

PROTOCOL AND GUIDE TO MAJOR INCIDENT PLAN STAFF, MEDIA AND PUBLIC COMMUNICATIONS (updated October 2021)

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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 demand 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 clearly and 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 dedicated communications team to work 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.

This protocol does not cover the management of communications during a pandemic, where national command and control arrangements would be implemented.

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, replicated at the end of this document.

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.

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. This could be the most senior officer present (or if clinical or technical information is required, the most senior professional). However, the key principle when determining a spokesperson will be the person who has the most knowledge and expertise in the issue being discussed and who has had appropriate media training and expertise in dealing with media interviews.

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/NHS Improvement require 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.

NHSE/NHSI will determine whether or not to brief up to the Department of Health's Ministerial Briefing Unit and the NHS regional/national 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

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

MEDIA ACTION LOG SHEET

Action Sheet No:	
Date:	Time:
Action required:	
Action required by whom:	
Deadline:	
Action taken:	
Outcome:	
Signed:	

APPENDIX C

MEDIA SPOKESPERSONS

Cambridgeshire Community Services NHS Trust's Major Incident Management Team should agree a spokesperson.

This could be the most senior officer present (or if clinical or technical information is required, the most senior professional given clinicians are often perceived by the public as providing more reassurance). However, the key principle when determining a spokesperson will be the person who has the most knowledge and expertise in the issue being discussed and who has had appropriate media training and expertise in dealing with media interviews.

Name	Job Title
Matthew Winn	Chief Executive
Kate Howard	Chief Nurse
David Vickers	Medical Director and Consultant Community Paediatrician
Anita Pisani	Deputy Chief Executive
Peter Reeve	Service Director, Luton Adult Services
Simon Harwin	Service Director, Luton and Bedfordshire children's services
John Peberdy	Service Director, Cambridgeshire and Norfolk children's services
Tracey Cooper	Service Director, Ambulatory services

Media Release

Unit 7/8
Meadow Lane
St Ives
PE27 4LG

INSERT DATE

Tel No 0300 555 6655
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 in Cambridgeshire and Norfolk
- iCaSH: Integrated Contraception and Sexual Health Services (Bedfordshire, Cambridgeshire, Milton Keynes, Norfolk, Peterborough and Suffolk)
- dental services (Cambridgeshire, Peterborough and Suffolk)
- musculo-skeletal services and pelvic health physiotherapy services (Cambridgeshire and Peterborough)
- the Oliver Zangwill Centre for Neuropsychological Rehabilitation
- Children and Adults' Community Health services for the residents of Luton
- Children and Adults' Community Health services for the residents of Bedfordshire (provided in partnership with East London NHS Foundation Trust (ELFT)).

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

www.cambscommunityservices.nhs.uk

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GOOD PRACTICE GUIDANCE IN WORKING WITH THE MEDIA

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.

The CCS communication strategy should give consideration to the following:

- **Partners** (what other agencies will be involved in the management of the incident)
- **Audiences** (who do you need to communicate with, internally and externally)
- **Channels** (utilising the appropriate channels to reach identified audiences including broadcast and print media and social media)
- **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.

Cambridgeshire Community Services NHS Trust's Major Incident Management Team should agree a spokesperson. This could be the most senior officer present (or if clinical or technical information is required, the most senior professional given clinicians are often perceived by the public as providing more reassurance). However, the key principle when determining a spokesperson will be the person who has the most knowledge and expertise in the issue being discussed and who has had appropriate media training and expertise in dealing with media interviews. Consideration should be given to using a clinician can often provide reassurance to members of the public.

It is essential to limit the number of spokespersons involved.

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

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 news desks 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 and social media (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 The role of social media

Central to the role of the Communications Officer will be responsibility for monitoring social media and proactively utilizing social media as a method of engagement including:

- monitoring footage from 'citizen journalists'
- posting regular updates from agreed spokespeople
- responding to questions from audiences and signposting to validated sources of factual information
- searching for groups being set up about the incident and post comments on their page

All social media engagement should be in line with the central tenet of this protocol i.e. to ensure that all social media messaging from the Trust is in line with messages agreed via Media Gold where this has been established. Patient identifiable data should never be divulged via social media – please refer to the Trust's digital and social media policy.

8 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.

ACTION CARD 4

SUPPORT OFFICER (COMMUNICATIONS)

Remember to record all actions taken on the appropriate critical & major incident Log

***NB** If Strategic Co-ordinating Group (Gold) Media Support Group in operation, all instructions for dealing with the media locally will come from Media (Gold) and role of communications lead will be to carry out SCG (Gold) instructions.*

No	Action	Completed	Time / Date
1.	Attend the Incident Management Team meeting as instructed by the Support Officer (Deputy Incident Leader) to be part of the management of the incident.		
2.	Provide initial advice on media implications to the Incident Management Team and follow the communications plan.		
3.	Draft initial media statements for approval.		
4.	Ensure appropriate authorisations for information to be released.		
5.	Liaise with Press Officers in other organisations as necessary (e.g. Police).		
6.	Organise and manage media briefings, interviews, statements including provision of area to locate media representatives in liaison with partner agencies.		
7.	Briefing spokespersons according to the position agreed by the Incident Management Team (or SCG (Gold) Media Support Group if in operation).		
8.	Act as the point of contact between the Incident Management Team and the Media.		
9.	Liaise with other members of the Incident Management Team in providing appropriate advice, communication briefings etc. (HR, Services and Medical Leads etc.)		
10.	Advise on and manage incident communications to all Trust staff, co-ordinating, drafting, getting approval for and disseminating all incident staff communications.		
11.	Ensure CCS NHS Trust patients and service users, their relatives and families (depending on type of incident) are kept informed of the situation as appropriate.		

ACTION CARD 4 (continued)

SUPPORT OFFICER (COMMUNICATIONS)

No	Action	Completed	Time / Date
12.	Where necessary, requesting assistance from other NHS communications leads.		
13.	Set up and maintain a Media Log using the Occurrence Log form. It is essential to keep a list of everyone who has been called, all media contacts to the organisation, and all information given. Log times and dates throughout the incident.		
14.	Monitor communications throughout the incident on TV, Radio and print.		
15.	Evaluate communications activities after the incident.		
16.	Undertake tasks as delegated by the Incident Leader.		