



MEDIA POLICY

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Ratifying committee or executive director	Clinical Governance Committee	
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Executive director	Executive Director of Strategy, People and Partnerships	
Policy lead	Associate Director of Communications and Marketing	
Policy author (if different from above)	As Above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

- Birmingham and Solihull Mental Health NHS Foundation Trust is committed to developing positive and effective relationships with the media. This is essential to ensure that service users, stakeholders and the wider public are able to learn about key developments and achievements at the Trust. The Trust also recognises that, as a publicly funded organisation, it will rightly be the subject of considerable media scrutiny and that timely and accurate responses to queries are critical.
- The purpose of this policy is to provide staff with information and guidance on how the Trust engages with the media while ensuring adherence to other Trust policies, and wider legislation relating to patient consent and data protection. It defines the clear processes which ensure the Trust provides timely, appropriate information to the media, which is both accurate and consistent.

Policy requirement (see Section 2)

This policy is designed to:

- Provide positive opportunities for the Trust, its staff and service users to participate in media activity.
- Establish a structured approach across the Trust for liaising with the media and responding to media enquiries
- Ensure managers and staff are aware of what they need to do if they receive a call from the media and the role of the communications and marketing team in supporting all staff and service users
- Underpin the Trust's values of compassionate, inclusive, committed, respect the dignity of individuals and build and protect the reputation of BSMHFT and the NHS brand in the media and with external audiences, stakeholders and partner organisations.

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1 INTRODUCTION

1.1 Rationale (Why)

Birmingham and Solihull Mental Health NHS Foundation Trust is committed to developing positive and effective relationships with the media. This is essential to ensure that service users, stakeholders and the wider public are able to learn about key developments and achievements at the Trust. The Trust encourages its staff to participate in relevant media activity, with the appropriate knowledge, guidance and support of the communications and marketing team. The Trust also recognises that, as a publicly funded organisation, it will rightly be the subject of considerable media scrutiny and that timely and accurate responses to queries are critical.

The purpose of this policy is to provide staff with information and guidance on how the Trust engages with the media while ensuring adherence to other Trust policies, and wider legislation relating to patient consent and data protection. It defines the clear processes which ensure the Trust provides timely, appropriate information to the media, which is both accurate and consistent.

This policy is designed to establish a structured approach across the Trust for liaising with and responding to the media and to ensure staff are aware of what they should do if they are approached by the media.

1.2 Scope

This policy applies to **all staff** working within all areas of the organisation including:

- all staff employed directly by the organisation
- all Non-executive directors
- all Governors
- all staff working under contract to the organisation, whether employed directly, or by a third party such as consultants
- all clinicians acting in a paid role on behalf of the organisation
- all staff seconded to the organisation
- all Experts by Experience
- all persons working for the Trust on a non-salaried basis, such as students and people on work experience placements
- all persons working as apprentices within the Trust
- all persons working as volunteers within the Trust.

This policy relates to **all media** including:

- broadcast media - radio and television
- print media - newspapers, magazines and journals
- digital and social media - content on external websites, blogs, vlogs and social media platforms, including but not limited to Twitter, Facebook, YouTube, Instagram and Snapchat.

1.3 Principles (Beliefs)

This policy underpins the Trust's value of honesty and openness with staff, service users, carers and stakeholders, at the same time ensuring confidentiality where necessary, respecting the dignity of individuals, and building and protecting the reputation of the Trust and the NHS brand in the media and with external audiences, stakeholders and partner organisations.

2 POLICY (What)

- 2.1 The Trust's communications and marketing team is responsible for making any proactive approaches to the media and for receiving and responding to **all** media enquiries.
- 2.2 The communications and marketing team will liaise with relevant staff, managers and directors as appropriate in relation to media stories and enquiries and will obtain sign off from the chief executive or relevant executive director for all media releases, invites, statements and interview requests.
- 2.3 The protection of service users' and their carers' interests is vital. Their right to confidentiality must be respected at ALL times, whilst appropriately supporting service users and carers who wish to participate in media activity to do so.
- 2.4 In dealing with the media the Trust will comply with the Caldicott guidelines to ensure that:
 - the duty of care and protection of a patient's right to privacy, dignity and confidentiality is paramount
 - contact with the media never detracts from the primary purpose of care delivery
 - pressure is never put on patients, service users, carers or staff to participate in media activity.
- 2.5 Where approaches are received from the media regarding individuals, we will not comment on the individual in question unless it is already a matter of public record, e.g. from an inquest or court proceedings, and is deemed appropriate. We may, however, respond with a general comment on our policy or general procedures.
- 2.6 The Trust's main spokesperson is the Chief Executive, or their nominated Executive Director.
- 2.7 No member of staff or governors should make comment or act as a spokesperson to the media unless specifically sanctioned to do so by the Chief Executive, or their nominated deputy, and after having contacted the communications and marketing team for advice/ reassurance of message and media training where appropriate. No member of staff will speak 'off the record' to the media about Trust related matters.
- 2.8 If an individual agrees to be interviewed in a different capacity other than Trust business - for example on behalf of a university, trade union or royal college - the communications and marketing team should be informed. It is the individual's responsibility to make it clear to the interviewer that they are speaking in their capacity as a representative of another organisation, not on behalf of the Trust.

- 2.9 If a member of staff has concerns, for example about the safety or care of patients within the services we provide as a Trust, they have duty to raise these issues through the appropriate management structure, the Freedom to Speak Up Guardian, or the Trust Freedom to Speak Up: raising concerns (whistleblowing policy). If a staff member makes a statement or comment to the media or on social media, which is considered unjustifiable and may unnecessarily undermine public confidence in the Trust, the employee may be liable for disciplinary action. The Trust will take into account what action the employee has previously taken to pursue their concerns through the relevant internal policies and procedures, and the response the individual has received.
- 2.10 Individuals invited or requested to talk to the media will be briefed by the communications and marketing team as to what questions the journalist is likely to ask, how best to answer them, and where possible will be accompanied by a member of the communications and marketing team for support.
- 2.11 If the media enquiry is in relation to a high profile story, such as an independent inquiry, homicide review or inquest, key staff involved will receive a verbal and written briefing by the communications team to prepare them for issues likely arise as a result and may also receive media training if necessary.
- 2.12 These policy particulars are applicable across all social media channels in addition to traditional media such as broadcast and print. The Trust also has a separate Social Media Policy which should also be referred to.

3 PROCEDURE

3.1 Proactive press stories, releases and statements

- 3.1.1 It is important to maintain a regular outflow of positive news releases on key Trust activities.
- 3.1.2 All press releases, media briefings, articles, case studies and feature outlines, will be released through the communications and marketing team. These will be formatted on a Trust template and will be signed off by the Chief Executive or relevant executive director or senior manager, depending on the content.
- 3.1.3 There are many good news stories about the Trust which the media and public will want to hear. The communications and marketing team can help you plan press releases and other proactive media campaigns, and you should seek their advice in advance and plan ahead, giving the team as much notice as possible. This can help avoid clashes with other events and initiatives in the Trust and ensure a consistent steady stream of positive stories to the media. It will also allow time for proper preparation, sign off and media training where appropriate.

3.2 Handling media enquiries

- 3.2.1 All contact with the media, positive or negative, on any matter that might be linked to the Trust should be channelled through the communications and marketing team in the first instance. This applies whether the approach is directly from the media or via a partner organisation. The team can identify trends in media interest, and can take

a wider view of the current situation, particularly if several departments or organisations are involved or several potential stories are running at once.

- 3.2.2 Researchers and journalists may try to develop a story in various ways. This may involve approaching different departments or individuals within the Trust, even if they have already contacted the communications and marketing team, to obtain information or verify what they already have. As with all media contacts, they should be referred back to a member of the communications and marketing team in the first instance.
- 3.2.3 Out of office hours, calls should be made to the on-call director, who will decide whether it is necessary to liaise out of hours with the Associate Director or the Head of Communications and Marketing.
- 3.2.4 A suitable response to enquiries will be compiled by the communications and marketing team in conjunction with the appropriate Trust staff and, where necessary, partner organisations. The response will then be signed off by the relevant senior Trust director and the Chief Executive (or nominated deputy).
- 3.2.5 The Trust will respond to requests for comment and information from the media in a timely manner and within set deadlines where possible.
- 3.2.6 All quotes on behalf of the Trust will be attributable to the relevant senior director or Chief Executive, unless otherwise agreed.

3.3 If you are contacted directly by the media

- 3.3.1 Sometimes journalists may bypass the communications and marketing team and go direct to staff, or attempt to catch staff off guard. This contact could be via phone, email, social media or in person, or example at an event.
- 3.3.2 Do not comment, speculate or speak off the record on what you are asked by the reporter, even if pressed hard. Rather than saying “no comment” take down the name of the reporter, their contact details, publication name and brief details of their enquiry and pass to the communications and marketing team. Reassure the journalist that someone from the communications and marketing team will contact them shortly.
- 3.3.3 The way and speed with which the Trust responds to media enquiries will influence the media’s perception of the organisation and often the type of coverage we receive. It is therefore vital that you forward on any media enquiries you receive immediately to the communications and marketing team and respond promptly to any requests from the communications and marketing team for information relating to a media enquiry.
- 3.3.4 Even if the enquiry seems a positive one, you should still refer it to the communications and marketing team before providing a response.

3.4 **Serious incidents and incidents that could cause disruption to services**

- 3.4.1 The media liaison arrangements for major incidents are covered in the Trust major incident plan. In the event of a major incident any media interest will be managed by the strategic incident control team, which will be led by the Chief Executive or on-call director who will involve the communications and marketing team as appropriate.
- 3.4.2 If any member of staff becomes aware of an issue which could potentially generate negative media activity, they should contact the communications and marketing team immediately by calling 0121 301 1298.
- 3.4.3 Examples of events or situations that need to be raised with the communications and marketing team include:
- absconsions
 - suicides/attempted suicides
 - serious patient self-harm in the community
 - serious patient harm to others in the community including homicide or suspected homicide
 - serious loss of data or patient information or significant information governance breach
 - events which are likely to cause major disruption to services (such as road closures, serious weather incidents, infection control issues)
 - any other serious events that are out of the ordinary and likely to attract media attention.
- 3.4.4 If a serious issue occurs out of office hours which is likely to lead to media attention before the next working day, you should alert the on-call director, who will decide whether it is necessary to liaise out of hours with the Head of Communications and Marketing.

3.5 **Public meetings**

- 3.5.1 If you have attended a public meeting where you were aware the media were present and were approached for comment, or made a comment during the meeting that could attract media interest, inform the communications and marketing team as soon as possible so that they are aware.

3.6 **What to do if the media turn up at your hospital/site/community setting**

- 3.6.1 Clause 8 of the Independent Press Standards Organisation (IPSO) Editors' Code of Practice states the following:

“Journalists must identify themselves and obtain permission from a responsible executive before entering non-public areas of hospitals or similar institutions to pursue enquiries.

The restrictions on intruding into privacy are particularly relevant to enquiries about individuals in hospitals or similar institutions.”

3.6.2 Any applications to film or take photographs on Trust property must be made through the communications and marketing team.

3.6.3 A member of the communications and marketing team will escort all media representatives whilst on any Trust site, unless this is not possible due to location or other restrictions, in which case an appropriate member of staff will be sought in advance to accompany and will be fully briefed. Whilst on site members of the media will carry identification and be able to produce this on request. Staff must challenge any person claiming to be from the media if they state they have clearance to be on site, and are not accompanied by a member of the communications and marketing team. This can be verified by calling the communications and marketing team during office hours or the on-call director out of hours.

3.6.4 Should the media visit any site without the express permission of the communications and marketing team, Chief Executive or the on-call director, the communications and marketing team (or on-call director if out of office hours) should be notified immediately and the media should be asked to leave. In order to protect patient confidentiality, any film or photographic images that may have been taken, will be confiscated or deleted before leaving the site.

3.7 **Filming and photography undertaken or commissioned by the Trust or its partner agencies**

3.7.1 This part of the policy applies to all devices which are capable of recording images and sound in relation to Trust business. This includes mobile phones and tablets.

3.7.2 Participating in filming is time consuming and potentially disruptive. Therefore any access agreed should seek to keep disruption to an absolute minimum.

3.7.3 Consent must be sought from ALL individuals (including staff, service users and carers) featured in any filming and photography. If the filming/photography is being done in-house or by a supplier commissioned by the Trust consent must be recorded using the standard Trust filming and photography consent form, which can be found in the Communications Toolkit on the Trust intranet, Connect.

3.7.4 Where it is not practical to gain consent from every individual, for example at a large event involving many people, attendees should be made aware that filming or photography is taking place by the Trust or its commissioned supplier, so that they have the opportunity to avoid being filmed or photographed if they wish.

3.7.5 Photographs, filming and audio recordings must not be used for any purpose other than that for which the original consent was granted, unless further consent is obtained (in writing).

3.8 **Approaches by TV and film companies**

3.8.1 There are a number of factors which should be considered when approached by a TV company to take part in a documentary/film or news report. Some of the main points that we will consider are below but this is not an exhaustive list:

- What is the benefit for the Trust, the wider healthcare system, and/or the population it serves?
- Is there any political or other element that may not be appropriate for the Trust to be associated with?
- How much time/resource is it going to take, how disruptive will it be to the Trust and any other agencies and is this proportionate to the benefits?
- Is the Trust the appropriate organisation for the company to approach, or should we signpost to another/partner organisation.
- Who else is involved? Has any organisation approached declined to take part?
- Who else do we need to involve and/or inform? For example commissioners, NHS England/Improvement, partner agencies?
- The reputation of the production company and broadcast channel.
- The target audience and other output of the broadcast channel.
- Is there any potential risk to the Trust's reputation or relationships?
- Is there any risk to patient or staff confidentiality?

3.8.2 All requests for film and television filming should be directed to the communications and marketing team.

3.8.3 Filming for TV documentaries will be subject to an access agreement, usually provided by the production company and signed by both the company and the Trust. No filming will take place until access has been agreed in such a written document and the document has been checked with the Trust's legal team.

3.8.4 The communications and marketing team will ensure the permission of the Chief Executive or nominated deputy is granted before agreement is made to participate in any film, documentary or news report. Only the Chief Executive or their nominated executive director may sign an agreement with a TV/film production company.

3.8.5 TV company representatives and film crews will be accompanied at all times by a member of the communications and marketing team or other appropriate staff member (see 3.6.3).

3.8.6 Film crews/photographers should be briefed prior to any activity regarding the need for patient consent. Any member of staff from the Trust has the ability to stop any filming/photography/recording if they are uncomfortable with what is being recorded or are asked to do so by a patient, service user, carer or other member of staff. Staff accompanying the media are responsible for ensuring staff and patients' wishes are upheld.

Filming by external companies, such as for TV documentaries, will be subject to the company's own consent procedures, which will be reviewed by the communications and marketing team and, where necessary, legal team. Where necessary, amendments to the company's procedures will be requested before agreement is made to film. The advice of an appropriate clinician will always be sought on matters

of consent. Written consent is not usually sought by news reporters or camera crews, due to the immediate nature of their work, and it is therefore important to ensure that those taking part understand the purpose and potential coverage of the report and are happy to participate. The communications and marketing team will seek written confirmation that footage filmed for news reports will not be used as library footage or in relation to any other stories.

3.8.7 The Trust will reserve the right to confirm before broadcasting is permitted, that any footage broadcast does not breach confidentiality and that the content of the broadcast fairly and accurately portrays the organisation and its activities and is in line with the access agreement.

4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All Staff	<p>To protect the confidentiality of staff, patients, service users and carers and ensure they are treated with dignity and respect at all times.</p> <p>To ensure all approaches from the media are passed to the communications and marketing team in line with this policy.</p> <p>To make the communications and marketing team aware of all media opportunities and take guidance and advice on whether to go ahead.</p> <p>To ensure that a member of the communications and marketing team is present at all media interviews or filming.</p> <p>To challenge any journalists or photographers on Trust premises who have not sought permission or are not accompanied by a member of the communications and marketing team.</p> <p>To seek and take guidance and advice from the communications and marketing team with regard to the content of media interviews and advance preparation.</p> <p>To ensure the communications and marketing team are aware of any issues that may be subject to media scrutiny.</p> <p>To involve the communications and marketing team in developing positive media stories and take advice regarding timing and targeting.</p>	

<p>Communications and marketing</p>	<p>To manage all media requests in line with this policy.</p> <p>To draft all reactive and proactive statements to the media.</p> <p>To obtain sign off of all statements from relevant directors and the chief executive.</p> <p>To brief Trust staff fully prior to interviews or filming and provide media training where appropriate.</p> <p>To fully investigate media opportunities and assess the risks, benefits and impact to the Trust of participating and then make a recommendation to the relevant managers, directors and the chief executive.</p> <p>To obtain the agreement of relevant directors, the chief executive before proceeding with any media opportunities.</p> <p>To work with teams and individuals across the Trust and partner agencies to identify and promote positive media stories.</p> <p>To ensure appropriate consent is given by all involved in media interviews, photography or filming, taking the advice of clinicians where appropriate in relation to service user involvement.</p> <p>To accompany all journalists, photographers and film crews on Trust premises or where that is not possible to ensure they are accompanied by an appropriate member of staff.</p> <p>To accompany all media interviews with Trust representatives where possible. Where it is not possible due to timing or location, to ensure the interviewee is appropriately briefed.</p> <p>To halt proceedings if the interview or filming becomes intrusive or inappropriate or compromises confidentiality.</p>	
<p>Chief Executive/ Executive team</p>	<p>To promptly sign off any media statements.</p> <p>To ensure the communications and marketing team are aware of any approaches by the media.</p> <p>To nominate and notify deputies to sign off statements and take part in media interviews in the executive's absence.</p>	

	To ensure the communications and marketing team are aware of any issues that may be subject to media scrutiny.	
Managers	<p>To ensure all staff are aware of this policy and follow the correct procedures in the event of a media enquiry.</p> <p>To advise the communications team regarding consent where appropriate if service users are involved in media opportunities.</p> <p>To ensure the communications and marketing team are aware of any issues that may be subject to media scrutiny.</p> <p>To halt proceedings if the interview or filming becomes intrusive or inappropriate or compromises confidentiality.</p> <p>To respond promptly to any requests from the communications team relating to media enquiries.</p>	

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	June 2023	
Number of versions produced for consultation	1	
Committees or meetings where this policy was formally discussed		
PDMG	16 August 2023	
Where else presented	Summary of feedback	Actions / Response

6 REFERENCE DOCUMENTS

This procedure must be read in conjunction with the following Trust policies, procedures and statements:

- Confidentiality policy
- Information governance assurance policy
- Major incident plan
- Freedom to Speak Up: Raising Concerns (Whistleblowing policy)
- VIP and celebrity visitor policy
- HR guidance note: social networking

- Social Media policy

7 BIBLIOGRAPHY

Independent Press Standards Organisation (IPSO) – Editors’ Code of Practice

<https://www.ipso.co.uk/IPSO/cop.html>

8 GLOSSARY

None

9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements
All media contact channelled through the communications and marketing team	Senior Marketing and Communications Manager	Media monitoring – will identify any items not channelled through the team.	As it happens	Log kept by the communications and marketing team and any non-approved items reported to the Executive Team
Percentage of positive and negative media stories relating to the Trust	Head of Communications and Marketing	Media reporting as part of integrated reporting dashboard	Monthly	Monthly contribution to integrated reporting

10 APPENDICES

Appendix 1 – Equality Impact Assessment

Appendix 1- Equality Impact Assessment

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Policy	Media Policy		
Person Completing this policy	Tim Hamilton	Role or title	Associate Director of Communications and Marketing
Division	Strategy, People and Partnerships	Service Area	Communications and Marketing
Date Started	27 June 2023	Date completed	27 June 2023
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
<p>The purpose of the policy is to provide staff with information and guidance on how the Trust deals with the media while ensuring adherence to other trust policies, and wider legislation relating to patient consent and data protection. It defines the clear processes which ensure the Trust provides timely, appropriate information to the media, which is both accurate and consistent.</p> <p>This supports the Trust's strategic requirement to develop strong, effective, credible, sustainable relationships with key stakeholders, building the Trust's reputation.</p>			
Who will benefit from the proposal?			
<p>The policy provides a structured approach across the Trust for liaising with the media and ensures that all staff are aware of how the Trust's engages with the media, how the communications and marketing team can support and advise, and what they should do if they receive a call from the media.</p>			
Does the policy affect service users, employees or the wider community?			
<i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
Positive impact in reaching those with protected characteristics			
Does the policy significantly affect service delivery, business processes or policy?			
<i>How will these reduce inequality?</i>			
Affects service delivery and business processes positively in that it ensures organisation, services and processes are promoted as effectively as possible			
Does it involve a significant commitment of resources?			
<i>How will these reduce inequality?</i>			

Resourced by the current establishment of the communications team				
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
Policy is designed to help reduce inequalities in these areas				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			X	Positive impact of raising awareness or reducing stigma in relation to young people or older adults through media engagement.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			X	Positive impact of raising awareness or reducing stigma in relation to disability through media engagement.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender			X	Positive impact of raising awareness of gender issues through media engagement.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	No impact			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters				

Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			X	Positive impact of raising awareness of issues relating to pregnancy and maternity through media engagement, particularly around perinatal mental health.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity			X	Positive impact of raising awareness of issues relating to race and ethnicity through media engagement, particularly around experience of mental health and access to mental health services.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief			X	Positive impact of raising awareness of issues relating to religion or belief through media engagement, particularly around experience of mental health and access to mental health services and promotion of spiritual care.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation			X	Positive impact of raising awareness of issues relating to sexual orientation through media engagement, particularly around experience of mental health and access to mental health services as well as the experience of our workforce.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment			X	Positive impact of raising awareness of issues relating to transgender or gender reassignment through media engagement, particularly around experience of mental health and access to mental health services as well as the experience of our workforce.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				

Human Rights			X	Positive impact of raising awareness of human rights issues through media engagement, for example raising the profile of the work done in this area by our community engagement and inclusion team.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				No impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding. If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
N/A				
How will any impact or planned actions be monitored and reviewed?				
N/A				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
This policy will be implemented in a fair and consistent way and will involve appropriate and careful consideration of the potential impact of the Trust's association with the media to ensure that the resulting impact and coverage within the Trust and wider community is a positive one that serves to reduce stigma and inequality.				

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis