

# **PROTOCOL AND GUIDE TO MAJOR INCIDENT PLAN STAFF, MEDIA AND PUBLIC COMMUNICATIONS**

---

## **CONTENTS**

- 1 Purpose**
- 2 Introduction**
- 3 Role of Communications Lead**
- 4 Multi agency response to a major incident**
- 5 NHS England/NHS Improvement briefing arrangements**

- Appendix A Media log sheet**
- Appendix B Media action log sheet**
- Appendix C Trust media spokespersons**
- Appendix D Trust media release template**
- Appendix E Good practice guidance in working with the media**

## **1 PURPOSE**

This section provides an introduction and outlines roles and procedures to be followed to manage the Trust's communications response to major incidents attracting public and media interest.

## **2 INTRODUCTION**

An incident or major emergency will create staff and public demands for information and will attract media attention. It is essential that reliable information about the incident and Cambridgeshire Community Services NHS Trust's (hereafter referred to as CCS) role in responding to this incident is communicated as appropriate, at regular intervals. This will be the responsibility of the Communications Support Officer on the Trust's Major Incident Management Team.

Depending on the nature of the incident, there may be a need for a communications team working with the Incident Management Team (IMT) Communications Support Officer and those managing the incident. This protocol outlines the procedure for establishing such a team, as well as CCS's role within a multi-agency response to a major incident.

## **3 ROLE OF COMMUNICATIONS SUPPORT OFFICER**

The role of the IMT Communications Support Officer is set out on Action Card 4 of CCS's Major Incident Plan.

## **4 MULTI-AGENCY RESPONSE TO A MAJOR INCIDENT**

If an incident is of sufficient magnitude to require a multi-agency response and the activation of the relevant local authority Strategic Gold arrangements, then a Gold Media Sub Group team will be established consisting of communications leads from agencies involved in managing the incident. From Health, this is likely to include a communications lead from the relevant Clinical Commissioning Group. CCS may be asked to contribute to a rota if the incident continues over a period of time.

The Gold Media Sub Group will work with the Strategic Gold Group to prepare media statements, and arrange media briefings and public information. The relevant Clinical Commissioning Group will ensure effective two way communication between the Gold Media Sub Group and Trust communication leads.

In most multi-agency major incidents the Police press office will lead the media response and will therefore chair the Gold Media Sub Group. However, there will be occasions where the NHS is approached for a specific view point/statement.

In such circumstances, the relevant Clinical Commissioning Group will co-ordinate health responses, ensuring these reinforce media messages from the Gold Media Sub Group.

If operating it is essential that the Media Gold Sub Group determines what messages are released to the public and the media, and that **this is the only information given**. There is an obvious danger of mixed and confusing messages if this does not happen, which can exacerbate an already difficult situation and in extreme conditions can create panic and hysteria.

In circumstances where CCS is required to issue Trust-specific media messages during a major incident (or where we issue media messages to reinforce those of the Gold Media Sub Group), Appendices A, B and D will be utilised to record media contacts and action taken and the release of messages to the media. Appendix E sets out the Trust's Good Practice Guidance in working with the Media.

CCS's Major Incident Management Team should agree a spokesperson, ideally the most senior officer present (or if clinical or technical information is required, the most senior professional).

It is essential to limit the number of spokespersons, and to ensure that all personnel who may be involved in a Major Incident Management Team have undertaken training in media handling. An appendix of staff who have received media training or who have experience in responding to the media is attached at Appendix C.

A crucial communication function during any incident will be timely, appropriate and consistent internal communications throughout the period of the incident and in line with the roles set out on Card 4 (IMT Communications Officer) of the Trust's Major Incident Plan.

## **5 NHS ENGLAND / NHS IMPROVEMENT BRIEFING ARRANGEMENTS**

Where NHS England requires briefings on media and communications issues, this will be co-ordinated via the relevant Clinical Commissioning Group's communications team. CCS will be required to provide situation reports in line with the Clinical Commissioning Group's requirements. Specific details required will depend on the nature of the incident.

CCS is also required to inform NHS Improvement of any untoward incident. A decision will be made by them as to whether or not to brief up to the Department of Health's Ministerial Briefing Unit and the NHS regional media desk.

The watchword is "NO SURPRISES". NHS England and NHS Improvement are required to brief Health Ministers and the NHS media desk about local incidents, which are judged likely to get significant local and regional coverage and with a possibility of receiving national interest.

***It should be emphasised that these arrangements do not affect in any way existing clinical and statutory reporting lines, such as mental health alerts and inquiries, and communicable diseases.***

# MEDIA LOG SHEET

<b>Date:</b>	<b>Time:</b>
<b>Contact name:</b>	
<b>Contact organisation:</b>	
<b>Contact number:</b>	
<b>Nature/subject of enquiry:</b>	
<b>What prompted enquiry?</b>	
<b>Action required:</b>	
<b>Deadline:</b>	
<b>Action taken:</b>	
<b>Outcome:</b>	
<b>Signed:</b>	

**MEDIA ACTION LOG SHEET**

<b>Action Sheet No:</b>	
<b>Date:</b>	<b>Time:</b>
<b>Action required:</b>	
<b>Action required by whom:</b>	
<b>Deadline:</b>	
<b>Action taken:</b>	
<b>Outcome:</b>	
<b>Signed:</b>	

**MEDIA SPOKESPERSONS**

Cambridgeshire Community Services NHS Trust's Major Incident Management Team should agree a spokesperson, ideally the most senior officer present (or if clinical or technical information is required, the most senior professional).

When identifying a spokesperson, consider that the use of a clinician as a spokesperson can often provide reassurance to members of the public.

Preferred spokespeople :

<b>Name</b>	<b>Job Title</b>
Mandy Renton	Chief Nurse
David Vickers	Medical Director and Consultant Community Paediatrician
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive

In the absence of the above, an alternative Executive Director should be used or a clinical lead/service director depending on the context of the media enquiry.

# Media Release

INSERT DATE

Tel No: 01480 308216

[www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk)

## INSERT TITLE (CAPITALS)

Insert text (1.5 line spacing)

Remember: key questions to be covered in a media release are who? Where? When?  
What? Why?

- Ends -

### Notes for editors

**(insert any additional editors notes)**

**Cambridgeshire Community Services NHS Trust** provides the following extensive portfolio of services:

- a range of children's services to children, young people and families (Cambridgeshire and Norfolk)
- school age immunisation programme (Cambridgeshire, Norfolk, Peterborough and Suffolk)
- iCaSH: Integrated Contraception and Sexual Health Services (Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk)
- dental services (Cambridgeshire, Peterborough and Suffolk)
- musculo-skeletal services and uro-gynaecological physiotherapy services (Cambridgeshire and Peterborough)
- Luton drug services
- Cambridgeshire community outpatient services on the Brookfields, Doddington, Princess of Wales and community hospital sites
- the Oliver Zangwill Centre for Neuropsychological Rehabilitation and the Evelyn Community Head Injury Service
- adult and children's services for the residents of Luton

Cambridgeshire Community Services NHS Trust: providing services across Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk

[www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk)

Follow us on Twitter: [www.twitter.com/@ccs\\_nhst](https://twitter.com/@ccs_nhst)

Like us on Facebook: [www.facebook.com/CambridgeshireCommunityServicesNHSTrust](https://www.facebook.com/CambridgeshireCommunityServicesNHSTrust)

## GOOD PRACTICE GUIDANCE IN WORKING WITH THE MEDIA

### 1 Setting the media strategy

If in operation, the Media Gold Sub Group will set the overall media and public communications strategy. If this is the case, CCS will need to set its strategy in line with Media Gold to ensure complimentary, contributory and compliant activities.

A CCS communication strategy giving consideration to and setting out the following will be helpful:

- **Partners** (what other agencies will be involved in the management of the incident)
- **Audiences** (who do you need to communicate with, internally and externally)
- **Leads** (who will lead the incident at what stage)
- **Objectives** (what is the purpose of your communications and what stage)
- **Facilities** (what facilities do you need to manage the communications)
- **Incident phases** (what are the likely phases of the incident to be)
- **Media monitoring** (how will you monitor the messages in the media)
- **Review and refinement** (how will your monitoring inform your communications)
- **Resourcing** (what resources do you need to deliver the strategy)
- **Evaluating lessons learnt** (how you will evaluate)

### 2 Maintaining an agreed position for all public statements

If operating it is essential that the Media Gold Sub Group determines what is released to the public and the media, and that **this is the only information given**. There is an obvious danger of mixed and confusing messages if this does not happen, which can exacerbate an already difficult situation and in extreme conditions can create panic and hysteria.

Agree a spokesperson, ideally the most senior officer present, or if clinical or technical information is required, the most senior professional to act on behalf of provider services as necessary.

It is essential to limit the number of spokespersons, and to ensure that all personnel who may be involved in an Incident Management Team have undertaken training in media handling.

### 3 Guidelines on speaking to the media

When talking to the media, the NHS needs to demonstrate the three 'C's':

- **Concern** - we care about what happened
- **Commitment** - to find out the cause and put it right
- **Control** - at the most senior level

There will be immediate media suspicion if any one of these 'C's' is missing.

You must be confident that the messages that you are giving are:



- Consistent and defensible
- Open (no cover ups/no lies)
- Protecting staff and patient confidentiality

If a patient/family identifies themselves to the media then they have breached their confidentiality and we are in a position to talk about them, **but only in regard to what they have revealed about themselves.** This applies equally to VIP or high profile patients although in such cases the Trust's communication team would liaise with the press office/officer for the individual(s) involved to ensure the views of the individual and/or family and/or organisation they are representing are accurately reflected in line with their requirements.

## 4 Handling the Media

### Control

Ask about the circumstances of the interview:

- Is it for a news item or a programme?
- Is it for radio, TV or print?
- Who else is being interviewed?
- When will it be broadcast?
- Who is conducting the interview?
- Is it live or a pre-recording?
- What type of questions do you intend to ask?
- Explain what type of questions you won't be able to answer
- How long is the interview for?

Insist on a clear understanding of when the recording is commencing.

## 5 Media Do's and Don'ts

### DO:

- Prepare your key messages – there should be no more than 2 or 3 – **and make them whether you are asked or not!**
- Learn your messages – they need to be 'second nature' - identify one 'trigger word' per message that will help you recall your key messages.
- Be aware of what else is in the news today – does it impact on your message
- Be aware of what is being said on social media
- Understand your audience
- Anticipate what questions you will be asked – assume no prior knowledge – e.g. 'Why did this happen? What is being done to address the problem? Will it happen again?' etc
- Set the ground rules for your engagement with the media (e.g. We will be giving media interviews at 10.00 am and 3.00 pm)
- Ensure newsdesks have the office, mobile and **home** phone numbers of communications support officer during an incident.
- Maintain an appropriate tone and body language (55% of what people take away from your interview is based on body language, 38% based on your tone, and only 7% is based on what you say!)

- Challenge wrong information politely and calmly by providing accurate information
- Show empathy – listen to what the journalist is saying / nod periodically to show you are listening to what your interviewer is saying (note that over enthusiastic nodding can imply that you are in agreement with what your interviewer is saying which may or may not be the case)
- Keep your responses short and sweet and always based on your key messages
- Ensure your media statements answer the questions: WHO, WHERE, WHAT, WHEN and WHY and have spare copies of your press release available to hand out

## **DON'T**

- Use jargon or ramble
- Go off the record
- Offer 'no comment' as a response – it is ok to say 'I'm sure you understand why I cannot comment on that at the moment' and then go on to give one of your key messages, or say 'I don't have that information to hand but I will ensure you receive it' – and then make sure you follow this up
- Repeat negatives e.g. if a journalist says "You have not provided clear information to the public", don't start your response by repeating this – use it as an opportunity to get across one of your key messages
- Argue or make sarcastic comments
- Speculate or comment on hearsay – you are the expert giving a specialist opinion

## **6 Equipment checklist for Major Incidents and or press conferences refer to Incident Control Centre, guide to set up. See annex L of the Major Incident Plan.**

- Television
- Radio
- Ipad and access to Wi-fi
- Lap top linked to Trust network and standalone with memory stick
- Stationery – printer paper, pad, pens, pencils, blue tack, staples, hole punch, sellotape
- The Emergency Plan file and 'Red' Folder
- Flip charts / whiteboard
- Map
- Computers (these will be available within the incident control room – see Incident Control Centre Guide to Set up.
- Access to email (available within the incident control room - as above)
- Telephones (landline available within the incident control room as above) and mobile
- Fax facility (available within the incident control room - as above)
- Refreshments
- Media contacts list
- Multi agency communications leads contact list

## **7 Help lines/Recorded Message Line**

Depending on the nature of the incident the police or local authority may well set up a help line. If it is necessary for the NHS to do so there are two options:

- The NHS 111 service is experienced in the provision of helpline services and may be able to support the Trust establish a helpline depending on its own involvement and hence capacity during a major incident.
- The Meadows, St Ives, does have a dedicated helpline number (within the arrangements for the incident control centre) which can be used to provide a recorded message for members of the public or staff should this be needed in addition to the staff intranet or public website. Information on how to set up this recorded message line is incorporated into the 'incident control centre – guide to set up' document.