



NEWS

WHAT THE HEALTHCARE INDUSTRY NEEDS TO KNOW ABOUT CRISIS MANAGEMENT AND TELLING MEDIA FRIENDLY STORIES

mediafirst
specialists in communication training

NOTES FROM THE EDITOR

Thank you for downloading this eBook. Effective healthcare communication has never been more important.

The sector has certainly been in the media spotlight over the past few years.

In fact, at the height of covid, health was at the top of everyone's agenda. Press conferences were beamed into our homes every day. Every word and statistic was analysed.

Covid showed just how quickly a crisis can develop and create a life of its own.

And many challenges remain, including staff shortages, budget pressures, strikes and patient backlogs.

NOTES FROM THE EDITOR

Could your organisation cope with being in the media spotlight for all the wrong reasons against this backdrop?

But let's not forget the media also presents an opportunity to tell positive stories, highlight new treatments and discuss advancements in medicine and health tech.

Have you got a spokesperson who could talk about the role of AI in tackling waiting times? Have you got one who could talk about a new cancer treatment? Or new technology that could help elderly people live in their homes for longer?

Whether you need help with your crisis communication or proactive media coverage, we are here for you.

We have been delivering [media training](#) and crisis [communication training](#) for around 40 years and have seen growing demand for our training from the health sector in the past few years.

Additionally, we have written more than 600 blogs – around half a million words – on the subjects. And hosted a crisis communication webinar with the British Medical Association.

This eBook pulls that knowledge and expertise together.

We will guide you through how you can ensure your proactive messages are heard. And how you can prepare for – and manage – a crisis.



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INTRODUCTION

The health sector rarely moves far from the top of the news agenda.

Whether it is the latest cure or treatment, funding issues, staff shortages, strikes, lifestyle changes or social care concerns, there is always something making the headlines.

And at the height of the pandemic, health updates were broadcast into our living rooms every day.

Professors Chris Whitty and Jonathan Van Tam became household names.

Health concerns everyone, and health stories are a hugely popular media topic.

And that means there will always be a demand for healthcare practitioners and senior leaders to share their thoughts, opinions and expertise in broadcast and print interviews.

Some of this media attention is likely to be unwanted, particularly when the sector is in crisis mode.

But there is also a regular need for experts to provide insight and discuss new developments, improvements, initiatives and campaigns.

So, it is perhaps not surprising we are increasingly asked to deliver both media training and crisis communication training for doctors, dentists, pharmacists, NHS Trusts, royal colleges, scientists and private health care providers.

During the past five years alone, we've designed more than 250 courses for 70 separate healthcare organisations and 50 NHS clients.

And our involvement doesn't stop there, with healthcare stories and interviews featured in our regular media training and crisis communication blogs.

So, we thought we would put them together in one handy place, together with tips and advice from our renowned media training courses for dealing with crises and gaining more coverage for proactive, positive stories.

This eBook initially focuses on how the health sector can tell media-friendly stories, but if you are more interested in crisis communication, that section begins on page 28.

CASE STUDIES

“Professors do give you very clear answers sometimes.”

That was Andrew Marr’s verdict of an interview with Professor Sarah Gilbert, a vaccinologist at Oxford University, on his Marr programme.

The professor, who was leading the research in the UK to find an effective vaccine for the coronavirus, produced an excellent performance.

One of the issues we often find during our [media training](#) courses is spokespeople struggle to get complex information across in interviews without confusing or losing the audience.

But here, a complicated subject was explained with great clarity – not just the vaccine, but also wider questions about the virus, including why older men are more susceptible.

Take for example the way she described the likely side-effects of the vaccine - “You may have a slightly sore arm, a slight fever for a day or two,” she said.

What stood out for us was all of Professor Gilbert’s answers were developed. There were no short responses. Instead, she filled her answers with examples to show what action was being taken to progress the vaccine.

But what was also impressive was her handling of the trickier questions. First-up she faced the sort of ‘guarantee’ question that has tripped up many a spokesperson in the past.

Could she guarantee the vaccine would be ready by September 2020? “No-one can be sure, but I think the prospects are good,” was a measured response.

Later, she faced potentially tricky questions about who would own the vaccine and whether money would be made from it. Here, the professor acknowledged the questions and then bridged away to safer ground, saying “For the moment, what we are concentrating on is having a vaccine available for public health.”

There was even a great sign-off to the interview.

“Right, I’ll get back to work”, she said. An impressive performance and one that other spokespeople should study.

*This article was first published on www.mediafirst.co.uk/blog in May 2020

WHY YOU WON'T SEE A BETTER RESPONSE TO A FIRST QUESTION THAN THIS

On our [media training courses](#), we talk to delegates about the importance of trying to exert some control early in an interview.

This can be done through techniques such as bridging and by the spokesperson getting straight to examples in their initial answers rather than waiting to be asked.

And sometimes we find an interview which illustrates this advice perfectly.

The interview in question saw Dr Clare Gerada, a GP and former chair of the Royal College of GPs, appear on Channel 4 News to discuss NHS proposals to cut down prescriptions.

Faced with a potentially tricky first question which suggested the plans would mean the most vulnerable in society would have to pay for their medication, Dr Gerada briefly acknowledged the point by saying 'I think we will have to have a safety net', before name-

checking her own organisation (something many spokespeople forget to do).

She then steered the conversation, while sounding completely natural, back to her message about why it is important to look at this funding question, and added credibility to it by instantly using a powerful example which the majority of the audience would be able to relate to.

She said: "I've just gone online, and I've seen the cost for a month of an antihistamine for hay fever, which many of my patients will be asking for a prescription for. For a month's treatment, it is less than a pound if you buy it yourself.

"If I provide you with a prescription, when all costs are taken into account, it will cost the state about £40 and it will take up an appointment with me or one of my staff, so we have to make some sensible decisions."

WHY YOU WON'T SEE A BETTER RESPONSE TO A FIRST QUESTION THAN THIS

Such was the strength of this opening answer that presenter Alex Thomson remarked she had set-out her argument 'very clearly'.

As well as the skill that had gone into this first answer, it is also worth noting that in the same week the Plain English Campaign had called out the NHS for its use of jargon, Dr Gerada had used simple language and stayed well clear of the 'gobbledygook' which had so irked the campaign.

And it is worth highlighting that this was a down-the-line interview – a format many spokespeople on our [media training courses](#) admit to finding alien and uncomfortable. But Dr Gerada seemed relaxed and assured despite being at a considerable disadvantage to the other interviewee (Sarah Sleet from Coeliac UK) who was in the studio.

So, what about the rest of the interview?
Well in truth it was relatively short, possibly because

Dr Gerada had swiftly shut down the potentially negative angle about how the vulnerable would pay for medication and avoided the potential for any real disagreement with the other guest by suggesting celiac sufferers could buy gluten-free products at the supermarket and be reimbursed, rather than through prescription.

She delivered a strong sound bite suggesting the medications the proposals are looking at are things people should be able to 'buy alongside their coffee, alongside their toothpaste as part of their self-care'.

And there was another example to counter the fears of those concerned about the changes when we learnt that when Dr Gerada began her career 'you could prescribe washing powder'. This may sound like a humorous throw-away line, but actually, by talking about her experience, she added to her credibility and authority as a spokesperson.

*This article was first published on www.mediafirst.co.uk/blog in March 2017.

DOCTOR PRODUCES MEDAL-WINNING PERFORMANCE DURING HOSTILE INTERVIEW

We can probably all recall hostile interviews we have seen on television or heard on radio.

Some of the most infamous have featured politicians, such as the Jeremy Paxman interview with Michael Howard where he asked the same question 12 times in 90 excruciating minutes. More recently, Victoria Derbyshire has been given the country's leaders a tough time on Newsnight.

But, of course, it not just politicians who find themselves subjected to these types of interviews.

Armchair spectators of the Athletics World Championship in 2017 witnessed a particularly challenging interview.

It came after Botswana's Isaac Makwala was barred from competing in the 400m final because the sport's governing body, the International Association of Athletics Federations (IAAF), believed he had been showing symptoms of the norovirus.

As the story unfurled during the evening's coverage, Dr Pam Venning, head of medical services at IAAF, eventually appeared to defend the decision not to let him compete.

DOCTOR PRODUCES MEDAL-WINNING PERFORMANCE DURING HOSTILE INTERVIEW

Now we are not suggesting that presenter Gaby Logan delivered a Paxman like grilling, but this was challenging in its own way as it was effectively an interview by committee.

As well as facing questions from the main presenter, Ms Venning was also interrogated by pundits, and former athletes, Denise Lewis, Paula Radcliffe and Michael Johnson, who seemed to struggle to hide their disappointment that a star attraction, and realistic medal hope, had not been allowed to run.

In this daunting situation, many spokespeople would have struggled, but Ms Venning's performance seemed to win over public opinion at a time when the IAAF appeared to be rapidly hurtling towards a PR disaster. It was a performance that contained a lot of the media training skills needed to negotiate a tough interview.

Importantly she repeatedly showed compassion for the barred runner while presenting a clear explanation as to why the decision had been taken.

DOCTOR PRODUCES MEDAL-WINNING PERFORMANCE DURING HOSTILE INTERVIEW

She said: “We feel very sorry for the athletes who have to be withdrawn from competition, but the issue is we have a responsibility to all the athletes, and we need to make sure they are all protected.

Later she added: “We have great sympathy for the athletes who can’t compete because they have contracted this infection, but the fact of the matter is we are responsible for all the athletes’ health and it would have put all the athletes at risk. You would risk many, many more athletes not competing as well. The worst-case scenario is masses of people dropping out and staff being affected.”

Crucially, she did not get drawn into speculation. When asked about another athlete who had collapsed but had been allowed to continue to compete, she said she was unaware of the case. Similarly, when asked about whether the decision would prevent other teams from reporting sickness among their athletes, she replied ‘we have had great cooperation from all the teams who have presented athletes who are sick’.

DOCTOR PRODUCES MEDAL-WINNING PERFORMANCE DURING HOSTILE INTERVIEW

On our media training courses, we tell delegates that in interviews of this nature it is imperative they do not provide short answers, which can sound defensive. Ms Venning's responses were detailed and often went beyond answering what was asked and moved back to her main message – that she, and the IAAF, had a responsibility to all athletes.

But perhaps most important of all, she was able to maintain her composure despite the group grilling and the somewhat repetitive nature of the questions posed by the pundits who all seemed to share the same view. In a hostile interview, it is crucial spokespeople don't get rattled or show anger at the questions. The audience is more likely to be sympathetic if they remain calm and composed. Getting into an argument with the journalist – or the wider panel in this case – will not help a spokesperson fight their corner.

On a night where events off the track took centre stage, this was a medal-winning interview performance.

*This article was first published on www.mediafirst.co.uk/blog in August 2017

INTERVIEW HIGHLIGHTS THE RISK OF WAXING LYRICAL ON WIDER ISSUES

Sometimes you can say too much in an interview.

This is particularly true towards the end when the reporter tries to bring in wider questions, usually about another story that is in the news.

This is something we often discuss during our [media training courses](#).

And with good reason, because the 'and finally' or 'while you are here' question has tripped-up many spokespeople.

Professor Dame Sally Davies, the outgoing Chief Medical Officer, gave an example of this when she was interviewed about her final report in the role, on Radio 4's Today programme, which called for a ban on food on public transport and an extension of the sugar tax to aid the fight against childhood obesity.

It had been a strong interview packed with forthright views.

And then the reporter said, "just turning to other areas" and brought two more topics into the conversation.

The first of these saw Dame Sally suggest that England could end up with mandatory vaccinations.

She said: "We need to up our vaccination rates. I hope we can do it by other means, but if we can't, we might well end up with mandatory.

"It is important children are vaccinated. I remember looking after two children as they died from measles."

These comments created several headlines on the subject:

England 'may well end up with mandatory vaccines' says top doctor *The Telegraph*

Mandatory vaccines could be introduced in England if officials fail to tackle falling immunisation rates, says Dame Sally Davies *Daily Mail*

INTERVIEW HIGHLIGHTS THE RISK OF WAXING LYRICAL ON WIDER ISSUES

The conversation then moved on, somewhat predictably, to Brexit, in the form of an 'and finally' question. And Dame Sally shared some stark opinions.

She said: "The health service and everyone has worked hard to prepare.

"But I say what I've said before, we cannot guarantee that there will not be shortages - not only of medicines but technology and gadgets and things.

"And there may be deaths, we can't guarantee there won't."

Asked if patients' lives are at risk, Dame Sally replied: "They are at risk."

Not surprisingly, these stark warnings also grabbed the headlines:

'There may be deaths' – No-deal Brexit warning from chief medical officer is starkest yet *Huff Post*

'There may be deaths': No-deal Brexit medical shortages could put lives at risk, top doctor warns *Independent*

'No-deal Brexit could lead to deaths in NHS, warns chief medical officer *The Times*

These headlines and posts are a timely reminder for spokespeople that what they say in broadcast interviews can gain far wider coverage.

But it also shows the risk of being drawn into discussing other subjects during an interview.

Sure, the call to ban snacking on public transport still generated headlines, but it is far from ideal for it to be competing for space with stories based on Dame Sally's views about vaccinations and Brexit.

So how should these 'and finally' questions be handled?

INTERVIEW HIGHLIGHTS THE RISK OF WAXING LYRICAL ON WIDER ISSUES

On our [media training courses](#), we stress the importance of spokespeople responding to these questions in a way that doesn't detract from the main message.

The key is to briefly answer, or at least acknowledge the question - you can't afford to appear to be dodging it - and then steer the conversation back to the subject you want to focus on.

It is also crucial that as part of their interview preparation, spokespeople ensure they are familiar with the wider issues on the news agenda, particularly connected to their sector, and plan what they will say if the issue comes up.

If you are caught off-guard by an unexpected question, buy yourself some thinking time. A brief pause or a phrase like 'that's a good question' – as long as it is used sparingly – can give you a few moments to gather your thoughts and plan how you are going to respond.

Ultimately, diluting your message by waxing lyrical about wider issues is going to do little to prevent people from wolfing down the fast food on the train home.

*This article was first published on www.mediafirst.co.uk/blog in October 2019

KNOWING YOUR AUDIENCE

So how can your healthcare organisation tell more media-friendly stories?

It may sound obvious, but before you tell your story and engage with the media, you need to know who you want to tell it to.

Without knowing who your audience is, your message will fail, and you will not succeed.

Think about who you want to hear and see your message.

Then put yourself in their shoes to gain an insight into what they need to know about you and what they want to hear from you.

It will help to look at the audiences of the UK media.
Over the next few pages, we focus on who is consuming news on television channels, radio and national newspapers.

This will help you identify the media most appropriate for your audience.

WORDS AND PICTURES: THE FIGURES BEHIND TV NEWS

[Ofcom figures](#) show TV continues to be the most important news platform in the UK.

It says that news on television channels reaches 70 per cent of UK adults.

Adults watched an average of 113 hours of TV news in 2021. Those over 65 watched 233 hours. Younger age groups are, however, more likely to get their news from the internet and social media.

BBC One remains the most used source of news in England, followed by ITV, the BBC News Channel and Sky News. The bulletins on BBC and ITV regularly feature in the most-watched television programmes of the week, according to The Broadcasters' Audience Research Board (BARB).

Interestingly, competition for eyeballs is increasing, with newcomers Talk TV and GB News attracting viewers.

Similar to print newspapers, the reach of television news is extended by online consumption, through websites apps and social media, particularly among those aged 25-34 and 35-44 years old.

RADIO – ON YOUR WAVELENGTH

Radio is in some ways the Cinderella medium. It doesn't have the glamour of TV or the funkiness of the net and neither does it often create the storms that a strident newspaper headline or opinion piece can generate.

And yet good radio can grab people's attention like nothing else. Who hasn't stopped still in the kitchen because of something striking and perhaps moving that they've heard on the radio? Or waited in their car that little bit longer before going into the house or office to hear the rest of an interview? As we say, the best pictures are on radio.

Four in ten adults say they get their news from radio. Of these, 70 per cent listen to a radio station.

According to Ofcom, Radio 2 and Radio 1 are the most popular sources of radio news. And it is worth noting these are primarily music stations, with regular short bulletins.

If you're looking for publicity for an issue or campaign, radio is a great medium. Local radio editors, in particular, are constantly looking for news with an angle that makes it relevant to their area and most stations rely on phone-ins to fill their schedules.

Phone-ins in particular feed on events or trends in the news that are relevant to the broadest number of people and will generate as much controversy as possible.

Despite its relatively low-key style compared with other media, radio is a great way to speak to target audiences of all kinds. So, the figures tell a strong story: get on the radio – and get heard.

BLACK, WHITE AND STILL READ ALL OVER?

The pandemic accelerated changes that had already been happening in the media.

Newspapers, already struggling with the rise of online news sources and social media channels, saw circulations and advertising revenues plummet further.

Many publications, including The Sun, The Times, The Telegraph and The Guardian, have now opted out of publishing monthly circulation figures amid concerns they fit a narrative of the declining power of newspapers.

Some regional and local newspapers are now online only. Others have closed.

But it is not as bleak as it might sound. Many print publications now have a strong online and social media presence.

And their stories are seen by many eyes.

BLACK, WHITE AND STILL READ ALL OVER?

The Daily Mail, for example, has 22.4 million unique monthly visitors. It is joined among the top 10 biggest news websites in the world by The Guardian.

Times Media, publisher of The Times and Sunday Times, now has almost 500,000 digital-only subscribers – 68 per cent of its total number of subscribers.

Research has show that those who subscribe to newspapers tend to be older men.

Newspapers are fascinated by health stories. The Times, for example, launched its 'Health Commission' at the start of 2023 – a year-long inquiry that aims to consider the future of health and social care in England.

Its members include Dr Waheed Arian, Dame Clare Gerada, the president of the Royal College of GPs and Matthew Taylor, chief executive of the NHS Confederation.

WHAT ABOUT PODCASTS?

It is a booming format.

[According to Ofcom](#), by late 2024 more than 20 per cent of UK adults listened to at least one podcast a week.

Just under 20 per cent of people who took part in Ofcom's news consumption survey say they get their news from podcasts.

The News Agents podcast, presented by three former BBC journalists - Emily Maitlis, Jon Sopel and Lewis Goodall – exceeded 10 million downloads three months after its launch in 2022 and reached 100 milion downloads in July 2024.

And its explainer videos shared on TikTok, Instagram, and X (Twitter) gained 23 million views during the same period.

It has now secured HSBC as a headline sponsor.

TRADE PUBLICATIONS

Don't forget the trade publications.

Trade publications may not have the mass audience appeal of television, radio and national newspapers, but they have the power to position your organisation as an industry expert.

The British Medical Journal remains hugely influential, with its website receiving more than 2.7 million views a month. And it has a [podcast](#).

The Health Service Journal, aimed at healthcare leaders, went digital-only in 2016 has 220,000 registered users.

The Lancet's website has more than 36 million annual visits and its podcasts receive 85,000 listens each month.

WHAT MAKES A GOOD STORY?

Understanding your audience is crucial.

But it is also vital to understand why some stories gain extensive coverage while others are ignored.

Even the term 'newsworthy' can seem vague to those with little media experience.

But despite what some people might think, deciding what stories make TV and radio bulletins and newspaper headlines is not a random process.

WHAT MAKES A GOOD STORY?

It is all about **TRUTH**. It is an acronym we use during our training courses.
It stands for:

T	TOPICAL - of the moment, and something people are talking about
R	RELEVANT - to a specific audience
U	UNUSUAL - Not what people already know or expect
T	TROUBLE - Show how you are solving a problem. Or, if your story is not strong enough, a journalist will look for their own trouble angle
H	HUMAN INTEREST - What is in it for people? What impact will it have on your customers and the journalist's audience?

WHAT MAKES A GOOD STORY?

If a story includes at least four of the five elements of TRUTH, you have the basis of something which could attract media interest and become impactful.

The human aspect is pivotal. The most common phrase you will hear in a newsroom is 'so what?' Journalists will look at a potential news item and ask, 'so what does this mean for my audience?'

At the very least they will want to know who the people are behind the story. Take a look at any newspaper, news website or news programme, and you will find all the stories have a human angle.

The reason is simple – people are fascinated by stories about people, not policies, procedures initiatives, and protocols. So, try to include the human factor in your story.

The Unusual element can also be decisive in bringing a story to a national audience.

You may remember Professor Susan Jebb, chairwoman of the Food Standards Agency, was at the centre of national – and international media coverage – after comparing bringing cake to the office to passive smoking.

Alternatively, the unusual element might be a new treatment or perhaps some tech that could help people lead healthier lives.

HOW TO TELL YOUR STORIES

Once you have **TRUTH** in place you need to carefully consider how your spokespeople will tell your story.

Having a powerful key message is a fundamental principle of any media interview.

Whether discussing an exciting new treatment, defending waiting times, or trying to persuade the public a service is safe, you need a message that compels and convinces.

Here are a few tips for spokespeople:

1. WORK WITH YOUR COMMS TEAM

Your comms or media team may have carefully crafted the key message, but it might still contain language you are not comfortable using.

But that's ok because messages do not need to be repeated verbatim – apart from anything else, that will bore the audience.

Work with your comms team so you can use language that is natural to you and, importantly your audience.

2. FOCUS ON ONE KEY MESSAGE

By all means, prepare up to three separate messages but make sure that you identify the most important message and get this out in the interview early.

This is known as 'front-loading'.

3. HAVE A CLEAR CALL TO ACTION

The audience plays a crucial role in creating a powerful message.

You need to be clear on who you are targeting and what you want them to do when they hear your message.

Do you want them to be motivated into taking some form of action?

Do you want them to be persuaded by a particular point or argument?

Maybe you want to raise awareness of a new health initiative or campaign.

HOW TO TELL YOUR STORIES

4. KEEP IT SIMPLE

You need to be clear on who you are targeting and what you want them to do when they hear your message.

It needs to be a single sentence of fewer than 20 words, contain simple language – no corporate speak - and take around 15 seconds to deliver.

Anything longer, or containing complex language, will be too difficult for people to recall.

Simple language is also crucial. The healthcare sector, like many others, is full of abbreviations, acronyms and phrases which, while meaningful to an internal audience, mean little to a wider one.

Using these in a media interview will infuriate journalists and ensure your message does not get heard by your audience.

5. USE EXAMPLES

A key message needs to be supported by examples in a media interview, otherwise, it will become little more than rhetoric.

And the most impactful examples are personal ones.

These stories and anecdotes inject life into examples. They help make the story relevant to the audience and bring it to life – people are naturally curious and want to hear stories about other people.

Let's say you are discussing new technology that makes it easier and safer for elderly people to stay in their homes. A story about an elderly relative or friend you look after would bring your interview to life and show your human side. It can help make you relatable.

Want to discuss the pressures faced by GP? Tell us your experience of working 10-12 hour days and how it made you feel. Talk to us about a colleague who left the profession because of the stress of the role.

HOW TO TELL YOUR STORIES

The other advantage of telling personal stories is they can help you grow in confidence in interviews.

And interviewers tend to shut up and listen to stories.

6. YOU AND YOURS

'You' and 'your' are powerful words in media interviews.

They place readers, viewers and listeners at the centre of what is being discussed and help to build an emotional connection.

Without them, spokespeople can appear cold and detached.

7. REPEAT, REPEAT, REPEAT

We often come across healthcare professionals on our media training courses who have a strong key message but only use it once.

If you want a message to resonate with your audience, you need to stick with it and repeat it.

Repetition will strengthen the message. But don't fall into the trap of using the same language – that will bore the journalist and the audience.

8. PREPARE FOR NEGATIVES

No matter how strong your message, there is a risk it will not be heard if you do not prepare properly for a media interview.

Challenging questions, negative subjects and questions on wider issues can all become the focus of the interview if not handled well.

It's why, when preparing a message, you should also consider the difficult questions and other issues which could be brought into the interview.

HOW TO TELL YOUR STORIES

9. TEST AND PRACTICE

Once you are confident you have a good message, put it to the test.

Is it clear? Does it inspire? Is it emotionally engaging?

Try it out with your colleagues, your comms team.
And also with external advisors – such as Media First.

WHEN THINGS GO (BADLY) WRONG

Unfortunately, the health sector is also often in the news when things have gone wrong or when there is the threat of a health emergency, such as with the covid.

How a health organisation communicates during a crisis is crucial. And perhaps fittingly for the sector, it is all about showing you **CARE**.

WHEN THINGS GO (BADLY) WRONG

CARE is a handy acronym we use during our training that should shape all your communication during a crisis, from initial holding statements to media interviews and press conferences.

C

COMPASSION - You must show the audience you understand the severity of what has happened and the impact it has had. Empathy and humanity are pivotal.

A

ACTION - Outline what your organisation has done and is doing to deal with the incident. And ensure something similar cannot happen in future. It could be as simple as stating you have launched an investigation to determine what has happened, that you are reviewing procedures or that you are working with the relevant authorities.

R

REASSURANCE - Put the incident into context and show it is isolated.

E

EXAMPLES - Use examples to illustrate the message you want to get across. Look to include examples of the steps taken in response to the incident, the organisation's previously good safety record and how it is looking after those impacted.

THE NEED FOR SPEED

The combination of a 24-hour news cycle and the rise of social media has slashed the time an organisation has to respond to a crisis.

The traditional 'golden hour' organisations had to start communicating and protecting their reputation is a thing of the past.

In fact, waiting an hour now could create a damaging information vacuum that is typically filled with speculation and misleading information from other sources.

But just how quickly do you have to respond to a crisis?

The general feeling is you may have as little as 15 minutes.

Does that sound realistic for your organisation? It is a daunting figure. The key is good preparation and holding statements.

During our [crisis communication training courses](#), we always stress the importance of organisations planning for a crisis.

THE NEED FOR SPEED

And part of that planning process involves preparing several holding statements you can use at the start of a crisis.

The vital thing to remember is that when the worst happens, social media and journalists will not expect you to have all the information at your fingertips. So, these statements do not need to go into any great detail.

But they will expect you to show you are aware of the incident, acknowledge something has gone wrong and show you are trying to resolve the situation.

A good holding statement will allow you to do this while buying you a little time to get a better understanding of what has happened before you issue something more detailed.

Responding quickly will also enable your organisation to position itself as a trusted source of information and help control the narrative, rather than letting rumours and inaccurate information set the agenda.

WHAT DOES A GOOD HOLDING STATEMENT LOOK LIKE?

Let's take a closer look at what you should include in your holding statement.

EMPATHY

It's crucial organisations show concern and sympathy for those affected in a crisis incident, whether it is injured people or those unable to access services because of a computer glitch. Putting those people at the start of your holding statement and showing you understand the severity of what has happened will demonstrate compassion, concern, and humanity.

ACTION

You must show you are taking steps to rectify the situation and ensure something similar cannot happen again. Even in the initial stages, it is crucial to outline what your organisation is doing to deal with the crisis. It could be as simple as stating that you have launched an investigation to determine what has happened, that you are reviewing procedures or that you are working with the relevant authorities.

REASSURANCE

Try to put the incident into context and show that it is isolated (if it is). If the crisis has been triggered by an accident, highlight the safety protocols you have in place and your previously good safety record.

EXAMPLES

Use examples to support the message you want to get across. Look to include examples of the steps taken in response to the incident, examples of the organisation's previously good safety record and examples of how it is taking good care of victims.

WHAT DOES A GOOD HOLDING STATEMENT LOOK LIKE?

UPDATE

Holding statements can only hold for so long and if you do not give an update soon afterwards, you can expect to be inundated with calls, emails and social media posts from frustrated journalists. Setting out in your holding statement when and where journalists can expect further information will reduce the number of incoming enquiries you will receive.

Let's pull this together into an example holding statement, for instance, in response to a maternity unit having to close after a strain of legionella bacteria was found in the water system:

"We know this is upsetting news for mothers-to-be at a crucial time, and we are sorry about the distress this causes.

"While it is not uncommon for routine testing to detect legionella bacteria, we have to put patient safety first and take the necessary precautions.

"We are hopeful that the unit will be able to reopen soon. But, in the meantime, we are working to find alternative maternity units for mothers-to-be.

"We expect to have further information in the next two hours."

RISK REGISTER

As well as holding statements, another crucial form of crisis preparation is to plan for the unexpected.

You are unlikely to be able to predict the exact scenario you will face or foresee every eventuality, but you can look at your organisation, anticipate its vulnerabilities and forecast potential storms on the horizon.

What could expose your organisation to public attention, intense media scrutiny and damage your reputation?

Identify your organisation's vulnerabilities and create a risk register. If your organisation has a risk manager, you will already have a detailed register in place, and you should ensure comms is included on it.

For those who don't have one, an example of what a simple version could look like can be found on the next page.

RISK REGISTER

Event	Person responsible for risk	Comms lead	Risk rating (1-9 with 9 being highest)	Action taken	Next review
Data breach preparation	IT Director	Jo Bloggs	8	Holding statement prepared Message development and testing training booked with Media First.	
Norovirus outbreak		John Smith	6	Holding statement prepared. Social media messages drafted – awaiting sign-off.	

CHOOSING THE RIGHT SPOKESPERSON

Organisations in most sectors often assume their leaders will be their spokesperson -particularly when a crisis strikes.

And there are many benefits to this approach. It shows visible leadership and accountability, and often the CEO will be an experienced and articulate spokesperson.

But if you use your most high-profile person at the start of a crisis, how can you escalate your response if the situation worsens? It also creates an expectancy the CEO will front every media interview during the crisis.

Additionally, subject specialists may be better placed to tackle tough questions from journalists. For example, an IT director could be a better spokesperson in a crisis involving a data breach.

Whatever your organisation decides, it is important to know who your spokespeople are before a crisis strikes. And ensure they have had recent [media training](#).

We say 'spokespeople' because many crises are long-running, and it would be virtually impossible for the same spokesperson to continue to front all media interviews.

If your organisation operates across multiple sites, consider having spokespeople available at each location.

Regional spokespeople can add huge credibility to a response.

PUT IT TO THE TEST

Once you are familiar with your organisation's risk register – or devised your own - and identified your spokespeople and crisis team, you must put it to the test your crisis communications plan.

Test it against the risks you have identified with some role play and desktop exercises involving realistic and fast-moving scenarios.

This should be a priority. Your plan may look good on paper. But that doesn't mean it will work in reality.

We have organised many [crisis testing exercises](#), including with clients in the health sector. We stress test plans in a safe, 'behind-closed-doors' environment, expose weaknesses and enable team members to learn from mistakes.

The exercises also help organisations develop and modify holding statements and anticipate the media questions you would be likely to face.

Here are the questions we think you are likely to face in the initial stages of a crisis:

- ☐ What happened / went wrong?
- ☐ Where did it happen?
- ☐ When did you become aware of the problem?
- ☐ What action have you taken?
- ☐ Who is affected?
- ☐ Were there any warning signs?
- ☐ Who's to blame?

SOCIAL MEDIA COMPLEXITY

Social media has brought us many communication advantages. But it can be an added complexity in a crisis and means an incident is likely to reach the mainstream media much quicker than before.

It can even be the source of the crisis as more people take to it to share anger and frustrations. And reputations can be quickly shattered online.

But it is worth remembering social media also offers opportunities to get your message across more quickly than ever.

And in some instances, that can stop something negative turning into a full reputational crisis.

The key with social media is to stick to the crisis comms principles - respond quickly, provide regular updates, communicate with compassion, concern, honesty and empathy, and be consistent.

It is also an opportunity for your organisation to communicate directly to its customers and provide them with information first hand.

DON'T FORGET YOUR COLLEAGUES

In a fast-moving crisis, it can be all too easy to focus on your external message and forget about your internal comms.

But a health organisation's employees are its ambassadors and can be strong advocates.

Ensure they are aware of what it is doing to deal with the situation, be honest and ensure visible leadership. An engaged workforce is less likely to give potentially damaging information to a journalist or post something unhelpful on social media.

It is vital internal comms colleagues are involved in your crisis communication.

It is also crucial to carefully consider who else in the organisation could be exposed to the media in a crisis.

Receptionists and security are among those who often wear branded clothing and are highly-visible members of the team and easily accessible to journalists.

Investing in media awareness training for these colleagues is essential so they have a basic understanding of what to expect from the media and know-how to escalate any interest from journalists.

This level of training does not need to be face-to-face and can be easily delivered through a webinar or a speaker at a work conference.

THE CRISIS COMMS GOLDEN RULES

We cannot stress enough how important it is for an organisation in the health sector to prepare in advance for a crisis.

While good preparation won't stop a crisis, it will ensure you are in the best place to manage it when happens.

Here are our golden rules to help you get that preparation right:

Identify and understand your organisation's vulnerabilities

Identify and train your spokespeople

Develop a crisis communications plan

Test your plan, team and spokespeople

Create a crisis team

When crisis strikes, move fast and communicate, communicate and communicate some more

FINAL THOUGHTS

A crisis can strike any organisation at any time. And in the health sector a crisis really can be a matter of life and death.

The sector is still recovering from the impact of covid. And there are challenges around labour shortages, waiting times and strikes.

So, managing a crisis against this backdrop will not be easy. But you can remove some of the pain by being prepared.

Plan well and execute that plan effectively, and your organisation's reputation may emerge from the storm unscathed or at least avoid needing extensive rehabilitation.

But don't forget, every health organisation also has a story to tell.

Get it right, and you win hearts, captivate minds, evoke emotions about your organisation and raise and maintain its profile.

Whether you have a fully developed media strategy in place or are at the early stages of launching your media profile, [media training](#) will help.

FINAL THOUGHTS

During training, we often find that different strategies, messages and approaches emerge as our training is delivered by working journalists and television presenters who have a unique understanding of what makes an audience tick.

Some organisations are still cautious about engaging with the media. The key is to remember they are not the enemy. They are absolutely vital in making sure that your story is heard by as large an audience as possible. Engage with them and think like them, by putting yourself in their shoes.

Think of it as a mutually beneficial relationship. The media needs stories to fill space in newspapers and airtime on television and radio; you need the media as a facilitator to get your message out to your audience.

WHO HAVE WE WORKED WITH IN YOUR SECTOR?

"It's really pleasing to watch someone with very little media experience develop throughout the day. The increase in ability and confidence is visible for all to see. This is down to the trainers and the way the course is planned and delivered. You get a real sense of how it will be in a real-life scenario."

Grant Fisher, Head of Communications & Marketing, Kent Community Health NHS Foundation Trust

"We wanted to test our Corporate Communications team and senior leaders in a realistic crisis situation. We chose Media First because they already understand our business through the media training they provide for us, and we know that they have working journalists who would be able to put us through our paces. And they didn't disappoint. The feedback Media First has given us has been invaluable and we have already sharpened up our processes as a result."

Caroline Sharp, Head of Communications, Simplyhealth

"Media First was recommended to us by one of our member organisations as a company which could meet our specific requirements. The training was challenging. We all had the opportunity to learn and practice skills and while everyone was exhausted by the end of the day, we all felt it was extremely valuable in terms of dealing with the media in the future. There is a real keenness now to get stuck in and get some of our messages out there. Being taught by working journalists was very beneficial. It is important to be talking with people who are living it day to day. It felt very real and although the training took place in a safe environment it felt edgy because of the freshness they brought and the insights that they gave."

Martin Stephens, Chief Executive, Wessex Academic Health Science Network

"The media training course I attended gave me a great insight into how the media works and how to handle an interview successfully. It has also given me the confidence and knowledge to understand how useful the media can be in order to engage with patients. It is a great way to communicate to a mass audience to ensure everyone has access to the information they need about our services."

Dr Abid Irfan, Northcroft Surgery, Newbury

WHO WOULD DELIVER YOUR TRAINING?

All our tutors are current working journalists who have worked for some of the country's leading broadcasters and newspapers.

Those chosen to deliver your training will have extensive experience in reporting on health stories.

We always select our training team based on their knowledge and understanding of the sector.

Most courses are delivered on a ratio of three delegates to one tutor.

Another thing that makes Media First different is our trainers are supported by a behind-the-scenes team that enables them to focus fully on the training.

We have a full-time operations team that takes care of all the course planning and who are capable of quickly turning around any training requirement.

And our face-to-face training – and larger online courses - always includes camera technicians or course managers who take care of all the technical aspects of the course.

We've been helping senior health leaders, comms teams and spokespeople be more confident, engaging and credible when talking to the media or other audiences for the past 40 years.

Imagine how good your spokespeople could be if we gave them the skills and techniques to execute strong media performances, control difficult and hostile interviewers and deliver memorable sound bites.

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ABOUT MEDIA FIRST

Media First has been delivering bespoke media, presentations and communications training for almost 40 years.

In that time, we have delivered many bespoke crisis communications courses to organisations in the healthcare industry.

From developing and delivering holding statements, handling impromptu doorstep interviews, organising effective press conferences and dealing with the barrage of media requests, we'll show you how to communicate effectively, regularly and with empathy through the storm.

We'll work with you to develop tailored role-play scenarios to reflect the real-world challenges you will face. Then, led by our team of working journalists, you'll discover our unique, tried and tested approach.

As the realistic scenario develops, you'll gain the communication skills and confidence to remain compassionate, authoritative and in control as the media descends.

Whether the training is for your senior management or your communications team our range of crisis management courses will help you prepare for the unexpected.

