



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

GUIDANCE ON TRAINING AND SUPPORT FOR THOSE INVOLVED IN MEDIA HANDLING IN NHSSCOTLAND

Prevention and control of Healthcare Associated Infection (HAI) is a high-profile priority issue for NHSScotland. A major 3-year programme of work was laid out in the [SEHD Ministerial Action Plan on HAI](#), now being actioned by the Scottish HAI Task Force, of which I am the Chair. One of the priorities arising from the Action Plan and the Watt Report was to examine current arrangements for those involved in media handling in relation to outbreaks and incidents.

An effective working relationships with the media is a crucial issue for NHS Boards in relation to risk management, and forms an essential part of the practical management of outbreaks and incidents.

The attached guidance document is based on a report from an HAI Task Force multidisciplinary working group, chaired by Dr John Wrench, Director of Public Health at NHS Highland. This guidance lays out the tasks for NHS Boards in relation to principles underpinning interactions with the media (including issues of confidentiality), and practical issues around risk management and planning. There are also significant matters relating to education and training, which NHS Education Scotland has agreed to take forward.

I would ask that NHS Board Chief Executives distribute copies of this letter and the attached document to:

- Divisional Chief Executives
- Medical and Nursing Directors
- Chairs of Risk Management committees (or equivalent)
- Chairs of Clinical Governance committess
- The Senior Infection Control Manager (per [HDL 2001\(10\)](#))
- Infection Control Teams

From the Chief Medical Officer

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For action

To:
Chief Executives of NHS Boards
Chief Executive of The State Hospital
Chief Executive of the Scottish
Ambulance Service
Chief Executive of the CSA
Directors of Public Health
Consultants in Public Health Medicine
(CD&EH)
Directors of Communication, NHS Boards
Clinical Director, SCIEH

For information

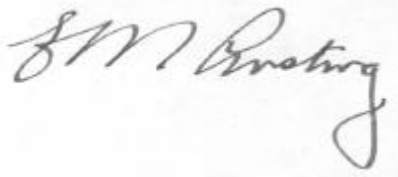
Further enquiries

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I would also ask that Directors of Communication (or equivalent) distribute copies of this letter and the attached document to all communications staff within their organisation.

Please accept my thanks for your assistance in implementing this guidance, which I trust will be of practical importance in effective risk management of incidents and outbreaks.

Yours sincerely

A handwritten signature in black ink, appearing to read "E M Armstrong", written on a light-colored background. The signature is cursive and somewhat stylized.

DR E M ARMSTRONG

GUIDANCE ON TRAINING AND SUPPORT FOR THOSE INVOLVED IN MEDIA HANDLING IN NHSSCOTLAND

1 Introduction

In October 2002, the Scottish Executive launched the Ministerial Healthcare Associated Infection (HAI) Action Plan [Preventing Infections Acquired While Receiving Healthcare](#). The HAI Action Plan¹ was informed by the recommendations of the Watt Group Report² on the review of the management of the outbreak of salmonella infection at the Victoria Infirmary, Glasgow, in December 2001 and January 2002; and by the Ministerial HAI Convention of Experts, held in Glasgow, on 28 June 2002

In the light of the above reports and recent monitoring by NHS Quality Improvement Scotland (NHSQIS) (formerly Clinical Standards Board for Scotland) of HAI infection control and cleaning standards, NHS organisations in Scotland are upgrading their management systems relating to infection control. The HAI Action Plan required a review of the training arrangements for those involved in media handling on behalf of the NHSScotland, and an HAI Task Force Working Group chaired by Dr John Wrench was established to undertake this review. Although primarily arising from issues relating to HAI, the remit of the Working Group covered the broad range of managing adverse public health incidents, including major environmental and infection incidents. The Working Group's report forms the basis for this guidance note, which addresses four key areas:

- Principles underpinning relationships with the media
- Risk management
- Planning
- Education and training

Unless otherwise indicated, the term 'incident' is used to cover both incident and outbreak in the following text. The team convened to manage an outbreak or incident will be referred to as the "Incident Management Team" or IMT.

[Partnership for Care: Scotland's Health White Paper](#), issued in 2003, contained proposals for changes to the governance arrangements for local NHS systems. This included the dissolution of the remaining Trusts and the development of single-system working where this does not already exist. The current document should be adapted for local use where necessary, taking local variations in organisational structures into account.

2 Principles underpinning relationships with the Media

- 2.1 **Openness and transparency.** Communications regarding any incident should be open, honest, transparent, accurate and timely. Transparency regarding the processes or priorities of incident management is essential when full openness would prejudice the effectiveness of the investigation or compromise confidentiality to an unjustifiable degree.
- 2.2 **Consistency and coherence.** Proactive communications and media responses should be shared with partner agencies, and 'lines to take' agreed by the Chair of the Incident

Management Team (IMT) to maintain consistency and accuracy. A Press Officer will be a member of the IMT³ and the initial point of contact for all media enquiries, with support provided by colleagues as required.

- 2.3 **Confidentiality.** Patient and staff confidentiality must be maintained as far as possible and care taken to avoid providing patient-identifiable details to the media. The possibility of ‘deductive disclosure’ must always be considered: individuals may be identifiable from information such as date or ward of hospital admission, surgical procedure or disease involved, and occupation or age data. When it is inevitable that patients or staff will be identified by the media, consent for disclosure of details should be proactively sought. The need to support patients or staff, whether or not they are publicly identified, should be considered. Protecting personal confidentiality may conflict with the need to protect the public health – the IMT must make explicit decisions on this if required.

3 Risk management and the media

- 3.1 In line with accepted best practice in corporate governance, NHS Boards must ensure that significant risks (including risks to reputation) are appropriately managed. Access to adequate levels of expertise and resource relating to communications support for media handling is a key element of this process. Management of the incident should not be compromised by media attention – communications staff and management will have responsibility for ensuring there is access to sufficient resources to support the appropriate level of response (including surge capacity and prolonged periods of intense activity) as laid out in national guidance³.
- 3.2 The European Working Time Directive is a significant factor in arranging provision of 24-hour communications cover. Formal collaborative working arrangements with neighbouring NHS Board areas could be considered in relation to advice and support for local communications staff and to provision of surge capacity. An informal ‘buddy’ system has already been developed by the Scottish Association of Healthcare Communicators.
- 3.3 The planning of practical arrangements for implementation of the major incident communications strategy (including access to communications staff and adequate communication channels) must form part of the overall major incident planning process at NHS Board level. This should take into account the logistics of working off-site, perhaps at great distance from normal office facilities, notably the practicalities of issuing emergency press releases and briefings.

4 Planning, Procedures, Protocols and Guidelines

- 4.1 Existing national guidance^{3,4} recognises the core role of the Press Officer (or other communications staff member) as a member of the IMT.
- 4.2 NHS Boards should ensure that local plans for responding to public health incidents include a comprehensive communications strategy that is applied coherently throughout the NHS Board’s area, and is available to NHSScotland staff and partner agencies. Local media training should incorporate training in delivery of that strategy.

- 4.3 Communications staff should have a key role in preparation of protocols and procedures in relation to the communications strategy, including clear arrangements for liaison with the Press Health office at SEHD.

5 Education and Training

- 5.1 Adequate levels of expertise are essential to ensure safe media handling in relation to incidents. This includes training in the principles of incident management and confidentiality for communications staff who are directly managing the press response, as well as training in media skills for health professionals and managers who would be expected to act as media spokespersons in an incident. 'Media skills' for the latter group encompass issues such as awareness of the triggers for media interest as well as generic radio or front-of-camera techniques.
- 5.2 The provision of education and training should be targeted primarily at key members of the multi-disciplinary team involved in managing an incident. The target group may include communications staff and key members of the IMT (e.g. Public Health Consultants and Specialist Registrars, Microbiologists and Infectious Disease Consultants, Chief Executives/NHS Board Senior Managers).
- 5.3 A potential framework for education and training for those involved in media handling in NHSScotland was drafted by the HAI Task Force Working Group, and has been submitted to NHS Education Scotland for further development by the end of 2004.

References

1. Ministerial Action Plan, ["Preventing infections acquired while receiving Healthcare"](#). Scottish Executive, 2002
2. [Watt Group Report](#). Scottish Executive Health Department, 2002
3. [Managing incidents presenting actual or potential risks to the Public Health](#)– Guidance on the roles and responsibilities of Incident Management Teams. Scottish Executive, 2003
4. [Guidance on the Investigation and Control of Outbreaks of Foodborne Disease in Scotland](#). Scottish Executive and Food Standards Agency (Scotland), 2002

HAI Task Force Secretariat

May 2004