

**BBC Journalism: Sources, Scoops and Stories  
Trainer's Script**

Facilitator script suggestions are in simple text.

(Instructions are in brackets).

*Role play instructions are in italics.*

**PPT and duration information is in bold.**

## **PPT Slide 1 (Title)**

Welcome, course will last about 3.5 hours with break in the middle

Why are we're all here:

- These workshops are a direct outcome of the Neil Report
- That, of course, followed Hutton. But the Neil report was not simply a response to Hutton and if you still want to talk about Gilligan, Hutton etc, then this is not the place
- Ron Neil worked with a team that included Helen Boaden and Adrian Van Klaveren and sought the views of journalists from across BBC News. His report went much wider than Hutton and addressed issues raised by a number of recent stories and by the broader ways in which our journalism has changed in recent years – notably the growth of continuous news, increasing competition and live broadcasting
- The hoped-for outcome is *more* distinctive, original, quality journalism. So this is not about *stopping* you doing things. At the end of this session you should be able to get a lot of stuff on air. But Neil found that people were not always clear what was expected of them by way of referring up, cross-checking and note-taking. Making sure everyone is aware of the standards required is what this session is all about

(Introductions, you and them)

Nothing we do today will go outside this room. We hope you'll go away feeling more confident, but if there are any areas in which you think you need to refresh, we trust you'll take the appropriate steps.

Some of you will be familiar with all the issues raised and confident you could deal with any of them. That's fine. If you've been in situations similar to any of those we're going to encounter today, tell us. Real examples are especially helpful to those of us with less experience.

The scenario we're going to work through has more to do with daily and continuous news than current affairs and I apologise if it doesn't feel as absolutely relevant for you personally, as it might. But the basic editorial principles we're going to discuss should be applicable anywhere. TV or radio shouldn't be an issue. It's an editorial exercise.

We're going to be learning by doing, not by reading off the screen. So, please, get involved. Suspend your disbelief just a bit and go for it.

## **PPT Slide 2 (By the end of this course...)**

More specifically, we'll be covering these areas.

Any questions?

How we're going to do this is by working our way through an imaginary story. Parts of it are based on fact but all the names and places are made-up. You'll get various bits of information from various different sources and

we'll discuss what we're going to do with those bits of information. Some of it we'll do as a big group, some of it in smaller teams.

All the action takes place in the space of one day. Imagine yourself as having summary-type output during the day and then a big programme in the early evening. You could, for instance, be working for PM or for BBC Leeds. It doesn't really matter.

So, it's the start of the working day and you're in this imaginary newsroom. And you're the Health Correspondent. You've been doing the job for about 18 months. You know a bit about health and have a reasonable range of contacts.

You're about to get a phone call. The caller has some information that he/she believes you should have. There's quite a lot of detail so the call will last some time – 15, 20 minutes maybe. Take turns to ask questions, but take notes individually. If this was real, you'd only have your own notes.

Here comes the call:

*1. Anaesthetist Chris Brown*

*You've worked at Oakmoor Park hospital as an anaesthetist for seven years. You feel some resentment at the way you're treated by surgeons and other more senior staff. You are very wary of the risks you run by going to the media. You've little faith in the hospital authorities and are disillusioned with the NHS.*

*There are five anaesthetists and six surgeons in the renal team. The hospital has a good reputation for its renal work. It's done a lot of work in recent months to bring down waiting lists. At no stage, will you give any patients' names. You've been tipped into making this call by what you overheard last night. You can hardly believe that money might be changing hands.*

*You ring the BBC saying that you are very concerned by recent events at the hospital. You want to talk 'off the record'. This is the first of two calls you make but, at this stage, the participants don't know they're going to get a second bite. You say:*

- *Unscheduled transplant operations are taking place*
- *You have been present at two of these, both involving live donors*
- *You believe the donors may have been paid for these transplants*
- *There's a lot of canteen gossip about 'dodgy' operations*

*Further detail to be elicited by questioning during the first or second call:*

- *The first transplant took place two weeks ago and filled a gap that opened up when the surgeon decided a scheduled transplant should be postponed to allow the recipient more time to recover from an unrelated infection*
- *Recipient and donor were both local men, you believe*
- *The surgeon was Mr Joe Grey*
- *On that occasion you did not see any money change hands*
- *The second transplant took place yesterday and the surgeon was Dr Hillary Pink*
- *Recipient and donor were both white males*
- *During preparation for the operation, you heard Dr Pink ask the donor if he had signed the consent form. The donor said: "Not until I get my money". Dr Pink told him to be quiet. They'd discuss that later. You had to go*

out and when you came back the form was signed. You challenged Dr Pink, who reacted suspiciously and mumbled something about it being to do with “expenses”.

- Even if money is not changing hands, you don't like operations taking place without all the proper paperwork having been completed. You've been told by the surgeons 'not to worry' but you don't share their confidence
- You raised the issue of unscheduled operations (not the money suggestion) with the Head of Surgery, Nick Blue, after yesterday's operation but he appeared to brush it away and nothing appears to have happened since
- All the operations have gone well and all the patients have or are making good recoveries
- You are not willing to be interviewed on air, even with disguised pictures or sound
- You are not willing to be quoted by name but will agree to being quoted as 'a member of medical staff'
- You are not willing to name anyone else who might know anything about it. You don't want to 'drop any of your colleagues into it'.
- You are willing to meet the correspondent at the end of the day, if that is what they suggest
- You expect the journalist to 'do his or her job'. You've already taken a big risk and expect them to take it from here

**Duration so far: 25mins**

(Stop the conversation at a natural break once most of the story has been told.)

**PPT Slide 3 (Key points 1...)**

So, what would you do now?

(If they suggest calling the hospital, point out that if Chris Brown is the only person to have approached Nick Blue, that would expose him as your source. They should also say they would alert their editor and the lawyer. The lawyer can't do much at this stage but will be forewarned of likely later demand)

**PPT Slide 4 (John Ware...)**

Make sense? Can we run anything?

It's your lucky day, the source calls again.

2. Anaesthetist Chris Brown calls again. He/she passes on any information not conveyed in the first call.

(Cut off as before.)

Anything else you want to do now? Want to run anything?

As suggested, you do some digging about in the background. And I can give you the results of that digging:

- As you suspected, the selling of organs for transplant is illegal in the UK
- There are about 5,000 people on the waiting list for a kidney transplant in the UK
- Each year there are about 200 transplants from live donors, so it's rare but not unheard of
- You find the Oakmoor Park Hospital Web site – you are very careful to verify that it is the Oakmoor Park Hospital Web site – and find that there is a Chris Brown, a Hilary Pink, a Joe Grey and a Nick Blue working in the capacities described at the hospital. One of the handouts you're going to get at the end deals specifically with Web Hoaxes. You should all be aware of the Bhopal story. We've talked

about verifying that Chris is who says he is. You need to apply just the same sort of standards to anything you find on the Web

- There's nothing odd about the hospital stats on the NHS or trust sites
- A search via Neon reveals that 3 months ago in the House of Commons a local MP accused the hospital of fiddling its waiting lists so as to improve its league table standing. The hospital denied the accusation and nothing further happened
- Oakmoor Park's renal unit serves a large region and appears to have a good reputation. The local paper generally refers to it as a 'leading kidney transplant unit'

**Duration so far: 50mins**

You're still at your desk mulling these facts when you get another call:

### 3. Charge nurse Sam Green

*You are an ambitious local union (Royal College of Nursing) official in your late twenties. You've been a charge nurse with Oakmoor Park's surgical team for 4 years. You court publicity and want to raise your profile by being interviewed on TV. You're not too concerned about the precise accuracy of what you say and you don't like doctors, particularly those with private practices. In fact, you're a bit of a loose cannon. You say:*

- *Kidney surgeons are moving people up the waiting list for money*
- *Your union is going to present "evidence" to the Department of Health in the form of statements from three members of the nursing staff. These have been sent to the RCN. They all relate to alleged malpractice in the renal unit but you can't give more detail until they've been cleared by RCN HQ*
- *You will do an interview*
- *You believe it's a big scam involving both Dr Hillary Pink and Mr Joe Grey*
- *Thousands of pounds are changing hands, you've heard*

*Further detail to be elicited by questioning:*

- *You were present at an operation yesterday and you heard the donor say he was not going to sign the form "until he got his money"*
- *You believe others present may also have heard the exchange but you couldn't name anyone in particular*
- *After the operation, you asked the donor if he'd been paid for his kidney and he said "No. He'd done it for his cousin"*
- *You've no direct knowledge of any other operations but the canteen talk is that it is frequent – one a month*
- *You won't name others present at yesterday's operation or any patients*
- *You won't be more specific about the evidence passed to the RCN*
- *You've worked with Chris Brown but you've never really talked to him/her and don't really know him*

OK. Into groups please and write down 3 or 4 things you'd do now.

(Give five minutes for this. Get each group to go through their suggestions and comment on each others.)

Right. Time for tea/coffee. Come back in 10 minutes, then the action really hots up...

**Duration so far: 65mins**

(While they're out, put up the next slide WITHOUT the Sky and PA on it)

**PPT Slide 5 (Title Page...)**

OK, everyone fed and watered? Remembered where you are? OK. It's now 1345 and this happens:

**PPT Slide 6 (Sky and PA...)**

You've got a summary at 1400. You try to ring the hospital but the administrator, who is the only person who'll talk to the press is engaged. The RCN won't say any more than that they have received the statements. You can't get hold of your lawyer.

Back into your groups and decide what you're going to do at 1400. It's only a summary. You only need 3 lines of copy. But I want it written down. I'll give you 3 minutes. Time is tight.

(Cut them off after no more than 5 minutes and discuss their various ideas)

**Duration so far: 1.5 hours**

A few thoughts from someone who has to make this sort of decision pretty regularly:

**PPT Slide 7 (Richard Jackson...)**

**PPT Slide 8 (Key points 2...)**

So, the issues here are 1) how do you treat an agency flash and 2) what, if anything, do you add from your own sources? The important things re agencies are to apply judgement – does it fit with what you know, does it look like a statement from the hospital? And what is your department's policy on agencies? If you don't know, find out.

With regard to your own stuff, the fact the RCN is investigating/compiling a dossier is pretty solid. You probably wouldn't run much more without the lawyer.

It's now 1415. You get through to the hospital administrator and he/she confirms the PA and says they'll do recorded interview for you if you get down to the hospital. But they 'want the questions faxed over first.'

In your groups, decide how you'll respond to the request for questions to be faxed over. Just write 3 or 4 things on your sheets. Take 5 minutes.

OK, let's talk about what you've done. Have you committed yourself to a limited number of questions? Are you going to forewarn the administrator that you have other information? How have you formulated any allegation you want to put to him/her?

**PPT Slide 9 (Key points 3...)**

Make sense?

**Duration so far: 2 hours**

OK. You're now heading out to your car to drive down to Oakmoor Park to do the interview when this happens:

**PPT Slide 10 (Fiona Bruce...)**

News 24 want to do a two-way with you. The story's been running on Sky for an hour. There's not much else going on. You're a health correspondent, remember. You shouldn't have too much trouble filling 3 or 4 minutes. There's a cue is as per the slide. The questions are:

- Can you tell us what has prompted these suspensions?
- What form will the inquiry take?
- Can you tell us a bit more about the suspended surgeons?
- Has anyone from the hospital been talking?

(Don't tell them but there will be a 5<sup>th</sup> question)

Into your groups again. Decide what you're going to say and nominate one person from each group to answer a question.

**4. News 24 Presenter**

*Cue: Two surgeons at a top kidney unit have been suspended while an inquiry takes place into what hospital authorities call 'allegations of serious malpractice'. I'm joined now by our correspondent.*

- Can you tell us what has prompted these suspensions?
- What form will the inquiry take?
- Can you tell us a bit more about the suspended surgeons?
- Has anyone from the hospital been talking?
- This is a very serious step for the hospital to take. What do they think has been going on?

**PPT Slide 11 (Wyre Davis...)**

**PPT Slide 12 (Key points 4...)**

Makes sense? Any questions?

OK. Now you manage to get out of the office. You go down to the hospital where the administrator Lesley White is waiting to be interviewed. You know Lesley fairly well, you've had various dealings over your 18 months as health correspondent and broadly trust each other. You're going to get a chance to talk to Lesley while the camera and lights are being set up and then record an interview. Time is limited.

We'll use the same format as before – each ask questions as you think appropriate. It would be a good idea to take notes of anything Lesley says before the camera's rolling.

**5. Hospital Administrator, Lesley White**

*The reporter has got down to the hospital and you are going to record an interview in your office.*

*You've already issued a statement saying that:*

- *The hospital has suspended two surgeons from the renal unit, Dr Hillary Pink and Dr Joe Grey, pending an inquiry into allegations of serious malpractice*

The correspondent now has the opportunity to talk to you off the record. If they take this opportunity, you will say:

- Checks that were late coming through have revealed that the donor at yesterday's operation was not the recipient's cousin as claimed and you will show the correspondent a printed email to that effect
- It is ~~payment for organs~~ or 'cash for kidneys' that you are investigating

You will not say the above on camera. On the record, when the camera rolls, you answer the correspondent's questions but say no more than the following:

- The hospital has suspended two surgeons from the renal unit, Dr Hillary Pink and Dr Joe Grey, pending an inquiry into allegations of serious malpractice
- The inquiry will follow established procedures and be led by the trust chairman
- The alleged malpractice relates to work within the renal unit
- The inquiry has been prompted by allegations made by other members of the medical staff
- The doctors have both denied any wrong-doing
- There has been no police involvement as yet but will be should there be any reason to suspect that a crime might have been committed

**Duration so far: 2.5 hours**

You now have all the ingredients you are going to have for your main programme. You can assume you've got Sam Green on tape saying what he/she said earlier. If you want a meeting with Chris Brown, you can. He/she is willing to sign your note of what he/she said earlier but still won't go on air. There's nothing further from the RCN.

Take 10-15 minutes and – in your groups – decide what you're going to do in your main programme. We want the top line – that could be up to three sentences. We want the specific script you would give to the presenter. Plus, the treatment of the story – something like an ENPS running order showing what you'd do. Include things like which clip of Sam Green you'd run if that was to be part of a package, for instance.

Off you go.

(After 10-15 minutes depending how they're getting on)

OK. Let's discuss what you've done. What do you think of each other's?

I can reveal what had really happened:

Hillary Pink had transplanted a kidney with a paid donor for money and went to prison. It was set up by her husband, who had gambling debts. One of his golf club buddies paid £40k to save himself the trouble of twice-weekly dialysis. She finally agreed to do it when she noticed Joe Grey slip an unscheduled operation into theatre two weeks previously and get away with it.

Joe Grey had carried out an unscheduled operation but for a relative with another relative as donor. No money had changed hands. Joe Grey was severely reprimanded but allowed to continue working under supervision.

Sam Green's career moved swiftly ahead and he/she became a national spokesman for the RCN.

Chris Brown took six months off sick with stress and then took early retirement.



The correspondent who broke the story was highly commended and is now working....on charter renewal

So, what could you have run?

This is not in anyway definitive legal advice. Valerie Nazareth has seen the scenario and offered her views but is very limited in what she can say because she doesn't know what information you've managed to get or exactly how you intend phrasing things.

The big problem (as most of you have spotted) is trying to make it all hang together more than is justified by the facts.

The fact the investigation is underway is fine. As is the fact that it was prompted by concerns regarding two unscheduled operations in the kidney unit and that the hospital has received information suggesting one of the donors lied about his identity. You may be able to say that two members of medical staff have told you about a conversation at one particular operation that might suggest money was changing hands.

But if you sweep Grey into an allegation hung on the overheard conversation, you will risk defaming him. The hospital has done it but that doesn't mean you can. Grey is guilty of some malpractice but not anything like Pink.

It is, of course, every journalist's instinct to make the story hang together, flow and make simple sense for the audience. But you can only do that if the facts support it.

It is helpful to get a copy of the email and to get Chris Brown to sign your notes of what he/she has said.

So, there are a few wrong answers, as we've discussed. But, I'm afraid there isn't any single right answer. And that's how it will be in real life. The lawyers will offer advice but they won't always offer a definitive 'yes' or 'no'.

Good judgement, taking account of the potential traps we've worked around today is what's required.

If Joe Grey rang to complain as soon as you were off-air, what would you do? You could try to deal with it verbally but, in these circumstances, that would be fairly dangerous. Tell him he has to put the complaint in writing as a letter or email. It must then be responded to within 10 working days and forwarded to BBC Information for logging. Each department within News has an editor designated to lead on complaints. You would refer to them. Be very careful what you say to a lawyer.

I've got another handout with up-to-date details of the complaints procedure. You should have a look before you get a complaint.

### **PPT Slide 13 (Key points 5...)**

One theme you should be very familiar with now – notes are very important. Courts presume journalists take and keep notes. The recommendation is that you should keep yours for three years.

You might want to keep some stuff on tape. In this example, if the camera had been rolling over some of the Lesley White off-the-record statement you might want to keep those rushes.

If you're entirely confident of your PDA and means of back-up, use that. But paper seems a lot safer to me. Courts particularly like spiral-bound note-books because it's hard to add or remove stuff.

And, of course, there's the point about keeping notes about things that haven't happened – the fact, for instance, that you tried to ring the hospital before 1400 but couldn't get through.

Any questions?

**PPT Slide 14 (We've covered...)**

So, we've thought about all this lot. This can't be a complete guide to dealing with all these situations. But you should all now be aware of the main pitfalls.

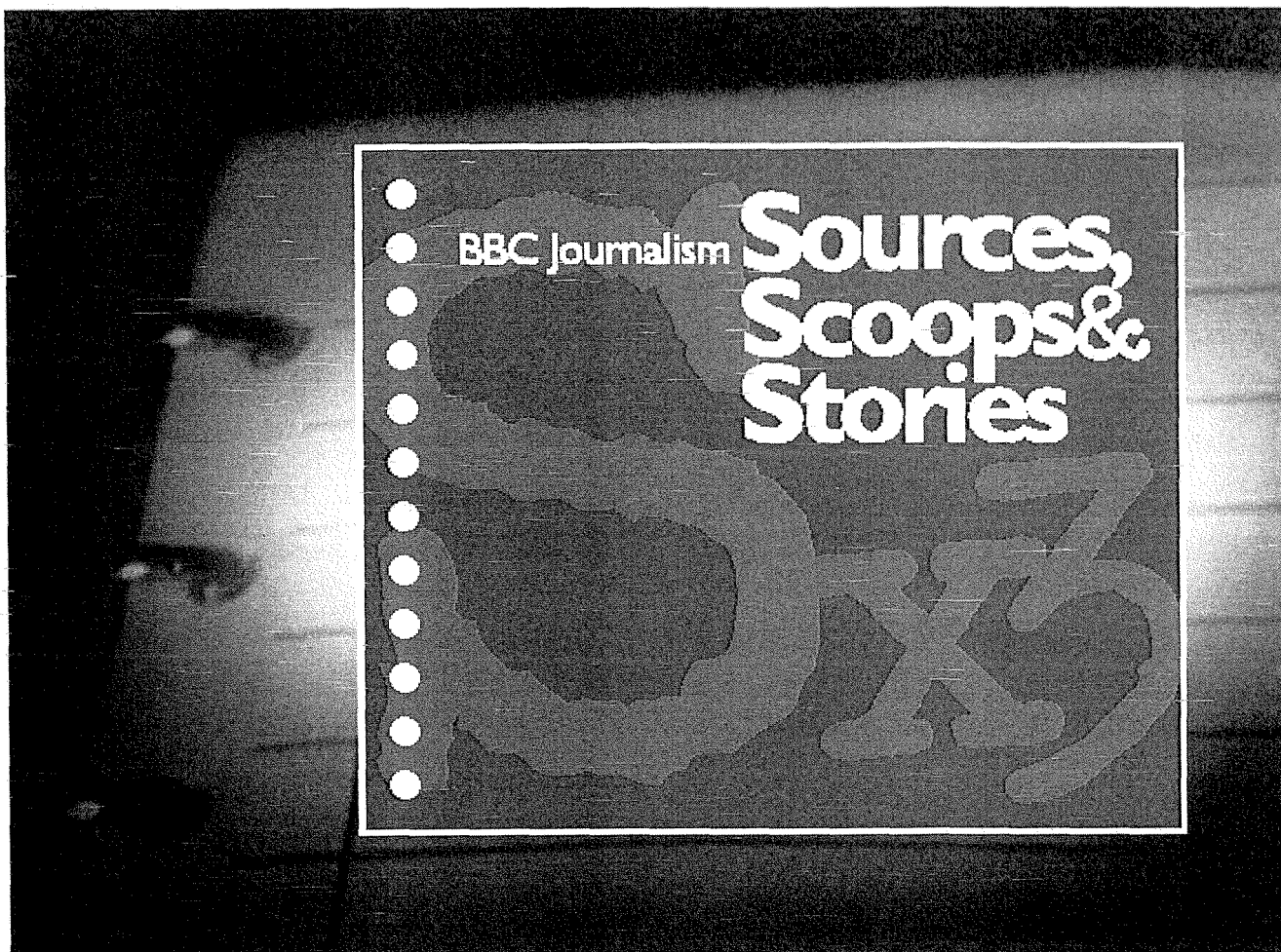
**PPT Slide 15 (Key points: summary)**

Does that make sense? As we said at the beginning, BBC News has to be original and distinctive as well as safe. The purpose of today has not been to dissuade you from being bold but to make sure you know when to stop and think.

**PPT Slide 16 (BBC Journalism)**

Thanks. And thank you for getting engaged and playing the game.

Here are three hand-outs - one on note-taking, one on complaints and one on hoaxes.



## **BBC Journalism: Sources, Scoops and Stories**

Welcome!

By the end of this course you will understand:

- How to use anonymous sources
- Why it is important to keep good notes
- The issues involved in making serious allegations
- Why live two-ways need special care
- The dangers involved in making difficult output decisions under pressure

BBC Journalism



## Key points 1

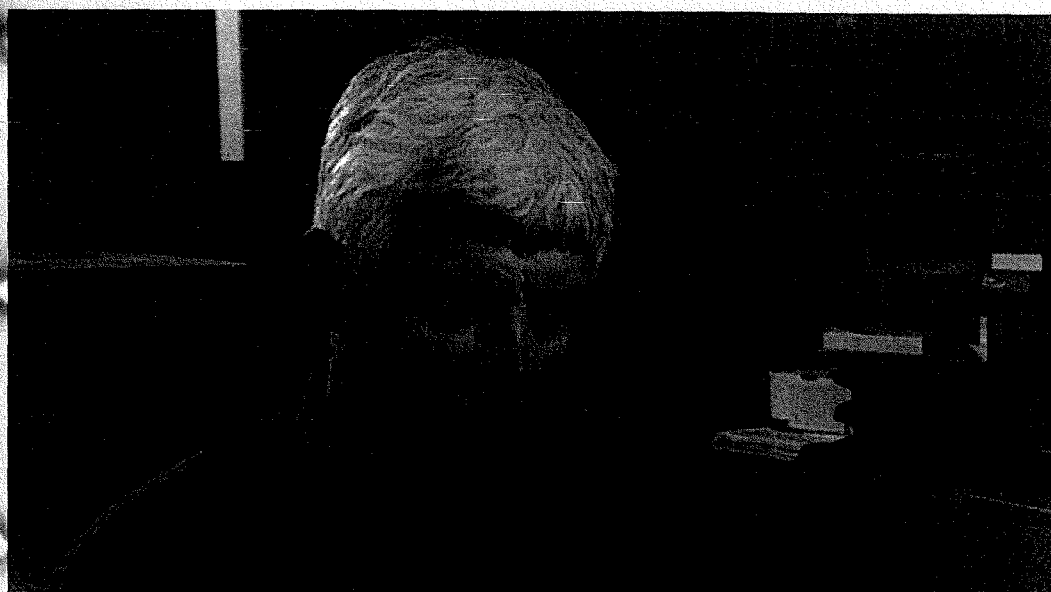
- Is the story in the public interest?
- Do we refer up?
- Is the source genuine?
- What do they mean by 'off the record'?
- How do we protect our source?
- How do we verify and corroborate?

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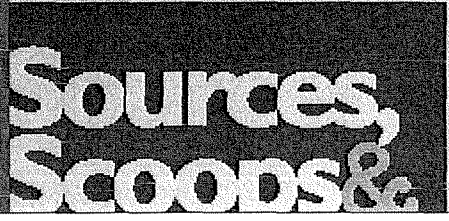

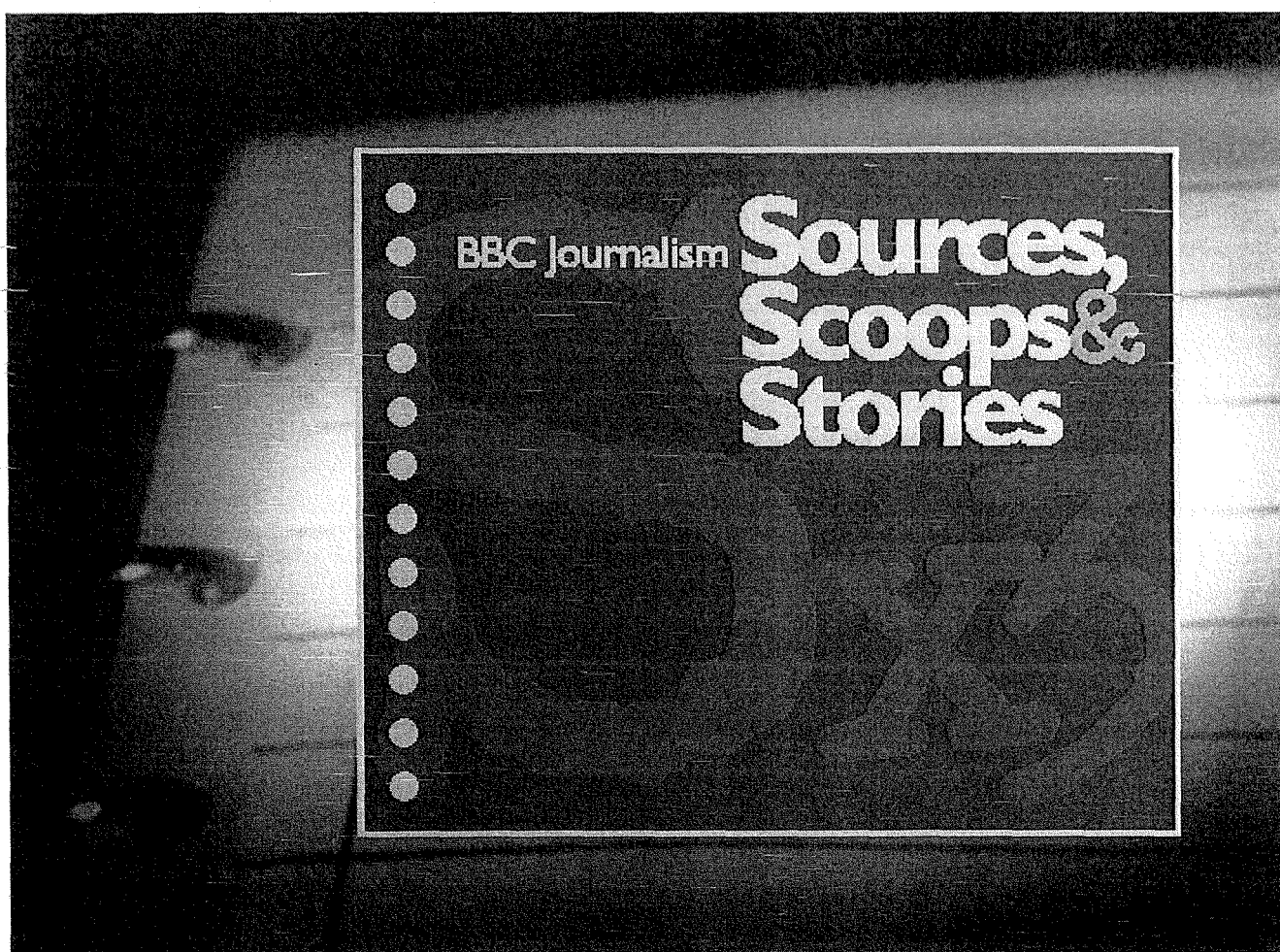


## Video 1: Single sources

*(click anywhere on picture to play clip)*



BBC Journalism



PA - 09/09/2011 14:05:48

HEALTH 2 – Suspensions

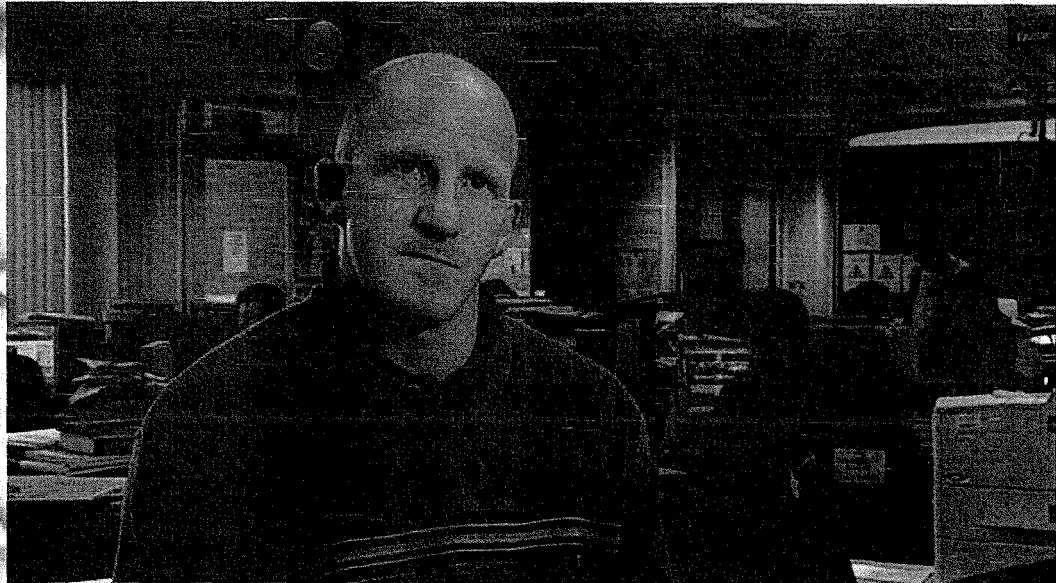
Oakmoor Park Hospital's administration has announced the suspension of two surgeons, Dr H. Pink and Dr J. Grey while it investigates allegations of "serious malpractice" in the Renal Unit at Oakmoor Park....

(More)

The complex block features a photograph of a large, multi-story hospital building with a central tower, identified as Oakmoor Park Hospital. To the right of the photo is a smaller version of the BBC Journalism logo. Below the photo and logo is a white text box containing the text: "PA - 09/09/2011 14:05:48", "HEALTH 2 – Suspensions", "Oakmoor Park Hospital's administration has announced the suspension of two surgeons, Dr H. Pink and Dr J. Grey while it investigates allegations of 'serious malpractice' in the Renal Unit at Oakmoor Park....", and "(More)".

## **Video 2: Running a story**

(click anywhere on picture to play clip)



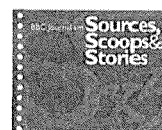
BBC Journalism

## **Key points 2**

- If you're wrong, you're not first
- Always apply judgement
- Know your department's policy on agency sources
- Get the right story to air despite the pressure



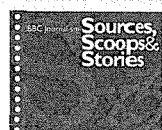
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## Key points 3: Questions in advance?

- Areas of questioning are better
- Don't rule out follow-up questions by agreeing a restricted list in advance
- Be fair to the interviewee

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**" Two surgeons at a top kidney unit have been suspended while an inquiry takes place into what a hospital authorities call 'allegations of serious malpractice'... "**

BBC Journalism

## Video 4: Two-ways

(click anywhere on picture to play clip)



BBC Journalism



## Key points 4: Two-ways

- Don't use a two-way to break a story containing serious allegations
- Using a two-way to bring context to a story that's already been broken is fine but any reference back to the allegations must be scripted
- Keep the script or notes

BBC Journalism





## Key points 5: Note-taking

- All journalists should keep all notes for three years
- Notes may be on paper or in electronic form – including audio or video
- It is the journalist's responsibility to keep notes in a retrievable form for the required time
- Notes should cover all relevant information, including unsuccessful attempts to contact relevant parties

BBC Journalism



## We've covered

- How to use anonymous sources
- Why it is important to keep good notes
- The issues involved in making serious allegations
- The importance of cross-checking facts
- Why live two-ways need special care
- The dangers involved in making difficult output decisions under pressure

BBC Journalism



## Key points: summary

- Information from an anonymous sources can be used but only with care
- Good notes are vital. You won't always know what was important until after the event
- Report only what you know to be true. Resist the temptation to fill in the gaps
- Live two-ways present risks. Are they worth taking?
- Know what is expected of you. Ignorance is no defence

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## BBC Journalism:

**True, accurate, serving the public interest, impartial and reflecting the diversity of opinion, independent and accountable**