, are required to involve the Communications Team. Consideration needs to be given to the reason and need for the project, the methods which will be used to manage the site, how the security of the site will be maintained and the expected life span of the site. The log in credentials for these types of accounts should be made available to the Communications Team to ensure continuity of access. Please contact the Communications Team for more information who will help and support.

When the need for a Trust approved social media site or page no longer exists, for instance following the closure of a service or initiative, the site is to be removed from the public domain. Should a social media page owned by the Trust be deleted, a copy of the content posted by the Trust will be kept by the Communications Team. This process should be followed by any member of staff responsible for a social media page that relates to the Trust, and a copy of the content posted should be downloaded should the responsible staff member leave the Trust/cease employment.

Social media sites which have not been approved by the Communications Team will not be able to use the Trust name, logo, or any registered trademarks, or purport to have sanction or approval of the Trust.

When posting to an approved Trust site or page, extreme care must be taken when making comment about the goods and/or services provided by a third party, especially when providing a hyperlink/link to another site. It is the responsibility of the individual creating the content to ensure that the link is valid, and the content of the site and the goods or services provided by the third party will not bring the Trust into disrepute.

Staff must also be mindful of the 'hashtags' used – there have been incidences where the combination of one or two words in a hashtag have created new meanings, or have previously been used by a non-reputable source.

Where an image, photograph, video or audio recording of any individual is to be published via a Trust approved social media page or site, the consent of the individual must be obtained. For patients and families, a 'photo consent form' must be filled by the patient (if the patient is under the age of 18, a parent or guardian should complete and sign the consent form).

General guidance has been developed to support staff for the contents of posts or publications via Trust approved social media sites or by individuals employed by or associated with the Trust includes:

- Do not upload, post, forward or post a link to any abusive, obscene, discriminatory, harassing, derogatory or defamatory content;

- Any member of staff who feels that they have been harassed or bullied, or are offended by material posted or uploaded by a colleague onto a social media website should inform their line manager who will contact the Deputy Director of Communications;
- Never disclose commercially sensitive, anti-competitive, private or confidential information. If you are unsure whether the information you wish to share falls within one of these categories, you should discuss this with your line manager. Advice can be also sought from the Deputy Director of Communications;
- Do not upload, post any content belonging to a third party unless you have that third party's consent – doing so may be a breach of copyright laws;
- It is acceptable to quote a small excerpt from an article. However, if you think an excerpt is too big, it probably is. Quote accurately, include references and when in doubt, link to the content and do not copy;
- Before you include a link to a third party website, check that any terms and conditions of that website permit you to link to it. All links must be done so that it is clear to the user that they have moved to the third party's website;
- When making use of any social media platform, you must read and comply with its terms of use;
- Be honest and open, but be mindful of the impact your contribution might make to people's perceptions of the organisation. If you make a mistake in a contribution, be prompt in admitting and correcting it;
- You are personally responsible for content you publish into social media tools – be aware that what you publish will be public for many years;
- Do not escalate heated discussions. Try to be conciliatory, respectful and quote facts to lower the temperature and correct misrepresentations. Always aim to get sensitive personal sensitive situations off line. Never contribute to a discussion if you are angry or upset, return to it later when you can contribute in a calm and rational manner;
- Do not discuss colleagues, patients, competitors, customers or suppliers without their prior approval and written informed consent;
- Always consider others' privacy and avoid discussing topics that may be inflammatory e.g. politics and religion;
- Avoid publishing your contact details where they can be accessed and used widely by people you did not intend to see them, and never publish anyone else's contact details;
- The use of social media as the sole means of contact or communication with any given group must be avoided as this may discriminate against those who do not have access to such a facility; and
- If you notice any content posted on social media about us (whether complimentary or critical) please report it to your line manager or the Deputy Director of Communications or Director of Communications in their absence.

The Trust recognises that staff may want to access or contribute to social media sites outside their hours of work and in their own personal time. This includes authorised breaks. The trust can and may monitor both trust emails and personal social media accounts.

Staff are responsible and personally liable for any comments, images and information they may post. This includes posting information, images or making comments that are:

- Deemed speculative, derogatory, discriminatory, could bring the Trust into disrepute; could impact negatively on the Trust's reputation; could cause embarrassment to the Trust, staff, patients or the public;
- Sensitive or confidential information (e.g. any personal information about patients or staff, or any confidential corporate information);
- Information that could potentially identify a patient (e.g. a patient's name, address, postcode, ID numbers, photograph, voice recording, rare condition, celebrity status, car registration plate);
- About patients or other staff which could cause offence, even if their names are not mentioned;
- Images that are deemed discriminatory or could amount to bullying or harassment;
- Any pictures of staff or patients without their explicit, fully-informed consent;
- About a work-related grievance. Staff are reminded that any grievance should be raised using the Individual Grievance Procedure.

Staff should be aware that any use of social media, whether or not accessed for work purposes may be monitored and, where breaches of this policy are found, action may be taken under the Trust's Disciplinary policy.

Staff should consider the following advice if they decide to use social media sites:

- Do not reveal personal details such as your date of birth or contact details.
- Disclosing this information could put you at risk of identity fraud;
- It has been known for NHS staff occasionally to have to take out restraining orders on obsessive patients – so if you have any concerns, do not put yourself on a public social media site without taking adequate privacy precautions and do not share information about working patterns;
- Before posting images or joining any campaigns/causes, be aware that it is not just your friends who may see this, but also patients, colleagues, managers and prospective employers;
- If, after careful consideration, you decide to post comments relating to your work in any way, you should make it clear that the comments expressed are your own and not those of your employer.

Where a professional code of conduct exists, such as listed below, these must also be adhered to:

- <https://www.nmc.org.uk/standards/guidance/social-media-guidance/>
- <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/doctors-use-of-social-media>
- <https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-use-of-social-media/>

8. FILMING AND PHOTOGRAPHY

In order to protect patient confidentiality and the reputation of staff, the Communications Team should be consulted regarding general plans or requests to film or photograph staff, patients, visitors or facilities.

Any individual should seek permission before filming, recording or taking photos on any of the hospital sites, and must not capture any other (non-consenting) member of the public or patient. However, all staff should be aware that there is no legislation preventing a patient from recording a consultation or procedure performed at the hospitals, provided that no other patients are intentionally or accidentally included in the recording.

In Maternity, new parents are permitted to film their new-born babies. Filming and photos should not capture any other families or members of the public, and staff who do not wish to be filmed outside of a specific appointment or procedure, have a right not to be filmed.

If secret footage or audio recordings are taken and subsequently used by a broadcaster, the Communications Team will take necessary action. For example, any footage or photographs would be subject to broadcast regulations regarding justification, (meaning it would need to be in response to evidence of dangerous or criminal practice), not just bad practice. There would also have to be a public interest defence for any covert recordings that are broadcast. Furthermore, various legal remedies before broadcast would be possible if these conditions are not met. Post-broadcast, complaints would be made to broadcast watchdogs.

The Communications Team can assist in coordinating any filming and will liaise with those staff that may be affected. Before approving and arranging any filming, the Communications Team will discuss any proposals in detail with clinical and managerial colleagues, taking account of how the activity might enhance or pose a risk to patients, staff and the reputation of the Trust. The team will also consider any clinical or ethical issues and coordinate necessary risk assessments before granting consent for filming or photography to take place.

Due regard will always be given to the wishes of staff and patient confidentiality will be robustly protected. Where filming or photography includes patients, their prior permission will always be sought and their wishes respected. In every case the media must be clear about how any footage or photography of patients will be used in the future and signed informed consent obtained on that basis.

When staff have their picture taken for Trust purposes, the image will be retained by the Trust in the Communications Department's image library for Trust use. Although staff can request for images not to

be used for other purposes, the Trust advises that staff with concerns should not take part as images can be easily accessible to others, who may ignore copyright laws.

The Communications Team will in some circumstances refuse permission for filming or photography on Trust property.

9. FREEDOM OF INFORMATION (FOI)

The media regularly uses the Freedom of Information (FOI) Act to obtain information from organisations, sometimes openly but sometimes without disclosing who they are. Any FOI request must be dealt with by the Data Security and Protection Team, who can be contacted at: FOI@uhnm.nhs.uk.

Should a FOI request be submitted by social media to the Trust, the Communications and Engagement Team will forward this request on to the Data Security and Protection Team. If it is known or suspected the enquiry is from the media, the Communications Team will work together with the Data Security and Protection Team to approve a response.

10. SERIOUS INCIDENTS AND MAJOR INCIDENTS

These types of incidents can generate the rapid appearance of large numbers of reporters, photographers and camera crews. Sometimes these are related to the treatment of high profile people or an unexpected occurrence such as a major transport incident or local disaster.

Media interest and the possibility of featuring in high profile social media posts is particularly heightened during serious and major incidents, and it is vital that the Trust's messages are well managed and sensitive to the matters in hand. As a result, the Communications Team are a major incident responder.

The Trust has a Major Incident Plan and Business Continuity Plan which provide instruction and guidance in regard to media management in the event of such incidents. Staff must ensure they are familiar with these policies.

The Trust is part of the Staffordshire Resilience Forum (SRF) and must adhere to its Emergency Media and Communications Plan. This is especially important as the Trust is likely to become secondary scenes during major incidents.

11. PRE-ELECTION GUIDANCE – PURDAH

The pre-election period, also referred to as 'purdah' or 'period of sensitivity', is the period of time immediately before elections or referendums. During this time specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials. The pre-election period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns.

The pre-election period has implications for all NHS organisations, although it is worth remembering that the NHS should remain politically impartial at all times.

11.1 When does it start?

The exact start of the pre-election period is determined by the local authority, who formally declares it. Typically this will be six weeks before the election. The convention is that national organisations observe pre-election period rules in the three weeks before the scheduled local elections.

11.2 Key considerations

During this period the Trust needs to ensure that it is seen to behave impartially towards all candidates and political parties, and not seen to be influencing the election and its outcomes, whether inadvertently or intentionally. Not publishing information can be just as influential as publishing it.

The Cabinet Office will issue guidance to civil servants, which will also apply to NHS Improvement, NHS England and other arm's length bodies. The guidance does not formally apply directly to local NHS organisations, but the Trust will abide by its general principles. Prior to any election period the Cabinet Office will issue guidance which the Trust will follow. Typically this encompasses the following:

- No new decisions or announcements of policy or strategy;
- No decisions on large and/or contentious procurement contracts; and
- No participation by NHS representatives in debates and events that may be politically controversial, whether at national or local level.

These restrictions apply in all cases other than where postponement would be detrimental to the effective running of the local NHS, or wasteful of public money.

- 11.3 Requests for information:** These will always be handled in an impartial manner so that information is made available to all candidates. Information will be factual and candidates responded to in a timely manner.
- 11.4 Briefing MPs and ministers:** These should be handled as per the usual process, ensuring any information shared is factual.
- 11.5 Consultations:** No consultations are to be launched during the pre-election period unless they are considered essential. On-going consultations should continue but should not be promoted. Consultation periods can be extended if it is expected that the pre-election period will impact negatively on the quality of the consultation.
- 11.6 Media handling:** Proactive media work on issues that may be contentious will be avoided. Reactive lines will be factual.
- 11.7 Events:** Events where the Trust will be asked to respond to questions about policy or on matters of public controversy will be avoided. This may mean withdrawing from previously agreed engagements.
- 11.8 Visits from politicians:** The same approach must be applied to all visit requests from candidates/parties to avoid any question of bias. This means, if the Trust agrees to a visit from a candidate, all other candidates are to be invited to visit. As usual, any visit should not interfere with the day to day running of the Trust's services and should be mindful of patient privacy and dignity.
- 11.9 Social media and web:** Nothing contentious is to be posted on the Trust's website or social media accounts. Updates/posts, including blogs, will only convey essential factual information.
- 11.10 Campaigns:** The Trust will not undertake major publicity campaigns unless time critical (i.e. a public health emergency).
- 11.11 Appointments of board members and non-executive directors:** Appointments will continue as per the usual process, unless politically sensitive.
- 11.12 Marketing:** Printed materials, such as posters and leaflets, promoting contentious policy or proposed policy will be retained and issued in small numbers on request. Films and other media produced by the NHS, including the NHS logo, are not to be made available for use by candidates/parties.
- 11.13 Staff activism:** NHS employees are free to undertake political activism in a personal capacity but should not involve the Trust or create the impression of the Trust's involvement.

Communications activities necessary for operational delivery purposes should continue as normal.

12. CELEBRITY AND VIP VISITS

Celebrity and VIP visits to the Trust can play a significant role in promoting the organisation and its services, enhancing patient experience and raising staff morale.

Positive media coverage of these visits is important in building and maintaining public confidence in the Trust and its services. The Trust therefore attempts to accommodate such visits wherever possible for the benefit of patients, staff and the Trust. In doing so however, the Trust recognises that the safety, security, privacy and dignity of patients and staff are paramount. Through this policy arrangements are in place to accommodate approved visitors with the minimum amount of disruption and no detrimental effect on the clinical care of patients or ability of staff to deliver high-quality care.

The purpose of this guidance is to ensure there is no risk to the safety and security of patients and staff arising from visits to the hospital by approved or invited visitors such as VIPs, MPs, local councillors, mayors or other celebrities and media representatives. It also addresses the controls in place for the unannounced visits by such person or persons.

This guidance applies equally to any activity organised by Trust volunteers and hospital fundraisers and charities. This policy is not concerned with local people visiting friends or family members while in hospital, or who are patients themselves.

The policy requires that one-off or short-term approved official visitors are always accompanied throughout their visit to the Trust. (See C19, Trust Policy for VIP Visitors). Approved visitors in the Trust for extended periods of time, such as film crews or visitors on repeated occasions, such as a media crews, journalists, charity patrons and celebrities linked with a particular service or cause, should be appropriately checked, authorised and accompanied.

All professional visits by media, VIPs or celebrities are to be handled and managed by the Communications Team because of the high profile they can attract. Any requests for celebrity or VIP visits must be referred to the Communications Team and must be approved by or organised by them.

In certain circumstances access by other approved visitors may be authorised and overseen by local clinical teams e.g. general managers, matrons or ward managers subject to approval from the Communications Team. In such cases full details of the visit must be supplied to the Communications Team prior to the visit and commitment given to ensure that the visitor is accompanied at all times by a senior member who is an employee of the Trust.

If an official visit occurs outside normal working hours or at weekends, the local clinical lead or on-call manager should check with senior ward staff or the Director of Communications (Head of Communications in their absence) to ensure it has been authorised and that arrangements for accompaniments have been made. They should also check that the visit remains clinically appropriate.

If a VIP or celebrity attends the Trust without any prior notice, other than on a private visit to see a relative or friend who is a patient, the Communications Team must be notified immediately. The visitor should be held in reception or at the ward nursing station and should not be allowed onto the ward until a member of the Communications Team is contacted by phone or arrives on site in person.

Where a VIP or celebrity attends for clinical care and is a patient at the Trust, all staff must adhere to the individual's confidentiality. On no occasion should any information about a patient including a VIP or celebrity be shared with anyone unless it is directly related to the provision of their clinical care.

This policy recognises that many approved visits are organised as one-off events so that standard safeguarding arrangements such as Disclosure and Barring Services (DBS) checks (previously known as CRB checks) may not be possible. However, all celebrity and VIP visitors would be accompanied around ward and clinical area by a member of staff who have been appropriately DBS screened. Where certain groups or individuals have long term or on-going relationships with the Trust, such as dedicated

fundraisers or campaigners, or charity patrons then it would be expected that DBS checks will have been completed.

13. IMPLEMENTATION

This policy will be communicated to staff annually through the intranet and e-bulletin.

14. MONITORING OF COMPLIANCE

The Communications Team will make a log of all media enquiries, including condition checks. Communications will keep copies of all press statements and press releases issued to the media. Any media coverage that affects or has the potential to affect the reputation of the Trust will be including the Exec Media Diary, released each Friday.

Any breaches to this policy will be monitored by the Communications Team in accordance with the policy for managing adverse incidents.

The Communications Department will ensure, as far as possible, accurate reporting by social media and will monitor social media on behalf of the Trust for comments relating to staff or the Trust directly. Where comments by staff in the media or on social media do not meet the guidance set out in this policy, the Communications Department will inform the Director of HR.

15. INDIVIDUAL CIRCUMSTANCES AND DISCIPLINARY ISSUES

Staff should be aware that any breach of this policy will be dealt with through the Trust's Disciplinary Policy and Procedure (HR01). A

ny communications or content published that causes damage to the Trust, any of its employees or any third party's reputation may amount to misconduct or gross misconduct to which the Trust's Disciplinary Policy applies.

See the following documents for related information:

- Equality and Diversity Policy Statement (Policy – HR12)
- Information Security Management – (Policy - IT07)
- Standards of Business Conduct (Policy – G16)
- Confidentiality Code of Conduct (Policy – IG09)
- Raising Concerns at Work (fka Whistleblowing Policy and Procedure) (Policy - HR30)

Appendix A: Consent To Be Filmed, Interviewed or Photographed

Why am I being asked to take part?

The Trust produces publications and operates a public website, works with the media or works with third party organisations to promote the work of the hospital and its staff. We may be interested in you because of a story which is specifically about your case, or we may ask you to take part to illustrate a more general purpose. Before taking part we will explain to you what we are doing and how you are being asked to help. After this explanation we will ask you to sign this consent form.

Do the Trust have permission to do this?

We have a very strict policy on patients taking part in filming, interviews or photographs. You cannot be involved without your written permission. A Board member or senior representative of the Communications Team will counter-sign your consent form to confirm we have your permission on this occasion.

Do I have to take part?

No you don't. If you prefer not to be involved, you do not have to be. If you decide not to take part, we will understand and respect your decision. Your care will not be affected in any way and you should not feel under any pressure to take part.

Can I change my mind?

We prefer you to think carefully before you decide to take part and hope you will not wish to change your mind later. However, if you have any reservations during the filming, interview or photography please tell us and we will stop immediately. Once the filming, interview or photography has taken place it is the Trust will be unable to stop publication. We recommend that you should be sure before you agree to take part.

Will my contribution be re-used?

Once filming, interview or photography has taken place and has been released the Trust cannot control its use. Stories in the local media or in the Trust's many publications may be repeated elsewhere without their permission, even though that may be a legal breach of copyright.

Who owns the copyright?

The organisation which took the photographs, video or written articles, own them under the law.

What about children taking part?

Children aged 16 and 17 are judged legally able to consent for themselves, but we will still involve parents in discussions. For children under 16 we must obtain written consent from their parent or guardian, but will involve children as much as possible. In all cases we will not normally go ahead against the wishes of either parents or children.

Who decides the Trust's procedure on films, interviews or photographs?

The Trust's procedure is designed to meet the requirements of the law. It also conforms to The Trust's Media Policy, which is approved by the Trust Board.

What about adult patients who cannot consent?

The national NHS guidelines do set out procedures for filming and photographing adult patients who are unable to give consent, for example unconscious patients.

What happens to the consent form I sign?

A copy of your written consent will be kept by the Trust's Communication Department.

If I have any questions who can I talk to?

Please contact the Communications Team on 01782 676646.

Consent to be filmed, interviewed or photographed by the media

Section 1 – Details of Project

Purpose:	
Date:	
Organisation:	
Named contact:	
Contact details:	
UHNM representative:	

Section 2 – Patient Consent

- I confirm that the project as summarised above has been explained to me
- I understand that I am free not to take part if I do not wish to do so
- I understand that once I have taken part UHNM does not have the power to prevent publication
- I understand that UHNM cannot control the re-use of any part of my contribution
- I hereby give my consent to take part (Please tick as appropriate)

Internal Communication Tools (Intranet, Staff Newsletters)	
Public Trust publications (website, brochures, leaflets)	
Use by the Media (TV, Radio, Newspapers and online)	
Third Party Use	

Name of Patient:	
Home Address:	
Telephone Number:	
Signature of Patient:	
<i>(For patients under aged 16, parent or guardian must sign consent)</i>	
Signature of Parent/ Guardian	
Name of Parent/Guardian	
Patient Date of Birth	

Section 3 – Trust Agreement

I confirm that:

- The media organisation named in Section 1 has the Trust's permission for this project
- The process has been fully explained to the patient in Section 2
- The patient (or parent/guardian) has not been pressured to consent

Signed:	
Name:	
Designation:	
Reference No.:	

NOTES:.....

