

# Crisis communications

A media relations toolkit for hospices



# Acknowledgements

**This toolkit has been developed by Suzanne Stevenson, Head of Media and PR at Hospice UK and Sue Wixley, Director of Communications and Campaigns at Hospice UK. We are grateful to Kitty Hamilton of Kitty Hamilton Associates for her contribution in reviewing the content of the toolkit.**

**We are incredibly grateful to the National Garden Scheme for their continued support of hospice care in the UK.**

This second edition was published by Hospice UK in July 2018.  
First edition published in March 2015.

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# Introduction

**Hospice UK has published this updated toolkit as a resource to offer guidance on handling incidents or issues that could adversely affect your hospice's reputation.**

In recent years, the charity sector in the UK has faced increasing scrutiny on a wide range of issues, including fundraising practices and staff conduct. As well as generating negative media headlines, we have seen how crises can be played out on social media and issues taken up by pressure groups. Hospices are not exempt from this wider trend. But when it comes to reputation, you also have your own set of challenges.

As a leading care provider for people facing the end of life and their families, your hospice will always face a certain level of risk. In addition, there are other growing pressures – such as rising demand for hospice care, complex regulatory requirements and financial strains – that could potentially turn into reputational issues themselves.

In common with other charities, your hospice relies on the support, goodwill and generosity of the public in order to deliver its mission. Strong reputations built on years of hard work can be severely undermined in just a few days if an adverse incident is not handled well and criticism in the media or online takes off.

However, there are practical steps that you can take to help anticipate and respond promptly and effectively to incidents that could affect your hospice's reputation. We hope this toolkit is a helpful part of your contingency planning.

As well as outlining an action plan for handling crises, this toolkit includes examples of potential scenarios your hospice could face that will require either a crisis communications or issues management approach and some example media statements.

We hope this publication will be helpful and encourage staff at your hospice to anticipate potential reputational risks and take steps early on to plan well and minimise these, as well as to successfully manage the communications for major incidents if they occur.

# About crisis communications

**A crisis is an unexpected incident or event that can cause harm to people, assets or business operations, including to reputation. The impact of a crisis may spread to regional or national level.**

Crisis communications is the process by which an organisation manages communications regarding a major incident, allegation or perception that can seriously threaten its reputation and has the potential to negatively influence its stakeholders.

Crisis communications is different to 'issues management' although both are based on the same principles of planning ahead and taking action to minimise negative impact.

Issues management is the handling over time of non-acute risks to an organisation which, if left unresolved or if 'ignited' by a trigger event, could escalate into a crisis. This is often described as "crisis creep".

All organisations – and especially frontline care providers such as hospices – need to make sure they are prepared for a crisis or any significant incident that could adversely affect their reputation.

This resource aims to help hospice communications staff develop a crisis communications plan so they are well equipped to handle a crisis effectively and to minimise any negative media coverage. It is intended as guidance only, in recognition of the fact that there is no one way of dealing with a crisis and that each situation will be different.

The main aim of any crisis communications plan is damage limitation. Undertaking the process of crisis planning can also help hospice staff to identify any knowledge or skills gaps within their organisation prior to any crisis incident and take action to address these early on.

Ultimately the key to successful crisis communications is to be prepared and translate that preparation into confident, efficient handling of a situation to minimise any damage to your organisation's reputation. In some instances, it is even possible to enhance an organisation's reputation if the situation is handled well.

Good planning and robust procedures, coupled with regular monitoring and review, can help ensure your hospice is in a stronger position to handle any crisis effectively.



# Crisis communications guidelines: a 10 point action plan

1. Anticipate and identify potential crises
2. Identify and train media spokespeople well in advance
3. Establish a crisis management team
4. Agree a protocol for managing media enquiries and working with the media
5. Gather all the facts and prepare a holding statement
6. Agree what, how and when to brief staff
7. Agree which other key stakeholders need to be informed
8. Deliver the information
9. Monitor the situation
10. Review and evaluate how well the plan worked

## 1. Anticipate and identify potential crises

Be proactive and prepare for a crisis. Do some horizon scanning and brainstorming on the potential scenarios that could occur in your hospice over the next six to 12 months. Map out any issues or risks. Make sure you repeat this exercise regularly, so that new issues are identified early on.

Doing this will give you space and time to think about the best possible responses in a considered and calm way, rather than under the pressure of an actual crisis. Scanning ahead will enable you to realise that some situations are preventable, or can be minimised, by making some simple changes to your internal processes and communications procedures. **As part of your planning, draw up a set of reactive media holding statements, and make sure these are regularly updated**, for potential issues that could crop up.

For some issues, i.e. significant financial deficits, in certain circumstances (and if no wrongdoing involved) it could be beneficial for hospices to take a proactive approach if there are early signs this could happen and well before the issue reaches crisis point. For example, a hospice highlighting the financial challenges it faces and lobbying to save services.

For hospices without dedicated PR staff, the senior management team should include communications as part of its overall contingency planning and make sure there is cover for any future issues that could escalate. For example, identify a crisis communications specialist or PR agency in your local area you could call upon if needed.

Your senior management team will want to make sure that the board of trustees is aware that appropriate steps are being taken to identify and mitigate potential risks – probably

as part of a wider Risk Management Strategy. In some cases, certain trustees (e.g. those on a Risk Committee) may become involved in a more detailed way.

## 2. Identify and train media spokespeople well in advance

Media interviews for any crisis incident can be challenging and it is important you put forward someone who is confident in dealing with tough questions and who can provide reassurance amidst difficult circumstances. Ideally they will be media trained, so it is worth investing now in media training for potential key spokespeople. Putting forward someone who is under-prepared or visibly nervous could undermine your reputation.

Ideally you will **have a range of trained spokespeople who can cover different scenarios**. Often your chief executive will be the best person to front interviews for a crisis concerning a fatality or financial mismanagement. However, each scenario will be different. For example, it may be that for a care-related incident it is better to put forward a clinical spokesperson. In some situations, the chair of trustees may be most appropriate. Tone of voice is important and there will be situations when it is better to project the caring face of your organisation, rather than just its professional side, and show empathy for people affected. Think about who would be the best spokesperson for each specific incident.

## 3. Establish a crisis management team

Identify a small working group of senior managers and key staff who will serve as the hospice's crisis management team. This should include the lead PR and communications member of staff, along with key decision-makers including the chief executive and other senior staff – with the exact roles depending on the nature of the crisis and make-up of your senior team. (See 'Crisis management team: roles and responsibilities' on page 10 for more guidance.) This group should decide how to involve and brief your Chair and board of trustees – this will usually be done through the chief executive.



#### 4. Agree a protocol for managing media enquiries and working with the media

Agree protocols and roles early on so that only the lead PR/communications person or designated spokesperson responds to calls from the media.

Draw up a **core script or FAQs for staff and volunteers so that everyone knows what the key messages are**, and in particular what they should say and do if they receive calls from the media. **This is particularly important for staff and volunteers working in reception and other public-facing areas** so that they feel briefed and know to refer any media calls to the PR team quickly. It is also important if there is a high volume of calls about the issue, as staff and volunteers will often be the first point of contact.

Consider whether you need to organise a press conference and, if so, where would be the best place to hold this. In most cases this will be a last resort and only required if you are dealing with a high number of journalists. Determine early on if there are any other organisations involved in your local area (e.g. your local NHS trusts, commissioners and local authorities, or other service providing charities). If so, it is advisable that your PR team links in with them to check the wider context and how their messaging relates to what you are saying publicly.

Do your best to keep the media on side and try to give them as much information as you can within reason; don't treat them like the enemy. Remember, their job is to report the facts of a story and if you don't co-operate with them the story will still run regardless. Be transparent and open, but at the same time don't feel that you need to give media outlets everything they ask for.

**Remember your reputation is based on what others say about you**, so it is important that you build advocates from outside your organisation who can speak positively on your behalf. This is a big advantage in a crisis situation particularly when the media is looking for additional comment or a new angle on a situation.

For a hospice, advocates could include past and present patients, families and service users, public supporters and local MPs. Identifying early on which stakeholders you could rely on to offer support in a crisis situation is an important part of the planning process.

## 5. Gather all the facts and prepare a holding statement

At the start of a crisis incident, it is crucial to establish the facts and determine what you can comment on now. **It is better to issue a brief comment acknowledging the incident and being honest** about the fact you are awaiting further information, rather than keeping silent. **Not commenting looks defensive and risks creating a news vacuum** that can fuel speculation or result in misinformation. If you can, highlight any positive action you are taking to handle the incident, although this can wait until a more detailed follow-up statement if you are not yet able to specify this in the first holding statement.

Make sure you are confident about the accuracy of what you are saying in your holding statement – if in doubt, leave it out. Misinformation in the public domain could come back to haunt you if not properly managed from the outset.

**Prepare key messages and a Q&A, including some tough ‘Devil’s Advocate’ type questions** that the media or your stakeholders are likely to ask. You may never have to use these but it is good to be prepared and try to cover all potential angles.

A social media position or approach should also be developed early on and messages prepared that are consistent with all your public-facing messaging. Given things move especially fast in digital media and as this is the place your stakeholders are likely to go to first, **it’s crucial to at least acknowledge any major crisis incident on your website and social media channels**, especially Twitter, as quickly as you can. (See ‘Managing social media communications in a crisis’ on page 11 for more guidance.)

## 6. Agree what, how and when to brief staff

**The crisis management team, in discussion with the chief executive, should decide whether it is necessary to brief staff and volunteers** about the issue and if so what to tell them, when and how. For instance, if the matter is particularly sensitive it may be better to give verbal briefings, through floor updates or via managers. In other cases an all staff email or notice on the Intranet may be more appropriate. It is important for staff and volunteers to be informed and updated, but be careful about the language you use and be aware that any information you share could be leaked to the local media or communicated through social media, even if you state that it is confidential. It is important to make sure that all staff and volunteers are aware of any briefings, including those who are out of the office.



## 7. Agree which other key stakeholders need to be informed

The crisis management team, in discussion with the chief executive, should discuss which stakeholders need to be briefed about the issue, in addition to trustees, staff and volunteers.

**Make sure you have comprehensive contact lists of all your key stakeholders prepared in advance, identify the main channels through which you communicate with them and make sure these are regularly updated.** It is likely you will need to allocate responsibility for communication with different stakeholders to different staff. It is important to ensure the detail and messaging you give to the media is consistent across all your audiences and also make sure they have the appropriate level of detail. Timing is also important and you should aim, as far as possible, to inform stakeholders about what has happened before it hits the media.

For a hospice, key stakeholders could include:

- hospice patients and their families
- patrons
- local health decision-makers, e.g. commissioners
- corporate partners, major donors
- celebrity supporters.

## Informing the relevant authorities

For serious incidents ensure that you inform the relevant authorities as soon as possible, including:

- For serious clinical incidents you will need to inform the relevant health authorities such as the Care Quality Commission in England, Health Inspectorate Wales, Healthcare Improvement Scotland and The Regulation and Quality Improvement Authority in Northern Ireland. In some cases you may also need to inform other organisations, e.g. your clinical commissioning group(s), depending on your local contractual arrangements.
- For serious incidents – namely those relating to loss of charity money or assets, damage to your charity's property or harm to your charity's work, beneficiaries or reputation – you are required to report this to the Charity Commission.
- If you suspect a crime has been committed in relation to any serious incident, you should report it to the police.
- For serious data breaches where you have reason to believe that an incident has or is likely to have a significant (more than minimal) impact on the trust, service or the personal data you hold, you need to notify the Information Commissioner's Office within 24 hours.



## 8. Deliver the information

Once all the key information has been gathered and procedures and protocols agreed, you should be well prepared to put your crisis communications plan into action. Time needs to be factored in to review and refine the plan. You will probably need to regroup to agree key messages, check details or revise the Q&A documents as an issue develops. Make sure the information you issue to the media is accurate, consistent and reassuring, and do not deviate from agreed lines.

## 9. Monitor the situation

**Make sure you are on top of any emerging crisis by logging all enquiries** (including from the public, media, etc) and keeping abreast of updates communicated by key staff, as well as monitoring external channels – such as local media – for any significant developments. Circulate regular updates among the crisis management team by a pre-agreed method. Keep an eye on media outlets that have enquired about the situation and check how they have reported it. What is their main focus, key questions and concerns? Is this changing? Are there any needs you can anticipate? If the issue becomes a major story and you receive requests for TV interviews, it is advisable to have someone from the PR team on hand to watch the first few interviews and feed back on how your spokesperson comes across, particularly in relation to any other people interviewed. You can then fine tune or adapt any changes in tone or messaging that may be needed for subsequent interviews.

Make sure that all members of the crisis management team are in close contact by phone or email group so that any significant updates can be communicated quickly – including during evenings and weekends as necessary.

**Check what your stakeholders are saying about you on social media.** Make sure any critical information about the crisis incident, such as media statements issued, is displayed prominently on the home page of your website.

## 10. Review and evaluate how well the plan worked

**Once the crisis incident has ended, organise a ‘wash-up’ session with the crisis management team to review how things went.** You may want to capture this in a summary report, and the chief executive will decide with the Chair whether a written or verbal report will be needed for your board of trustees. Review media coverage to check how your key messages were covered and how your spokespeople came across. Note any lessons learnt for next time and incorporate them into future planning.

Examine whether any damage has been done to your organisation’s reputation and brand, and identify any proactive steps you can take to address this once the dust has settled, e.g. by working with the local media to highlight positive human interest stories that showcase the services your hospice offers.

# Crisis management team: roles and responsibilities

## **The make-up of the crisis management team and how it operates is critical to managing the flow of information in any crisis affecting a hospice and ultimately how successfully an incident is handled.**

The exact make-up will depend on the nature of the incident and of your senior team, but you should consider including the following:

- chief executive/ lead decision-maker from senior management team (SMT)
- PR and communications lead
- clinical leads/directors
- fundraising director/lead
- HR director/manager
- finance director
- other SMT members/senior staff

Even if they are not part of the crisis management team, you may need to involve or get swift briefings from other staff such as those leading on quality assurance and audit, those responsible for infection control, or those with a particular health and safety lead, depending on the incident. In some cases it will be best to include them as a core part of the crisis management team – again, this depends on the nature of the incident.

Create a simple crisis management team structure with short reporting lines and assign different areas of responsibility, including a crisis management team leader. Or, if your hospice has a small number of staff, create a simple crisis action plan, assigning responsibilities and deadlines.

Think about how things will work in practice and make sure that you have enough people to cover everything. Key activities are likely to include:

- responding to the situation and leading decision-making
- writing press releases and media statements and getting these signed off quickly
- acting as a spokesperson in media interviews
- monitoring news coverage and leading communications with key stakeholders.

During a crisis incident the crisis management team can meet in person or by teleconference and will discuss:

- gathering factual information about the incident and activating the crisis communications plan
- key messages and Q&A
- who will represent the organisation for media interviews
- whether any legal advice is required
- any additional actions that need to be put in place, e.g. new information on your website or removal of any existing information
- asking “what is the worst case scenario?” and planning for that
- meeting regularly to discuss recent updates and developments, and assessing how and when these will be communicated.

It is important to make sure that all members of the team are readily contactable throughout a crisis incident. Draw up a contact list in advance with personal and work contact details, including out-of-hours mobile contact numbers. Don't rely on just one communication channel in case of electrical failure, poor wi-fi access, etc.

# Managing social media communications in a crisis



**Issues can escalate very quickly on social media, and indeed this is where they sometimes start. This means that communication online, on social media and on your website is a vital element of your overall response.**

Below is some general guidance as each incident will need a dedicated response. Depending on the nature and severity of the incident you should consider the following measures:

- **When a crisis breaks, acknowledge the situation** – having a silent Twitter feed will give the impression that you are not aware of the situation, or are not being transparent. It will also help avoid lots of “hey XX hospice, did you know...” messages or create a void for speculation and rumours. Give your statement prominence by pinning it at the top of your social media channels and review this regularly as the situation develops.
- **Address criticism and complaints promptly** to avoid any avoidable escalation of the crisis situation.
- **Make sure several members of staff are monitoring the hospice’s social media channels** and tracking conversations related to the crisis and responding or relaying back any useful intelligence – especially out-of-hours and over weekends.
- **Monitor other relevant social media channels** to track what your supporters/general public are saying about the issue and ensure any inaccurate information or misleading claims are corrected quickly.
- **Decide your engagement policy early on**, i.e. prioritising stakeholders, other supporters and especially how you will handle any negative online responses.
- **Offer the public a range of communication channels.** For a major incident, make sure there are several ways for the public and other stakeholders to contact your organisation – either by central email address or a dedicated telephone line. Make sure these are displayed prominently on your website so people can easily contact you.
- **Brief your employees** to avoid confusion and so no one makes personal comments online that could undermine your public messaging.
- **Try and move negative comments offline to be resolved** rather than engaging in any acrimonious, and ultimately futile, ‘ping pong’ exchanges online. In addition, dealing with complaints offline can give you a bit more time to respond and can also help reduce the number of negative complaints in the public domain such as Twitter.
- **Mobilise advocates and allies you have built up prior to the crisis** and encourage them to respond positively online about what is happening and how it is being handled.

# Crisis communications action planning: ongoing actions

- Keep a 'risk register' of potential future issues and regularly review these, at least every six months.
- Take action in advance to mitigate any issues and avoid any becoming a crisis.
- Work through an action plan to cover the worst case scenario for a major issue likely to happen in the next few months. Practise the key steps with your crisis management team.
- Identify key stakeholders that need to be informed and the communication channels you will use to do this. Make sure stakeholder contact lists are regularly updated.
- Consider in advance if you need additional PR resources, e.g. extra staff or support from a crisis communications specialist for handling a major incident.
- Consider running a crisis simulation exercise.
- Be prepared and stay positive. The crisis will not last forever!



# Possible crisis scenarios and responses

**Below are several potential scenarios that could adversely affect a hospice's reputation, with example media statements. In keeping with the other information in the toolkit, these are intended as general guidance, to be adapted by staff from hospices. It is recognised that each incident will be different, with a range of factors involved that present new communication challenges.**

For each specific incident, key factual information may only become available as the situation evolves. In a crisis, work on the principle of communicating a little and often to reassure those affected. However difficult the news may be, the fact that you are sharing information openly and quickly will build trust that you are genuinely doing all you can. Please note the statements below are examples designed to provide you with a structure for rapid response. They will need to be regularly updated and published.

For any particularly sensitive issues, especially those related to patient care or staffing issues, any media statements should be run past your hospice's appointed lawyer.

In order to respond quickly, it is advisable to have some stock information about your hospice prepared in advance. This 'media toolkit' should include key facts and statistics about the hospice, as well as up-to-date biographies of your media spokespeople. For example:

- XX hospice supports XX number of people with life-limiting conditions and their families across XX sites [give names, as appropriate], in XX region.

- The range of services we provide include: [give examples – e.g. supporting people in our inpatient unit, day care, Hospice at Home, bereavement support, etc].
- The hospice was founded in XX. We currently have XX staff and XX volunteers.
- We provide free care for patients and their families. We receive XX per cent of our annual XX running costs from the NHS and rely on voluntary donations/local fundraising for the remainder.

The incidents below are based on reactive issues that could arise – driven largely by external events. A different approach will be needed for any major planned changes to hospice services, e.g. the closure of an inpatient unit that is likely to prove controversial with the public. For these situations, you should consider the worst case scenario that could happen and develop a crisis communications plan to address this, as part of the wider communications plan.

Communications over the closure of a key service or similar major changes at a hospice will require careful planning and handling, including extensive consultation and engagement with key stakeholders, ideally over a period of months ahead of any public announcement. Ensuring relevant stakeholders such as local councillors, staff from the local hospital and other relevant health organisations, etc are informed of all possible options, as well as building allies who can publicly support your hospice for any changes introduced, will be strategically advantageous for when a decision is made public and help minimise negative media coverage.

# Media statement ticklist: points to check

- ☐ **State the facts.** Make sure you have all the facts and that these are confirmed before issuing anything publicly. Do not include anything uncertain or unconfirmed. If in doubt, leave it out.
- ☐ **Show you care.** Express concern for the people affected and their families.
- ☐ **Avoid casting blame or saying “no comment”.** Both of these risk making your organisation appear negative or defensive.
- ☐ **Keep it short and clear:** three to four sentences will normally suffice. Avoid any ambiguous phrases that could be misinterpreted.
- ☐ **Be consistent.** Anything you issue in a holding statement must be in line with statements issued later that day or further down the line.
- ☐ **Acknowledge any wrongdoing/public concern if appropriate.** Be honest, acknowledge any wrongdoing – if appropriate and you have checked that this will not cause any legal issues – but do also acknowledge public concern (you can acknowledge concern without admitting fault).
- ☐ **Demonstrate commitment.** Highlight any positive action your organisation is taking to resolve the issue.
- ☐ **Sound human.** Focus on your concern for the people affected, not the processes involved. Avoid jargon or anything that sounds bureaucratic or makes you appear like a faceless or uncaring organisation.
- ☐ **Communicate regularly.** Keep your stakeholders and the wider public informed on key developments/latest updates during a crisis incident. Avoid creating a wall of silence or vacuum, which can make your organisation vulnerable to criticism or rumours.



# Scenario 1: Emergency evacuation

Evacuation of patients following a fire in a hospice.

## **Holding statement for media in the immediate aftermath of the incident**

"We can confirm that a fire broke out in the hospice earlier today. Our top priority is the safety and wellbeing of our patients and staff and we are working with the emergency services to evacuate patients and other people from the premises. No one has been injured in this incident.

"We are not able to provide further information at this stage but will provide an update later today/as soon as we can." ENDS

## **Media statement (when more information available)**

"Following a fire at the hospice today, our immediate priority was to ensure the safety of our patients, staff, volunteers and visitors on the premises. We worked with the emergency services to transport all patients safely to hospital where they were cared for while the fire was dealt with and investigated.

"In addition to our XX patients, a further XX number of people, including patient's relatives and staff, were evacuated from buildings on the hospice site.

"At this stage it is too early to give full details on the extent of damage caused by the fire. We are working to ensure patient services can resume as soon as possible.

"We would like to thank the emergency services/hospital involved for their assistance." ENDS

## **To add only if needed...**

"We will be working with the emergency services to determine how this incident happened and take any necessary steps required to minimise the chances of this happening again." ENDS

[If there is a mass evacuation of people from the hospice it would also be useful to highlight in the media statement if some services can be continued outside the hospice, e.g. home-based hospice care and outreach work.]

## Scenario 2: Financial pressures

A hospice is facing financial challenges, e.g. a substantial deficit, which means it may have to cut jobs and/or potentially services.

### Media statement

"Like many other charities, XX hospice is operating in a very challenging economic environment and having to deliver more for less, as demand for our services increases substantially.

[Add any other contributing factors involved in the deficit, as appropriate.]

"In addition we only receive XX per cent funding from the NHS.

"As a result we are currently facing some significant financial challenges.

"We have introduced a savings programme aimed at significantly reducing our running costs, which includes restructuring of a small number of our service teams, however the care that we provide to our patients will not be compromised. [We anticipate that around XX per cent of our workforce could potentially be affected – if this information is available].

"We hope to provide a full update on the proposed changes in XX [add month – if known]."

"None of our core services will be affected by these measures and we will continue to deliver high quality support for people with life-limiting conditions and their families in our community.

"We are currently consulting with staff about this and therefore it would not be appropriate for us to comment further at this stage." ENDS

OR:

"Regrettably these changes will impact on XX services provided by the hospice [add details]. We are doing everything we can to minimise the impact of these changes on patients and families [add any positive measures introduced to other services that will compensate, as appropriate]." ENDS

[Provide additional information on total number of full-time and part-time staff at the hospice.]

# Scenario 3: Fundraiser fatality

Fundraising supporter incident, e.g. a supporter dies in the Great North Run.

## Holding statement for media

"We can confirm that tragically one of our supporters taking part in the Great North Run has died.

"We do not have any further information at present, as the circumstances of this sad incident are still being investigated.

"We wish to express our deepest condolences to their/XX's family [NB only give name after their next of kin has been informed]. Our thoughts and deepest sympathies are with them at this difficult time." ENDS

## Media statement (when more information available)

"We are deeply shocked and saddened by XX's death.

"Our thoughts and deepest sympathies are with XX's family at this very sad time. We have offered to support them in any way we can." ENDS

[Add more personal reflection, as appropriate, and subject to the family's agreement.]

[Add the line below if impact on fundraising is a factor.]

"We sincerely wish that it was not under these circumstances but we have been overwhelmed by the response from people donating in XX's memory..." ENDS

[Include the total number of participants taking part in the event in support of the hospice – as additional information in 'notes to editor'.]

[To note: any statement issued to the media should be agreed and signed off by the deceased's family, working in conjunction with the event organisers.]

## Scenario 4: Patient controversy

A prisoner has been admitted to a hospice's inpatient unit for care. Several patients' families have learnt of this and expressed concerns about the impact on patients, staff and volunteers at the hospice.

### Media statement

"As a leading provider of palliative care in the local community, we are committed to providing high quality, compassionate care for everyone who needs this, no matter who they are and regardless of their ethnicity, sexuality, religion, or any other factors, including their background.

"We respect the privacy of all our patients and for reasons of patient confidentiality we would never provide details which could identify any individual who currently receives, or has previously received our care.

"All our staff are given extensive training to support patients with a diverse range of needs and also to be able to respond to different circumstances.

"Our top priority is providing and maintaining a safe, caring and respectful environment for all our patients, as well as staff, volunteers and visitors at the hospice." ENDS



## Scenario 5: Clinical incident

Clinical negligence incident, i.e. a patient has died at a hospice after her ventilator was not connected properly by staff.

### Statement issued soon after incident

"We are all deeply shocked and saddened that one of our patients has died due to an alleged failure in care provided by XX hospice and our deepest sympathies are with the family and others directly affected.

"We have informed the police, the Care Quality Commission and other health regulatory authorities and are co-operating fully with them to establish how this tragic incident happened.

"An inquest has opened into this incident and therefore we are unable to comment further at this stage given that legal proceedings are now active." ENDS

### Following inquest/ health regulator investigation – updated statement

"Following the coroner's verdict, we acknowledge that there were some serious failings in XX [add details, e.g. our training for clinical staff and patient monitoring procedures].

"We work hard to provide the best support we can to all our patients and we have been shocked and saddened by this event.

"Our thoughts are with the family who has suffered loss in such tragic circumstances.

"We are determined to tackle these issues and have produced a robust and comprehensive action plan which we hope to implement once approved by the Care Quality Commission.

"The provision of high quality, safe support for patients is of paramount importance to us all and we are committed to do all we can to continue to improve standards of care now and in the future." ENDS

# Scenario 6: Data breach

A serious data protection breach, i.e. a hospice has passed on the personal data of patients to a third party by mistake.

## **Media statement 1: in the immediate aftermath of a serious data breach**

"We can confirm that due to an administrative error, details of XX number of patients supported by XX Hospice was accidentally passed on to... [for example one of the hospice's suppliers].

"We are still gathering information and do not know the full scale of this yet.

"We are not aware of any impact on patients at present but we are putting every effort into investigating the potential for this and will carry out regular updates.

"Our IT security team is working around the clock to establish what has happened and resolve the situation as quickly as possible.

"We informed the Information Commissioner's Office as soon as we became aware of this incident and we are co-operating fully with them.

"Anyone involved with the hospice who has concerns about this should contact our dedicated helpline [add alternative number as appropriate] for more information." ENDS

## **Media statement 2: when more information is available**

"We have now contacted all of the patients and their families affected by the accidental loss of personal data and have offered them advice and support. We are continuing to work with the Information Commissioner's Office to get to the bottom of how this happened.

"We are currently conducting an internal investigation of our procedures and we will report back on this and the ICO's findings as soon as we can." ENDS

## **Media statement 3: when ICO/hospice investigation has been completed**

"We have now concluded our internal investigation into this accidental loss of patient data, working in conjunction with the Information Commissioner's Office.

"It identified several weaknesses/shortcomings in our data systems/staff training...[add issues as relevant].

"Maintaining the privacy of our patients is of paramount importance. We have introduced robust new measures to minimise the possibility of this ever happening again." ENDS [Add any positive measures to strengthen IT systems/extra staff training, etc as appropriate.]

## Scenario 7: Online fraud

Fraud-related incident, e.g. a hospice has been targeted by scammers who stole more than £200K after contacting the hospice pretending to be from a bank and asking them to take part in an online virus check.

### **Media statement 1: in the aftermath of the incident**

"We are shocked and saddened that our hospice has been targeted by fraudsters.

"Following this incident we immediately informed the police and the Charity Commission and it is currently being investigated by the police national fraud investigation team.

"We are fully co-operating with the police on their investigation to establish how this incident happened and also to recover the funds.

"We cannot comment in detail while the police investigation takes place but we will provide an update as soon as we can.

"This regrettable incident will have no immediate impact on the support we offer. We will continue to provide the highest possibly quality care for people with life-limiting conditions and their families across our local community." ENDS

### **Media statement 2: after the police investigation has concluded**

"The police national fraud investigation team's investigation into the fraud on our hospice has been completed and we have recovered XX [add amount] of the funds.

[Acknowledge if any weaknesses at the hospice were exposed and highlight positive action to tackle these – as appropriate.]

"Following the police investigation we have conducted a comprehensive review of our internal procedures and introduced new measures to strengthen our security to minimise future attacks by scammers. These include extra training for all staff to increase awareness of these types of incidents and ensure that staff are vigilant at all times." ENDS

## Scenario 8: Regulator concerns

A CQC report raises serious concerns about a hospice following an inspection, e.g. if it highlights staffing issues that put patients at risk.

### Media statement

"We take the findings of this Care Quality Commission (CQC) inspection very seriously and accept that we have fallen short on XX [add relevant areas, e.g. training].

"We are determined to take action to resolve the issues raised by the CQC report and have already carried out our own investigations into potential new measures.

"We are confident that, combined with the CQC recommendations and our commitment to continuous improvement, we will be able to provide the highest possible care to people with life-limiting conditions and their families from this point on." ENDS

## Scenario 9: Patient care concerns

Covert filming by undercover reporters or family members/friends at a hospice that reveals patient abuse OR: unsanitary conditions for patients OR: issues with how patients are treated by hospice staff, e.g. a patient with a learning disability who may require specialist support.

### Media statement

"We are extremely concerned to learn of these findings [add details] and are grateful to XX broadcaster/ the XX family/[other] for bringing them to our attention.

"We aim to provide the highest possible quality care and providing and maintaining a safe, caring and respectful environment for patients is of paramount importance to us. We will be investigating this incident fully as a matter of urgency.

"We are committed to doing all we can to continue to improve standards of care and will not hesitate to take action promptly and efficiently should standards fall below what is acceptable for the patients and families we support." ENDS

# Scenario 10: Staff allegations

Serious staffing-related issue, e.g. allegations of bullying and harassment by senior staff at a hospice.

## Media statement 1: when allegations first become public

"We can confirm that XX Hospice is facing several allegations of bullying by some/XX number of senior members of staff.

"Our organisation has a zero-tolerance policy towards bullying and we take any allegations about bullying extremely seriously.

"We have launched an internal investigation into this and have suspended XX directors with immediate effect until this concludes.

"As part of the internal investigation we are actively encouraging staff or volunteers who have any concerns about bullying to report it, anonymously.

"We believe that there has been no impact on patient care and will be doing all we can to ensure this remains the case.

"The health and wellbeing of all our staff is of paramount importance to us and we will continue our efforts to build a culture of dignity and respect that is in line with our values.

"We cannot comment further while this investigation takes place but will provide an update as soon as are we are able to do so OR: in/XX month [if known]." ENDS

## Media statement 2: for issue when the internal investigation has concluded

"Following a full and robust internal investigation, XX of the four allegations of bullying have been upheld and subsequently we have terminated the posts of two senior members of staff with immediate effect.

"We have also introduced several extra anti-bullying measures, including awareness training for staff.

"As a result of our internal investigations it has become apparent that there was some impact on the quality of care provided to a number of our patients. We are now dealing with these on a case-by-case basis to ensure such a situation never happens again [check with lawyer].

"The health and wellbeing of all our staff is of paramount importance to us and we will continue our efforts to build a culture of dignity and respect that is in line with our values." ENDS

# Scenario 11: Family care complaint

A hospice has been accused of “killing” a patient after giving them powerful painkillers. First the story receives significant social media attention. It is then picked up by traditional media. This leads to public outrage and picketing outside the hospice.

## **Media statement: for issue after incident first becomes public**

“We are extremely concerned to learn about these allegations.

“We recognise this is an extremely difficult and distressing [check with lawyer] time for XX’s family and friends and we offer our deepest sympathies to everyone affected by this.

“Providing pain relief in an individual’s last days or hours of life is a very important part of hospice care.

“Strong painkillers are often needed to manage pain experienced by people approaching the end of life and are safe when used appropriately and when the dose is increased gradually over time.

“Hospices adhere to NICE protocols for administration of all medication and have longstanding expertise in ensuring that the dose given is appropriate to people’s individual needs. The full assessment of all symptoms is supported by a strong culture of compassionate care.

“We have informed and are co-operating with all the relevant authorities and have launched an internal investigation as a matter of urgency to establish what happened in this specific case. As this matter is now subject to investigation we will not be able to comment further at this stage.” ENDS

## **In response to ongoing picketing by demonstrators outside the hospice**

“We recognise that this is an extremely emotionally distressing time for the family and friends of XX [if patient already identified publicly].

“While we recognise the right of the demonstrators to express their feelings, we would also ask them to respect all patients, staff and visitors coming to the hospice and that they do not restrict access or cause them to feel uncomfortable in any way.

“For those visiting the hospice we would like to reassure you that we are open as usual for all appointments and to visitors. However, in light of these current demonstrations there will be police presence outside the hospice, as part of our ongoing security arrangements.

“Anyone with any concerns about attending our building is asked to contact our staff directly.” ENDS

## **Once internal/external investigations have been completed and if no wrong doing is found**

"We are relieved to find that both our own and the Care Quality Commission's investigations have found that all medical procedures for this patient's care were followed correctly.

"We would like to take this opportunity to offer our deepest sympathies to the friends and family affected by this sad loss. We recognise that when someone is approaching death it can be a very difficult time for everyone and we would like to stress that providing pain relief in an individual's last days, or hours of life is a very important part of hospice care.

"Strong painkillers are often needed to manage pain experienced by people approaching the end of life and are safe when used appropriately and when the dose is increased gradually over time.

"Hospices adhere to NICE protocols for administration of all medication and have longstanding expertise in ensuring that the dose given is appropriate to people's individual needs. The full assessment of all symptoms is supported by a strong culture of compassionate care.

"We would also like to thank our dedicated staff for continuing to work with utmost professionalism and compassion through this very challenging time and would ask that they are now allowed to continue to provide the excellent emotional and practical support needed by friends and family both before and through bereavement." ENDS

## **Once internal/external investigations have been completed and if wrongdoing is found**

"Following XX findings, we acknowledge that there were some serious failings in XX [add details, e.g. our training for clinical staff and patient monitoring procedures].

[Circumstances will vary – the responses below could be adapted if an individual(s) were found to have got the dose wrong either deliberately or by mistake.]

"This is now a police/criminal matter and we cannot comment any further at this stage..." ENDS

OR:

"There will now be an internal disciplinary process to investigate XX.

"We work hard to provide the best support we can to all our patients and we have been shocked and saddened by this event.

"Our thoughts are with the family who has suffered loss in such tragic circumstances [check with lawyer].

"We are determined to tackle these issues and have produced a robust and comprehensive action plan which we hope to implement once approved by the Care Quality Commission.

"The provision of high quality, safe support for patients is of paramount importance to us all and we are committed to do all we can to continue to improve standards of care now and in the future." ENDS



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