Request Reference: FOI/013/21
Published: 23/07/21

Information requested:

1. Please send me all policy documents which inform/ govern/ guide the way your organisation handles media requests and the publication of information. Please include all such documents which mention the Scottish Government, ministers or Scottish Government departments.

2. Please also send me any emails. minutes, memos and documents which update that policy or affect the way it is implemented which have been sent from the Scottish Government to your organisation or from your organisation to the Scottish Government since January 1 2020.

Response:

1. We have enclosed;
    a. IG11 Media Policy and Procedure
    b. Media Enquiry and Contact Form
    c. Dealing with the Media – Guidance
    d. Media Lines for On Call Staff

   We have withheld a name from the Media Enquiry and Contact Form under Section 38(1)(b) as publication would be in contravention of the first data protection principle.

2. We have not communicated with the Scottish Government regarding any updates to, or the implementation of the policy since January 2020. We give notice under section 17 of FOISA that we do not hold the information you are seeking.

1. How much did the organisation spend on agency (non-contract) staff and internal bank staff for the financial year 20/21 (April 2020 - March 2021)? Please fill in the spend in the table below for each staffing group and total, giving a breakdown of spend associated to Covid-19 and not related to Covid-19.

2. How much did the organisation spend on Waiting List Initiative (WLI) and Overtime payments to staff (WLI payments refers to any sessional payments made for additional time worked under a system called the Waiting List Initiative, used by trusts to reduce waiting lists and meet government targets. Overtime payments are defined as any payment for additional time beyond the standard FTE for the grade). Please fill in the spend and number of sessions/hours in the below table for each staffing group and total.

	Q1. Temporary Staff Spend				Q2. Waiting List Initiative & Overtime Spend			
Staffing Groups	Agency Spend (Covid) (£)	Agency Spend (non-Covid) (£)	Bank Spend (Covid) (£)	Bank Spend (non-Covid) (£)	WLI Payments to staff (£)	WLI Sessions (No.)	Overtime Payments to Staff (£)	Overtime Hours (No.)
Total	S17	£0.00	S17	£198,139.00	S17	S17	£1,397,279.00	59,684
Medical and Dental	S17	£0.00	S17	£0.00	S17	S17	£0.00	0
Nursing and Healthcare Assistants	S17	£0.00	S17	£189,862.00	S17	S17	£1,149,692	47,669
Administration and Estates	S17	£0.00	S17	£8,277.00	S17	S17	£247,119	12,000
Healthcare Science	S17	£0.00	S17	£0.00	S17	S17	£0.00	0
Scientific, Therapeutic and Technical Staff (STT) inclusive	S17	£0.00	S17	£0.00	S17	S17	£468	15

of Allied Health Proffessionals (AHPs)								
Ambulance staff	S17	£0.00	S17	£0.00	S17	S17	£0.00	0

IG11 Media Policy and Procedure

Released via Freedom of Information request FOI/013/21

THE STATE HOSPITALS BOARD FOR SCOTLAND

MEDIA POLICY AND PROCEDURE

Policy Reference Number	IG11	Issue: 4
Lead Author	Head of Communications	
Contributing Authors	Person Centred Improvement Lead	
Advisory Group		
Approval Group	Senior Management Team (SMT)	
Implementation Date		
Review Date	April 2022	
Responsible Officer (SMT)	Chief Executive	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx

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MEDIA POLICY AND PROCEDURE

1. POLICY STATEMENT

The news media is a significant influential audience for The State Hospital and this is acknowledged within the Corporate Communications Strategy. In recognising the high profile of patients and the historic over-sensationalised, controversial media coverage often featured, it is essential the media are dealt with efficiently and effectively. This involves developing a positive relationship with the media.

Transparency and openness are integral to the Hospital's values and seeks to uphold those values. The Board recognises the legitimate public interest that the media has in its activities, and aims to develop and enhance the reputation of the Hospital in the media by ensuring that coverage is accurate, fair and balanced. Good relationships with the media are essential to this process.

Whilst striving to achieve good, positive coverage for The State Hospital, the privacy and confidentiality of patients, patient visitors / carers, staff and volunteers is always a priority. It is imperative that messages given to the public and press are consistent and reflect the views of the Board.

2. INTENTION AND GUIDING PRINCIPLES

Media handling in crisis situations is embedded within the Hospital's contingency plans and as such will use the media at those times as a means of informing the public. This policy aims to:

- Ensure a structured approach for handling media enquiries / contacts is established across the Hospital.
- Ensure staff and volunteers are aware of the procedure to follow should they receive a call from the media, and are familiar with social media best practice.
- Support State Hospital spokespeople e.g. Directors who have received media training.
- Help protect the Hospital from reputational risks or damage.
- Protect the privacy and safety of all stakeholders including patients, patient visitors / carers, staff and volunteers.
- Minimise the business, legal and personal risks that may arise from an individual's use of social media, both during work time and non-work time.
- Prevent legal risks that may arise from taking adverse action against individuals due to use of social media.
- Outline an employee / volunteer's obligation to avoid conduct that may violate local and / or national policy and guidance, the law, or that may trigger claims of discrimination, harassment, retaliation or any other unfair employment practices against The State Hospital.

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Patients have a right to confidentiality and dignity, which the Hospital has a duty of care to protect. Staff also have a right to confidentiality and respect, which the Hospital has a duty to honour as a good employer. Volunteers are also protected as a valued group providing input. It is imperative therefore that the following guiding principles are adhered to:

- The privacy and confidentiality of patients, patient visitors / carers, staff, and volunteers is always a priority.
- Media contact must not detract from the primary purpose of care delivery and the duty of care must not be detrimentally affected by media activity.
- Efforts must be made to ensure, as far as possible, accurate reporting.
- In any contact with the media there must be an appropriate assessment of the balance between benefits and risks.
- No pressure must ever be put on patients, patient visitors / carers, staff, and volunteers to participate in media activity.
- Consent must be obtained from the patient before any patient information is released to the media or before any patient is involved in any media activity.
- Decisions to co-operate with the media must be made independently and no inducement, financial or otherwise, to take part should be accepted.
- In every situation an assessment must be made of the correct amount of detail required to respond appropriately.

3. SCOPE

This policy applies to all stakeholders that are contractually or otherwise obligated to follow State Hospital policy, procedure, protocol and guidance. In particular: staff, volunteers, Hospital Chaplains and service led agreement providers including Advocacy, Social Work and Pharmacy.

It applies to the use of social media during work and non-work time, when the individual's affiliation with The State Hospital network of care is identified, known or presumed. It does not apply to content that is otherwise unrelated to The State Hospital.

4. BACKGROUND AND PROCEDURE

The media includes local and national newspapers, radio and television and electronic communications such as the Internet.

The news media is a significant influential audience for The State Hospital. News drives the media and determines which stories get covered and which do not. News is not the same as information. The media tends to feed off each other, particularly from local to regional, and regional to national press, and they work to unwritten menus of topics that appeal to them at any one time. Most media have Health Correspondents and stories about health, and in particular State Hospital patients, are always of interest.

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Media interest may focus on a number of areas. Examples include:

- A national health story - Issues relating to health policy, release of statistics and debate about care or treatments. For example – the Hospital's reaction to delayed discharges, development of lower security facilities, women's services, or the review of mental health services pan Scotland.

- Other local or national stories which may not initially be health related. The Hospital being asked to comment on the legal system and its weaknesses in protecting the public, or former patient now in prison and due for release.

- Specific State Hospital issues - A number of areas including policy, security, developments and performance.

- Issues concerning individual patients - A patient has been involved in an incident already reported in the media, such as 'rooftop incident', drug taking or detainment, a patient due for discharge / transfer, court appearance, or outings.

- Issues concerning individual members of staff - Concerns, complaints, or compliments from patients, or a piece of work, for example research or good practice completed by them. Media enquires / contacts around job losses, suspensions, disciplinary actions, safe practices, shift patterns, staff registrations or fitness to practice.

Different stories will have different requirements in dealing with them.

Due to the nature of the service, contact with both broadsheet (newspapers) and broadcast (radio / TV) media is usually reactive whereas contact with healthcare journals / trade press is mostly proactive. However, work continues with some success to improve media relations where possible.

The profile of the Hospital in the national media continues to increase whilst coverage of the Hospital in local newspapers remains low. Communications continues to be managed carefully and sensitively.

The Hospital tends not to issue media releases; there have been very few in the last decade. As a result, there is no requirement for formal external media monitoring of media releases. Instead, coverage is monitored locally for accuracy, with steps taken to address any misinformation or incorrect statements, except where responding would exacerbate the situation. Copies of articles and statements are filed centrally. Coverage is not photocopied or circulated therefore incur no charges from the Newspaper Licensing Authority for such actions.

Some of the most skilful initiatives in "placing" stories in the media are taken by journalists who see opportunities for providing new angles on stories that are already running strongly. In the case of The State Hospital, the same four or five patients are listed (with a short description of what they have done) at the end of most stories relating to The State Hospital.

Terminology / language is important. Articles that call patients a "basket case", "nutter", or "schizo" is in breach of the Press Complaints Commission code of practice.

This language can cause distress to patients and their families by interfering detrimentally with their care and treatment, and can also create a climate of public fear or rejection.

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People are detained under mental health legislation in 'hospitals' and not 'prisons', are 'patients' not 'prisoners', and the words 'jail', 'cell' and 'cage' are inaccurate when referring to their accommodation.

4.1 Procedure for handling media enquiries (9am-5pm Mon-Fri)

It is impossible to foresee every possible media situation that may arise. No matter what the enquiry, the same procedure applies to all staff including volunteers at all times. In short, upon receipt, all media contact / enquiries must be referred to the Head of Communications in the first instance. If unavailable, these should be passed to the Chief Executive's Office, or if need be, the On-Call Director (a list is available on the Intranet). This procedure, if followed correctly, will ensure that the confidentiality of patients, patient visitors / carers, staff, and volunteers is not compromised, but is balanced with an appropriate and positive response being given.

The following procedure applies to all staff and volunteers all times:

- Upon receipt, during working hours all media enquiries must be referred to the Head of Communications in the first instance.
- Be polite and ask for the journalist's name, publication / organisation, telephone number, email address.
- Take a note of the time, date and nature of the enquiry / contact (with as much detail as possible) and timescale for response.
- Confirm the details and advise that someone will call them back shortly.
- Pass the details to the Head of Communications right away – preferably by telephone to ensure contact.

Often journalists will try to speak directly to the specialist involved, particularly if it is a 'difficult' issue / situation. Be firm but polite – and quickly pass the enquiry on. Do not:

- Panic or be pressurised into giving a comment. Journalists can be pushy.
- Offer any immediate response or reaction to the enquiry / contact.
- Confirm or deny the presence of a patient, staff member etc.
- Comment 'off the record' – as journalists are not obliged to respect 'off the record' comments or your personal opinion.
- Speculate.
- Leak stories to the media.

4.2 Procedure for Management Centre staff handling media enquiries

During times of annual leave and on other occasions, calls to the Head of Communications will be transferred to the Board Secretary to ensure any media calls are captured and responded to effectively. The Board Secretary has responsibility for ensuring this happens. The receiver of the call, if not the Board Secretary, should:

- Take a note of the journalist's name, publication / organisation, telephone number, email address.

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- Record the time, date and nature of the enquiry / contact (with as much detail as possible) and timescale for response.
- Confirm the details and advise that someone will call them.
- Pass the details to the Board Secretary (or relevant Director if not available).

The Board Secretary should:

- Contact, without delay, the Chief Executive and On-call Director in order for a response to be promptly prepared and issued.
- Complete the Hospital's Media Enquiry and Contact Form as soon as the response is issued (the latest copy will always be on the Intranet under Forms and Documents / Online Forms / Communications).
- Distribute the completed Media Enquiry and Contact Form (via three separate emails) to those outlined in the form, i.e. (1) State Hospital staff plus the On-Call Director, On-Call Consultant, Patient RMO (if applicable) and Information Governance & Data Security Officer (is applicable), (2) Non-Executive Directors, and (3) Scottish Government colleagues.

4.3 Procedure for handling 'out of hours' media enquiries

If a call is received outwith the hours of 9am and 5pm, the switchboard operator should put the call through to the Duty Security Manager who should take note of the:

- Journalist's name, publication / organisation, telephone number, email address.
- Time, date and nature of the enquiry / contact (with as much detail as possible) and timescale for response.
- Confirm the details and advise that someone will call them.

If the enquiry / contact is not urgent, this information should be passed to the Head of Communications on arrival the next working day.

If the enquiry / contact is urgent (a response is needed right away), the Duty Security Manager should contact the Chief Executive and On-Call Director at home. The Chief Executive or Director will then call the media directly.

The Head of Communications does not deal with 'out of hours' media enquiries, but should be informed of any out of hours media activity first thing the next working day.

4.4 Procedure for addressing staff leaks to the media / whistleblowing

Rather than taking concerns directly to the media, staff are expected to use internal channels in the first instance.

Communication leaks to the media from staff or any other person associated with The State Hospital are in breach of State Hospital policy / procedure as well as national legislation; namely data protection and confidentiality. In particular, leaks by staff are in breach of contract and constitute professional misconduct.

These leaks promote public fears and anxieties based on ill-informed and anonymous comments, and only reinforce ignorance and prejudice. They do nothing to reduce the stigma associated with mental illness, nor do they support patient rehabilitation. Instead, they reflect badly on the Hospital and cause undue distress to patients and all concerned.

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The Head of Communications will raise a Datix for any such instances and will involve the Information Governance & Data Security Officer in addressing any breaches relating to General Data Protection Regulations (GDPR).

Staff can help put a stop to this type of malpractice by raising their concerns through the Whistleblowing Policy (formerly Staff Concerns Policy) without fear of penalty or victimisation. Staff can be assured that concerns raised in good faith will be protected under The Public Interest Disclosure Act 1999.

4.5 Procedure for staff publishing information in the media

From time to time staff publish articles in journals and other media. This is accepted however articles should be produced without any identifying patient information where possible. For example, clinical vignettes (i.e. short descriptive pieces of literary writing) can be included to illustrate various points, but these must be entirely anonymised, with no background information or pseudonyms used (i.e. aliases, fictitious names). If fully anonymised this means staff do not need to seek consent from patients / RMOs etc. Staff can as necessary seek the support of the Caldicott Guardian in this anonymisation process.

For articles requiring patient consent, advice should be sought from the Hospital's Caldicott Guardian. Obtaining informed consent of the patient or patients involved and, given their illnesses, highlights issues about their capacity to give informed consent, not least in understanding the potential long-term impact of being *quoted or named* in a published article.

Additionally, looking at individual patients inevitably requires reflection as to the reasons for their admission, in particular, where others such as their victims and families will have been affected. Resultantly, we would seek to avoid such a public re-opening of what can be very difficult and painful issues for everyone involved.

Therefore on considering possible advantages and disadvantages to both public understanding of what we do and the health and wellbeing of our patients, past, present and future, and of course the health and wellbeing of those affected by the actions of patients before admission, we should try whenever possible to avoid the process of needing consent. Preferring instead to use a process involving anonymisation.

If obtaining valid consent is required, the view of the patient's Responsible Medical Officer (RMO) as to the patient's capacity to give informed consent, should be sought in the first instance. Obtaining the consent itself is best done by the writer of the article (staff member) as they can describe to the patient exactly what it is that they are consenting to. In gaining this consent staff would need to be clear that any patient that may be identifiable fully understands the risks of being identified as being a patient at The State Hospital. To avoid any accusation that these risks were not fully discussed with the patient, the consent form should be countersigned by a colleague. Staff should bear in mind that this approach is fraught with difficulties because the patient is within their rights to withdraw consent right up until the time of publication.

Volunteers are not permitted to publish any information based on their input / role within the Hospital.

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4.6 Procedure for handling patient requests to contact the media

It is very unlikely that patients will wish to contact the media. In such cases however, patients will be discouraged from taking this approach, and will be advised of the possible dangers, risks and consequences of doing so. If they insist, their request will only be granted if:

- The patient's RMO and Clinical Team are satisfied that the patient is clinically fit to enter liaisons with the media.

- The request can be met without compromising the confidentiality or dignity of other patients.

- The patient gives consent in writing – Media Consent Forms are available on the Intranet under Online Forms. Copies should be given to the patient, and retained in the patient's electronic patient record. The Head of Communications will also keep a copy.

- The patient understands that once introduced to a journalist, they have control of the release of information to that journalist, and that any issues around what is published are then between them and the media organisation. This information is contained on the consent form.

- If the request is for a telephone interview, following agreement of the Clinical Team, the journalist's number will be provided to the patient to enable him to initiate the call if he wishes to do so. In this case written consent is not required but gaining knowledge of the questions in advance would be advisable in order to help the patient respond appropriately. Enlisting the support of the Head of Communications, Chief Executive or Director trained in media relations would also be advantageous.

The same considerations about patient confidentiality and dignity apply to all photography or filming within the Hospital. Unauthorised photography and filming is not permitted.

4.7 Procedure for managing journalists on-site

Issues of patient confidentiality are paramount when permitting cameras into the Hospital. Prior to any journalist, reporter, photographer or film crew being allowed into the Hospital, approval will need to be sought from the Chair and Chief Executive with the Head of Communications, Security Director and other identified individuals having been consulted. Appropriate and proportionate management arrangements must be in place which take into consideration not only the interests of patients, patient visitors / carers, staff, and volunteers directly concerned with the story being reported, but the interests of other patients, patient visitors / carers, staff, and volunteers being cared for or providing input within the same areas.

Although unlikely, the Hospital may, in the future, wish to become involved in a major project, such as a radio or television documentary or series. Generally such projects will cover much more broadcast time and will involve additional work for the Hospital. Any proposal to participate in a major project will be referred to the Board for discussion. If the Board decides it is worthy of further consideration, consultation will be undertaken with relevant individuals, clinical teams, groups and / or committees. In considering the decision to take part in a major project a number of factors must be taken into account:

- The need for a clear, structured decision making process and audit trail.
- The additional workload on the Hospital and the means to manage it.
- The benefits of the project versus the risks, as identified by a formal risk assessment.

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- The protection of patients, patient visitors / carers, staff, and volunteer interests.
- The need to consult a range of staff to consider the project from the perspective of clinical and corporate governance.
- Possible impact on partner organisations and the need to consult them.
- The need to consult appropriate external bodies where there were matters relating to areas such as disability, ethnicity, etc.
- The need to consult external colleagues / regulators as appropriate.

If the decision is made to proceed:

- An Executive Director should be appointed to work with the Head of Communications and Chief Executive to manage and monitor the project.

- Project management arrangements should be set up including monitoring arrangements and a mechanism for formally briefing the Board and all other stakeholders involved on both progress and what action to take should they be unhappy with any situation that may develop.

- There should be a clear understanding of the use of material gathered and assurance that it is fit for the intended purpose.

- A location agreement should be drawn up setting out ground rules prior to filming.

- Arrangements should be agreed for the security of material gathered during the project and for the disposal of material which is recorded but not transmitted for any reason. The latter must be such as to ensure any further use of the material is impossible.

- Media Consent Forms are completed and recorded as appropriate for patients, patient visitors / carers, staff, and volunteers.

- Data protection and Caldicott Guardian rules must be applied to the Hospital's satisfaction.

- Procedures apply to ensure the suitability of the media staff involved to enter Hospital premises in line with the Hospital's policies for recruiting its own staff.

- There should be a formal briefing for media staff on relevant Hospital policies and procedures, and how they must adhere to them.

- An appropriate person must be nominated to escort crews / reporters at all times to oversee the situation and protect everyone on site.

- Legal advice should be obtained on whether it is appropriate for costs incurred to be charged to the media company.

- Formal documentation should be developed on the proposal and arrangements between the Hospital and the media organisation – this should incorporate the points above.

- At the conclusion of the project there should be a formal debriefing for staff and formal reports to the Board.

- Guidance on 'Making and using visual and audio recordings of patients' should be read and understood. This is available on the Intranet under Departments / Communications.

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4.8 Procedure to be followed during elections

During local or general elections, campaign rules apply to political parties and public services. The Scottish Government will provide guidance for NHSScotland on the conduct of business during such election periods. In particular, it provides guidance on dealing with the media and Parliamentary candidates. A brief general summary is given below however up to date guidance can be sought from the Head of Communications.

"Media enquiries / contacts about the operation of health services should be answered only to the extent of providing factual explanation of current policy and decisions in accordance with the Standards of Conduct, Accountability and Openness of NHSScotland. Particular care must be taken not to become involved in a partisan way in election issues.

It is important that all NHS Boards establish clear procedures locally so enable a consistent approach to questions from the media. Those answering media enquiries / contacts should limit their comments to their own areas of responsibility. Enquiries about national policy should be referred to the Scottish Government and questions relating to health proposals of political Parties should be referred to the Parliamentary candidate or Party office."

4.9 Procedure associated with using social media

While there are various definitions, social media is essentially a category of online media where people are talking, participating, sharing, networking, and bookmarking online. Most social media services encourage discussion, feedback, voting, comments, and the sharing of information from all interested parties. They are essentially about building interactive communities or networks that encourage participation and engagement. Social media sites come in various forms – usually in the form of blogs, microblogs, podcasts, videocasts, forum, wiki or content communities. The use of *Facebook, Twitter, YouTube, Wikipedia, LinkedIn and MySpace* and other online social media vehicles are commonplace, allowing an individual to find and link to other people. Once linked or connected, they can keep up to date with that person's contact information, interests, posts, etc.

The State Hospital, as an organisation, does not consider social media as a formal channel of communication. It does not have a Facebook page or Twitter account; historically there has been no requirement for this.

Additionally, there is no access in the workplace to social media sites. Staff requiring access to any social media site for work related purposes, must submit a business case to eHealth with the approval of their line manager. This process also applies to staff wishing to participate in social media forums - staff can join a forum (as a State Hospital employee) using their nhs.net work email, subject to certain permissions from eHealth as well as line manager approval. This facility is not available for volunteers. If access is granted, staff need to remember that they are then representing The State Hospital and therefore need to be very careful with what they say. In other words, they are spokespeople for The State Hospital providing a State Hospital point of view, not a personal one.

Anyone can join a social media forum from home, in their own time, using their own personal email address if they so wish. However, posting information or views about The State Hospital or NHSScotland cannot be isolated from working life.

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The use of web enabled mobile devices in particular can lead to impulsive behaviour which users often later regret. Once content has gone online (e.g. a picture on a profile) it is virtually impossible to remove it completely as followers with access may have copied and distributed world-wide within minutes.

Some content is obviously inappropriate (e.g. explicit pictures that identify staff / volunteers) or illegal (patient identifiable data) but in other cases the staff member / volunteer may feel they are acting within their rights. There are difficult ethical questions surrounding how far staff / volunteers should be able to give personal views on the NHS (e.g. the leadership, colleagues, facilities, procedures etc). It's best to be safe by not providing personal views on anything to do with the Hospital. Writing detailed descriptions of what is going on in the Hospital (without mentioning staff, volunteers or patients by name or being critical) can still be damaging.

Social media activity can blur the boundaries between personal and professional lives. Staff and volunteers using social media for personal use should:

- Abide by professional codes of conduct (e.g. Nursing & Midwifery Council, General Medical Council, Health and Care Professions Council, and Healthcare Support Workers).
- Consider not disclosing their profession and / or who they work for, in order to minimise any reputational risks and for their own personal safety.
- Be aware that they are legally liable for any content they write or present online whether this was posted during work hours, during breaks or when not at work, even if that information originated from another source.
- Ensure their postings are not in breach of any Hospital policy and / or procedure.
- Ensure that any inappropriate information or material published on their networking pages or blogs, is removed immediately and measures put in place to avoid any further re-occurrences.
- Ensure their profile and related content is consistent with how they would present themselves to the Hospital's Board, colleagues, peers and other organisations.
- Consider whether they wish to be associated with information and / or views published online by a group or forum before accepting any request to join that group.
- Consider the potential impact of their activities in respect of professional conduct online as misconduct could lead to disciplinary action and gross misconduct to dismissal.
- Give consideration to the principles of the NHSScotland 'Give Respect, Get Respect' initiative for Dignity at Work which includes helpful tips on 'Netiquette' which can also be applied to social media interactions.
- Understand their online privacy settings, i.e. who can see their information / personal details, and be mindful of identity theft in relation to personal information disclosed.
- Make it clear that they are not speaking on behalf of The State Hospital or NHSScotland if they talk about the work they do for The State Hospital or NHSScotland. They should use a disclaimer such as 'the views expressed here are my own and do not necessarily reflect the views of my employer'.
- Not let their personal use of social media interfere with their job.

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Staff and volunteers should not:

- Befriend ex patients or ex-patient visitors / carers. Any Facebook ‘friend requests’, telephone calls or other forms of contact (both off and online via any means) should be declined and a Datix completed.
- Send or receive information and / or post comments or images online which may discredit or call the NHS into disrepute.
- Send or receive information or images online about the NHS, its services, facilities, staff, patients, patient visitors / carers, volunteers or third parties, which may be considered confidential, offensive, defamatory, discriminatory, harassing, illegal, embarrassing, threatening, intimidating or which may incite hatred. Any derogatory / offensive comments directed at The State Hospital and its workforce will be judged in terms of the likelihood of the comments causing harm and the scale of any harm.
- Participate or offer opinions online in regard to current or rumoured legal / commercial involvement of the Board.
- Send, receive or post images / photos of patients, patient visitors / carers, official visitors, volunteers, or staff.
- Discuss work-related issues and complaints in a manner which could cause distress to individuals, damage their own reputation or that of their employer. Any legitimate concerns should be addressed through the appropriate Hospital policies / procedures.
- Use or copy any trademarks or logos belonging to the NHS. Copy or display information or material which is subject to copyright legislation, without the express permission of the owner.
- Use their NHS email address to register on a social network unless permission has been formally sought and granted by eHealth and their line manager.

4.9 Procedure for dealing with cyberbullying

The State Hospital is committed to providing a working environment which is free from unfair discrimination and where individuals are treated with respect and dignity.

Cyberbullying is where someone, or a group of people, threaten / harass someone using social media, email or mobile phone.

Staff subject to cyberbully are advised to consider whether this can be resolved informally, if the originator of the material is a member of staff / volunteer. If it cannot be resolved informally, they should commence formal procedures. If the originator of the material is a contractor, official visitor, patient visitor or someone with no connection to the Hospital, they should immediately report this to their line manager and Human Resources.

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4.10 Procedure for reporting any breaches or suspected breaches of this policy

Staff should report these to their line manager and Human Resources where they will be investigated in accordance with The State Hospital's Dignity at Work and / or Disciplinary Policy and Procedure (as appropriate).

Following proper investigation, where The State Hospital has reasonable grounds to believe that some degree of misconduct has taken place, the options open could include counselling, (re-)training interventions, mediation, changing levels of supervision and in the most serious of cases, consideration of whether some form of disciplinary action is necessary.

Some breaches may be considered to be so serious that they are deemed to constitute gross misconduct and can result in dismissal. In the most serious of cases, the individual may be considered to have committed offences under civil or criminal law. In such cases, The State Hospital should consider police involvement.

5. ROLES AND RESPONSIBILITIES

A number of individuals and groups have responsibilities under this policy. These responsibilities, whether general or specific, form a code of conduct. The level at which decisions are taken and formality of the procedures followed should be proportionate to the complexity of the media activity involved.

5.1 Staff (contracted or otherwise) including volunteers

5.1.1 Media Contacts / Enquiries

Dealing with the media is not the responsibility of staff or volunteers however they are public relations ambassadors. As such, it is possible that the media may approach an individual in person, by writing or by telephone.

Only trained media staff are authorised to speak to the media on behalf of the Hospital. Volunteers must refer any contacts initiated by the media immediately to the Person Centred Improvement Lead and Head of Communications. Staff should direct these to the Head of Communications.

Staff / volunteer responsibilities include:

- Ensuring that contact with the media is made following the appropriate procedure.

- Informing the Head of Communications in the first instance of issues that may create both negative and positive interest from the media. This includes staff that may have been asked to write a letter, article or other piece of work on behalf of the Hospital which is not related to their academic research or professional activities.

- Informing the Head of Communications in the first instance if they have been approached by the media for comment or made a comment during a public meeting. These comments will be taken as the views of the Hospital and could attract media interest.

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- Contacting the Head of Communications in the first instance and their line manager if they intend to approach the media representing the Hospital. For example, staff who wish academic or professionally related letters, reviews, research papers and articles to be published.

- Helping the Head of Communications to provide the media with information as required, meeting editorial deadlines wherever possible.

- Making themselves available for media awareness training, if they are identified as a potential media interviewee or spokesperson.

- Recognising that on occasion the Hospital will be proactive in releasing good news stories to the media. Staff who are aware of possible 'positive' stories should contact the Head of Communications in the first instance who will advise and assist in bringing them to the attention of the media.

- Promptly alerting the Head of Communications, Chief Executive, Security Director and On-Call Director if they suspect a journalist may be trying to enter the Hospital unannounced and without permission.

5.2 Clinical Teams

Professionally qualified clinical staff have specific duties of care to their patients and, in liaison with others, have a responsibility to ensure this care is not compromised by media activity.

5.3 Line Managers, Senior Medical and Nursing staff, Senior Managers

Senior staff have a responsibility to ensure that this policy is known in their area, to assist junior staff in implementing it, and to assist the Head of Communications, Chief Executive and Directors in their duty to respond properly to the media.

Additionally, senior staff have special responsibility with their Internet presence by virtue of their high profile position within the organisation, even if they do not explicitly identify themselves as being affiliated with The State Hospital. Such senior level staff should assume that their posts will be seen and read by the Hospital and others.

5.4 Head of Communications

The Head of Communications takes the lead in dealing with the media and is supported by the Chief Executive and Directors as appropriate. On a day to day basis, media management includes the following as appropriate and when applicable:

- Taking calls from journalists and managing the response to their requests be this verbally (telephone interview), face to face (in person), a written statement or media conference (in the event of major incidents).

- Developing a positive relationship with the media - managing misconceptions and protecting reputation.

- Promoting pro-active stories about the Hospital's work and seeking positive publicity opportunities.

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- Planning media management around major developments and issues.
- Briefing the Scottish Government and Board members on media interest, issues and coverage.
- Advising staff on media issues as appropriate.
- Identifying experienced spokespeople to be used where radio or television interviews are required, and identifying the most appropriate respondent to be quoted in media articles.
- Providing media training and support as appropriate to identified staff.
- Escorting, or arranging appropriate escorts for, journalists working on site, especially photographers and camera crews.
- Monitoring media coverage of the Hospital and addressing misinformation or incorrect statements except where responding would exacerbate the situation.
- Linking with the Press Complaints Commission and ‘See Me’ as appropriate.
- Interacting with senior clinical and non-clinical colleagues on issues concerning their area of work.
- Liaising with communications colleagues in partner organisations to ensure a coherent response where issues cross organisational boundaries.
- Providing practical support and managing the media during a serious untoward incident as per the Hospital’s contingency plans. This includes issuing public statements and facilitating interviews with the media.

5.5 Management Centre Staff

The Board Secretary is responsible for handling media enquiries / contacts during normal working hours when the Head of Communications is not in the office.

5.6 Information Governance & Data Security Officer

The Information Governance & Data Security Officer is responsible for managing all Freedom of Information (FOI) enquiries, and for alerting the Head of Communications to these. This ensures a co-ordinated and appropriate response is given. Well established procedures are in place.

5.7 Executive Directors

Directors are responsible for dealing with the media ‘Out of Hours’. An ‘On-Call Director Rota’ is available on the Intranet. Directors are supported by:

- A ‘Media Enquiry Form’ which they must complete and forward to the Head of Communications the next working day. This is available on the Intranet under Forms / Documents / Online Forms.

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- 'Media Lines for On-Call Staff' covering a wide range of topics. This is on the Intranet under Departments / Communications.

- 'Dealing with the Media' guidance which has been produced for media trained Directors. Also within Departments / Communications on the Intranet.

5.8 Non-Executive Directors

Non-Executive Directors are asked to use their discretion if contacted by the media and are encouraged to direct any enquiries to the Head of Communications in the first instance.

5.9 Board / governance

The Board requires assurance that external communications (including dealings with the media) meet all governance requirements, and that established arrangements are transparent with clear lines of accountability.

Media relations is firmly embedded within the Hospital's Corporate Communications Strategy and is complemented by an annual report which captures progress / achievements each year.

The overall success of collective efforts to improve external communications can be measured through ongoing review by external bodies such as Audit Scotland and Health Improvement Scotland (HIS).

The role of the Board and its sub-committees also play an important part in monitoring and ensuring effective delivery of actions in support of strategic objectives, as does the undertaking of any internal audits by the Hospital's internal auditors.

Stakeholder	Lead	Supporting Director	Strategy	Governing Body
Public / Media	Head of Communications	Chief Executive	Corporate Communications Strategy	The Board

6. FORMAT

The State Hospital's Board recognises the need to ensure all stakeholders are supported to understand information about the services we provide. Based on what is proportionate and reasonable, we can provide information / documents in alternative formats and are happy to discuss with you the most practical and cost effective format suitable for your needs. Some of the services we are able to access include interpretation, translation, large print, Braille, tape recorded material, sign language, use of plain English / images.

If you require information in another format, please contact the Person Centred Improvement Lead on 01555 842072.

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7. REVIEW

This policy will be reviewed within three years, however may be refreshed prior to that time, should there be a requirement to update the content.

Key Stakeholders	Consulted (y/n)
Patients	Y
Staff	Y
Board	Y
Patient Visitors / Carers	Y
Volunteers	Y

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Media Enquiry and Contact Form

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The State Hospital

NHS SCOTLAND

MEDIA ENQUIRY / CONTACT FORM

GENERAL INFORMATION

- Date (incl day) –
- Time –

CALL DETAILS

- Media –
- Reporter –
- Received by –
- Call handled by –
-

INFORMATION SOUGHT AND OUR RESPONSE

EMAIL 1 – ENQUIRY

EMAIL 2 – RESPONSE

ENQUIRY / CONTACT SHARED WITH

State Hospital staff (as at 21 May 2021)

David.Mcconnell4@nhs.scot
gary.jenkins5@nhs.scot
lindsay.thomson1@nhs.scot
robin.mcnaught@nhs.scot
Mark.Richards@nhs.scot
John.White@nhs.scot
David.Walker2@nhs.scot
Brian.Paterson2@nhs.scot
Caroline.Mccarron@nhs.scot
margaret.smith34@nhs.scot

David McConnell, Interim Chair
Gary Jenkins, Chief Executive
Professor Lindsay Thomson, Medical Director
Robin McNaught, Director of Finance & eHealth
Mark Richards, Director of Nursing, AHPs & Operations
John White, Director of Human Resources & Wellbeing
David Walker, Director of Security, Estates & Resilience
Brian Paterson, Clinical Operations Manager
Caroline McCarron, Head of Communications
Margaret Smith, Board Secretary

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On call RMO - (Intranet link) – *Names for evening (and weekend if appropriate)*
Name –

On call Director (Intranet link) – *Name for evening (and weekend if appropriate)*
Name –

Use ☑
Patient RMO – *Yes ☐* *Name –* *No / N/a ☐*

Use ☑
GDPR – *Yes ☐* *Name –* *No / N/a ☐*

Non Executive Directors (as at 1 February 2021)

brian.moore@lanarkshire.scot.nhs.uk
Pam.radage@nhs.scot
Catherine.fallon@nhs.scot
Stuart.currie@nhs.scot
Thomas.Hair@nhs.scot

Brian Moore – Non Exec
Pam Radage – Non Exec
Catherine Fallon – Non Exec
Stuart Currie – Non Exec
Thomas Hair – Employee Director

Ministers (Scottish Government) (via Press Office) (as at 24 June 2021)

CommunicationsHealthier@gov.scot
Newsdesk@gov.scot
Donna.Bell@gov.scot
Nicola.Paterson@gov.scot
Ashley.Clarkin@gov.scot
Laura.McCulloch@gov.scot
Ruth.Wilson@gov.scot
Angela.Davidson@gov.scot
hugh.mcaloon@gov.scot
Stephen.Naysmith@gov.scot
Diane.Strachan@gov.scot
[redacted]@gov.scot
mark.taylor@gov.scot
Alexander.Stannard@gov.scot
RestrictedPatient@gov.scot
forensicmentalhealthpolicy@gov.scot
MentalHealthLaw@gov.scot
hru-covid19@gov.scot

Donna Bell, Director for Mental Health
Nicola Paterson, Unit Head, Forensic Policy

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Mark Taylor, Team Leader, Comms
Laura McCulloch, Senior Policy Adviser, Mental Health Law Team
[redacted], Policy Manager, Mental Health Law Team
Ruth Wilson, Team Leader, Mental Health Law Team
Angela Davidson, Deputy Director, Adult Mental Health
Hugh McAloon, Deputy Director for Mental Health Care, Directorate for Mental Health & Social Care
Stephen Naysmith, Senior Media Manager, Communities and Social Security
Alex Stannard, Team Leader, Restricted Patient Team
Restricted Patient Team
Forensic Mental Health Policy Team
Mental Health Law Team
Health Resilience Unit
Alex Stannard, Restricted Patients Team

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Dealing with the Media – Guidance

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The State Hospital

NHS SCOTLAND

'DEALING WITH THE MEDIA'

GUIDANCE FOR STATE HOSPITAL SPOKESPEOPLE

1. INTRODUCTION

It is recognised that the media can be hard to deal with – they are highly motivated, competitive and success means delivery. The media doesn't carry passengers. Journalists' work is scrutinised daily by consumers and editors alike. Those who don't deliver don't survive.

They can be extremely tough on public services - when a private sector company makes a mistake it only matters to their customers, shareholders and those who are directly affected. When a public service makes a mistake it matters to everybody because everyone pays tax.

To this end, this guidance has been produced as a support to Directors who have received media training and are identified as State Hospital spokespeople. It should be read in conjunction with the:

- 'Drop the Pink Elephant' (15 ways to say what you mean…and mean what you say) book given to Directors following their media training.
- The State Hospital's approved 'Media Lines for On-Call Directors' which have been prepared to assist Directors in responding to media enquiries.

The general processes of news gathering is described in this guidance alongside the motivation of journalists, the routines for responding to enquiries, and how to invite the attention of the media. The guidance will help State Hospital spokespeople to keep an eye on the detail as it is full of tips. It is designed to be helpful, informative and easy to read. It does not focus on dealing with the media in crisis situations however, as crisis management is embedded within the Hospital's contingency plans.

2. THE MEDIA

The media is a name used to describe newspapers, magazines, TV and radio programmes. Lots of people are frightened and suspicious of the media. Their public image is one that could enthuse fear – they bring down careers, they expose weaknesses, they criticise, question and challenge. They are given a licence by their readers and viewers to get to the heart of the matter.

In order to deal with the media, you need to understand them, be comfortable with them and try to think like them. This means you need to know what you want to say when you speak to them. They will know what they want when they speak to you. If you are not clear you will expose yourself to unnecessary risk.

Don't expect to be misquoted or think that journalists will get their facts wrong. This is rarely the case if the journalist is a professional, and most are.

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Journalists might ask you difficult questions, but they are only doing their job. They are asking questions that the public would ask if they could speak with you directly.

- What do the media want? - Newspapers and magazines, radio and television companies receive an enormous amount of material every day. This arrives in many different forms such as announcements / media releases from companies and public services, government departments, research institutes and other bodies; material from national and international news agencies; and releases from public relations firms representing their clients' interests. The lay media also gain ideas from healthcare journals and trade press magazines to information from the criminal justice system and prisons. Pressure on space and broadcasting time means that journalists can use only a tiny proportion of the information they receive through these various channels.

- What stories are covered? - Developments with practical implications for health, safety and security will attract journalistic attention. The media is always interested in stories relating to State Hospital patients where there is an element of shock, horror and the unexpected. Many journalists also have an appetite for occasional "exclusive" stories which, if they are considered to be sufficiently important, their competitors will then follow up. News Editors in newspapers largely determine the topics which they believe readers will wish to know about. The space allotted to any one topic can also change, even between one edition of a newspaper and the next, due to other more worthy news breaking during this period.

- Journalists **-** Local newspaper journalists and general reporters have little or no background knowledge of the topics they cover. General reporters need to "sell" their ideas for news stories to a News Editor, who in addition will ask them to cover stories that have been initiated through other channels. Feature Editors are responsible for the longer "feature" articles in newspapers and magazines. Many of them welcome timely suggestions from outside contributors. The media would always be interested in feature proposals relating to The State Hospital.

- Radio and TV - Broadcasting channels are like newspapers in having news rooms to monitor the news. Health specialists, based in news rooms, provide appropriate coverage for news bulletins. They also work for current affairs programmes, responding to requests from their Editors. Although precise titles vary in different parts of the broadcasting world and in different countries, the Editor usually has overall charge of programmes, with one or more producers responsible for individual programmes in a series. The Editor principally sets the agenda, though particular producers may be especially interested in specific topics within the general field covered by the programme. In radio, presenters often work closely with their producers in making editorial decisions. Local radio programmes, like local newspapers, are always keenly interested in stories with a local angle. As with the print media, editors and presenters of programmes dealing regularly with health invariably welcome suggestions about topics they may care to cover.

- Spin – In media management terms spin means getting journalists to report your news in a way that is beneficial to your reputation rather than detrimental. Alternatively, reporting in a way that makes no reference to reputation at all. Spin is not, and should never be, lying. It's presenting information in ways which cause people to feel differently about it. In other words, spin is about allowing people to see the side of the story that you want them to see, because that side is in your best interest. Journalists spin too.

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- Deadlines are crucial - Journalists, and certainly those dealing with news, are invariably in a hurry. For those working in newspapers and broadcasting, this haste is entirely genuine. They may well be pursuing several stories in a single day, against the clock. But quickness is also built into the media culture, so that anything (an interview, a photograph) tends to be wanted instantly.

- Going to press - Newspapers usually have two internal news conferences to determine what will be in the paper the next day. If your media release misses the early evening conference, your story is unlikely to make it to print the next day unless it really is important. The best time of the day to contact a news desk is early to mid morning, yet this may not be suitable for an evening paper or a lunchtime radio or television news bulletin. The shelf life of a story is also painfully short: a long term research project releases its result on a Friday afternoon; by the time of the next possible major news outlet on Monday, it will be considered old news and unlikely to get a place in the schedule. Afternoon media conferences are not a good way of getting communications into the media, and especially not on a Friday.

- Checking the copy – If you help a journalist who is writing a news story, it is not usually realistic to expect to see and approve the final text. There is usually insufficient time, and the copy may well be edited much later in the day when it is beyond the writer's control, let alone your influence. However, journalists are usually willing, in the interests of accuracy, to phone you back to check any quotes they wish to use. This can be part of your agreement with them beforehand. Remember that, while such quotes may be accurate, they will not be printed word for word. Statements in journals and magazines are more likely to be printed verbatim and in full. Writers and producers will always be grateful to you for correcting blatant inaccuracies as they do not wish to be seen to be making mistakes.

3. THE MULTIPLIER EFFECT

This is where a single story can initiate the repetition of the same message or story in other media. Multipliers are not straightforward because each media channel will want to make the story relevant to their audience and will look for a new angle. The more the story is repeated, the more it can be unpredictable, and it's not just the media that can extend the life of a story. In any environment there are always individuals or groups of people who will piggyback a story and milk it for their own needs. Here's an example of a fictitious story: '**Mental health patients locked up in Victorian wards'.**

Imagine that following an inspection you had been labelled the 'worst mental health Hospital in the UK'. This may have happened when there was very little happening news-wise elsewhere, and as part of making the story real to readers, your local paper had highlighted some instances where your practice had been questionable. Again, for the sake of argument, let's say that you had routinely locked patients up for their own safety. This combination of events could easily turn into: **Worst Hospital in the country locked up patients in Victorian mental institution scandal.** The two lines most damaging here are: 'Worst in the UK' and 'Locked up in Victorian mental institution'.

In terms of immediate footprint, the local newspaper will send out that message to people who are aware of the Hospital, to those who are not (but will soon be), to staff, patients, visitors, carers and volunteers. In all likelihood, the story will be picked up by local radio stations too and every other local paper. The same audiences will hear the same message over and over again. But in a quiet period, it won't necessarily stop there. If there is little else happening nationally at the time, this story could well get many other airings.

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National newspapers may want to send journalists to look at the worst mental health hospital in the UK, and they will want pictures. They may use library pictures of outdated wards from their files to illustrate the point. They could talk to carers and parents, and interview former patients who under the right conditions could say all sorts of emotive things – *It was terrible. I lived in fear of the dark. It was then that the demons came. I can still hear the screams now*.

Those two damaging lines will now be seen and heard again and again all over the country. But things can get even more complex. Left to its own devices a story, even where it is repeated, will die naturally. However, every story creates a potential opportunity. Let's stay with the pretend story. A number of other interests may be waiting in the wings for a negative story about mental health to push their interests forward, to repeat their lines in a way that leads to new actions, or changes in behaviour. Look at the following table. It shows how different interests might use a story to make their own point:

Story – mental health hospital condemned

Commentator	Key Message
Local patient groups	Management should be sacked.
Patients' families	Call for compensation and apology.
Local Councillors	New management needed at NHS hospital, patients let down badly.
MSPs	New campaign called for to rid mental health of last remnants of Victorian era; more money needed in health services.
Government	This is part of our drive to weed out incompetence.
Local newspaper	Campaign to close ward and sack management.
Mental health charities	This practice is widespread and should be condemned.
Special interest groups	Need a change to the law to make care approaches more open to public scrutiny.

Every story has the potential to spin out of control, and to keep spinning until it makes someone somewhere take some action. Think about this when you start to plan what might happen to your news.

4. RESPONDING TO GENERAL MEDIA ENQUIRIES / CONTACTS

Here are some tips to help you respond appropriately:

- Find out who is calling and why - If a journalist approaches you, in person or by telephone, make sure from the outset that you really understand what they want, what publication or programme they represent and how they propose to use any comments you make. Don't be rushed - In reality, while journalists greatly appreciate an immediate response, it is perfectly reasonable that anyone approached by a reporter should ask for time to consider the request and how to respond. Establish the deadline and say you are in the middle of something and will call them back. Use this time to collect your thoughts, key facts and to focus your attention. Think audience, message, outcome.

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- Respect confidentiality – As a Hospital, the privacy and rights of patients, staff, carers and volunteers is respected. As a means of maintaining confidentiality, do not release any details to the media, even if the patient / staff / carer / volunteer is named in the enquiry / contact (or reported on) by the media. A way to avoid commenting on individual patients, would be to frame your comments around the bigger picture or the policy framework. For example, "In such cases / circumstances our policy is to ……".

- Use short, sharp soundbites - If you are asked to respond to a media enquiry / contact, you must remember that you will probably end up with a two or three sentence quote at the end of the story. This should take the form of a short, sharp soundbite. Ensure that those two or three sentences (or those 50-70 words) are part of the information and messages that you want to tell the public and other audiences. So you must think hard about what you want to say.

- Be quoted – You must give your name and job title and ask the journalist if they intend to quote you. If so, you should check the quote with them, to ensure you are happy with it. If you feel you are not the right person to give a quote, tell the journalist you will get someone else to phone them with a quote.

- Be brief and stick to the point – Be focussed about what you are saying, and if you are responding when something has gone wrong, keep your response to two or three short sentences. Explain that The State Hospital is sorry, explain why it happened and what the Hospital is doing to put things right. Simply remember the 3 Rs, regret, reason, rectify as these will shape your answer. Don't allow yourself to be drawn into other questions that you haven't thought through, and certainly don't make it up as you go along. Risk is inversely proportional to preparation.

- Don't use jargon / avoid acronyms – Jargon is a private language, a shorthand form of communication between people who know the code. It's not a problem as long as the other party speaks the same language. The general public will not be familiar with State Hospital jargon so keep your language clear and simple (use plain straightforward English). Avoid using acronyms but if you need to, spell them out in full the first time you use them.

- Never say "No Comment" - Although you cannot comment in relation to individuals, if you are being asked for a view, you should be prepared to say something. For example, "Due to patient confidentiality we are unable to disclose any information". Redirect the question if you need to "It's not really relevant for me to comment on that, you need to speak to ….". Only if something is the subject of a court case or a disciplinary action, will there be almost nothing you can say except "I am sorry, there is very little I can tell you just now because this is the subject of legal action / there is a disciplinary inquiry going on. As soon as there is more information, I will give it to you".

- Saying "No comment" can give the wrong message – You have the information but choose not provide it, you can't be bothered to express a view, you are embarrassed or guilty about something, or you are trying to cover something up.

- Additionally, if the media cannot get information from you (as a representative of the Hospital) as its credible source, they may go elsewhere. This could lead to facts being misconstrued and could be more damaging to the Hospital's reputation. If you do not use your voice, it will not be heard, but someone else's will be!

- Don't go "Off the Record" - There are no rules about going "off the record" and journalists are not obliged to respect "off the record" briefings – so never offer your personal opinion on something. Never go "off the record" and never speculate.

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- Seek advice if necessary - If you feel worried about the way you may have handled an enquiry / contact, or you've got that funny feeling in your bones that something is not quite right, seek advice.

- Keep others informed – Advise colleagues as to how you responded to the media, in case they are contacted about the same issue, or you think they need to know about something that will appear in the media. This ensures The State Hospital is speaking with one voice.

In the long-term, you may find it mutually rewarding to become acquainted with individual journalists who deal with your area of business, i.e. health correspondents, whether nationally or locally. While this should certainly not provide automatic channels through which to gain media publicity, such relationships can be of value to both parties and increase mutual confidence.

5. RESPONDING WHEN SOMETHING HAS GONE WRONG

Don't be rushed - If they are phoning about something that has gone wrong or where The State Hospital has perhaps made a mistake, don't answer their questions on the spot. Find out what their deadline is and call back within this timeframe when you have had time to collect your thoughts, gather facts, anticipate questions, and work out your key messages / points that you wish to put across.

If indeed The State Hospital has made a mistake or has got something wrong, it's okay to say so, as long as there is not an issue about accepting legal liability. You must frame your response when some things have gone wrong and pull together a short and powerful quote.

Here the 3R rule can come into play - regret, reason, rectify. For example, if someone is complaining about something that The State Hospital has done wrong, you could respond by saying:

- Regret - Express a view, apologise, whatever is appropriate. "We are sorry we made a mistake, we have every sympathy with Mrs X, we were upset to hear about this incident".

- Reason - Explain what went wrong or what the problem was. "The reason it happened was . . . . . .".

- Rectify - Explain what The State Hospital is doing to put things right. "We have now launched an investigation and we will let people know next week / we've changed our procedure so that this will not happen again".

6. DEALING WITH DIFFICULT QUESTIONS

You can deal with difficult questions - whether you are on the radio, on the phone to a journalist, or speaking at a public meeting. Just remember the following tips:

- Make sure you are properly briefed - Anticipate the kind of questions that might be asked. You can do this by stepping out of your State Hospital shoes and thinking about the questions your family and friends would ask about the situation. Indeed, think about issues and subjects that you don't want to be asked about, and anticipate possible questions. It is these questions that will most likely be put to you. Get ready to answer by thinking about the key messages you would like to get across.

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- Bridging (parking questions and moving on) - When asked an irrelevant question, shift the answer back to your central point. This technique is called ‘bridging’. For example, if a journalist is trying to get you to comment on something someone else has said, or asks you a question about something you don't want to get into, just park the question and move on. Say something like "I'm sure that's an important point, but if I could get back to what I was saying earlier", or "some people might say that but what I can tell you is", or "let's be clear about the real issue here. There are two things to bear in mind …” and get back to what you want to say.

- Do not comment on things you know nothing about - You don't have to answer every question. If you are not the right person to comment or express a view, then don't do it. Tell the journalist you will get someone else to deal with the enquiry / contact.

- Don’t buy time by repeating what the journalist says and don’t let words be put into your mouth - Sometimes if a journalist is struggling to get a soundbite from you, they might say something like "so let me just get this clear, what you're saying is" and they will paraphrase you. Then they might use this paraphrase as a quote. If you are not happy with their summing up, or you think they have misunderstood, you must explain your point clearly and concisely again.

- Do not give any guarantees - For example, if you were asked if you can guarantee that there will never be any escapes you could say “we are unable to provide any guarantees, however we can ……”.

- Respecting confidentiality - Sometimes you will be asked to comment on a situation that involves an individual patient, staff, carer, volunteer or another NHS Hospital, e.g., if they're unhappy about a service that The State Hospital has provided. Often if someone goes straight to the newspapers to complain, they'll have given their side of the story. Remember: It will be up to you to put The State Hospital’s view forward.

  You must be careful not to breach confidentiality by giving away details of patients, staff, carers, volunteers etc. The best way to judge if you can comment is to find out where the story has come from. If someone has called the papers direct, it would appear that they are quite happy to have their case discussed in public, so you might go into more detail about their case. However, it is best not to comment on specifics. Instead, you could say something like "We can't comment on individual cases but our general policy in situations like this is “and re-state The State Hospital’s policy”.

7. WHAT YOU CAN AND CANNOT SAY

As a general rule no information should be given to the media in respect of any State Hospital patient, staff, carer or volunteer (past or present). However, if a patient absconds from The State Hospital, the police must be notified to protect both the patient and the public – this may involve the media. In the case of restricted patients, the Scottish Government Health and Social Care Directorates and police must be notified.

8. ANTICIPATING NEGATIVE NEWS

No matter how clear The State Hospital has been about its policy or position on a sensitive issue, occasionally newspapers will blow up a story and it can potentially reflect badly on the Hospital. If this happens get the facts - who is involved, what exactly has happened, when did it happen, where did it happen, why did it happen and how did it happen / how many people are affected / how much money is involved (who, what, when, where, why and how).

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These are the basic facts that any journalist will ask before they write a story. Remember to focus your mind and frame your response - work out what your key messages are, and pull together a short and powerful quote.

9. APPROACHING THE MEDIA

The three most usual ways of approaching the media are with a media release, media statement, or a dear Editor letter. Other ways include media conferences, inviting editors into the Hospital for a tour / to do a feature, inviting editors to dinner (less popular these days) or leaking information to the media.

9.1 Media Releases

The media will not print anything that sounds like an advertisement or that hasn't got a reason for being in the news. They won't just print information unless you make it sound like news.

In other words, the media will pick up a story if it is presented as a news story in the form of a media release, so how do you write a good one?

- The newsline – Just like a news story, a media release needs a newsline – a hook to hang the story on. This gives the story news value. The title should be short and punchy to attract press attention, however it is acknowledged that the press will usually change this. The newsline should be in the introduction (the first paragraph) as this is the most important part of the release. It could make the difference between your story being published or binned. Remember, newsdesks are getting a lot of media releases every week, and they do not have time to find the newsline buried in the last paragraph of a release. They read media releases like you read their stories: if the first paragraph doesn't raise your interest, you will not read the whole story.

- Quotes – Are important and can liven up, or break up, a media release. They are usually included in the third paragraph and sometimes again at the end of the release. This gets the human voice into a piece of writing. Quotes should add to, or enhance the information you have already given – but not repeat it. You can use quotes to welcome a new initiative, explain what the benefits of a project will be, or to express The State Hospital's opinion on something. Always attribute the quote to a named person where possible but don't forget to check this with them beforehand, so they know what you / they are saying! Try to avoid spokespeople (i.e. a spokesperson said …); this gives the impression of a bureaucratic organisation run by faceless officials. Ensure your quote sounds like something someone would actually say. Read it over to see if it sounds natural. If it sounds stilted and bureaucratic, change it.

- Length - A media release should be about a page. It must never be longer than two pages. A release is always in 1.5 line spacing. You must decide what information should be included and what should be left out. If you have worked on a project for months, you might find this difficult, but think hard about what the public need or want to know. Media releases are not usually published verbatim, but they should be written in such a way that they could be. Don't 'puff out' the story with words like 'state of the art', 'innovative' etc, and keep the facts straightforward.

- Meat of the story - Get to the 'nuts and bolts' of the story early on as the release could be cut after any paragraph by the newspaper Editor. Combine 'what the media want to know' with 'what you need to tell them'.

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- Language - Keep the language clear and simple and avoid jargon. If you do use jargon, explain any terms the reader may not understand. Write in short sentences and paragraphs. The first paragraph should ideally be no more than 25 words long. Check your spelling and grammar and especially how to spell peoples' names. There is nothing worse than bad spelling in a media release. It gives a bad impression of The State Hospital. If you are not sure where the apostrophe goes, ask someone!

- Active Voice - Use an active voice, never passive. For example, "Bob Smith explained we desperately need" not "It was said by Bob Smith a service like this is needed."

- Corporate style - The State Hospital, as part of NHSScotland, has a corporate style for media releases. If you have a draft release that you wish to be sent out, contact the Head of Communications who will help you refine it into a final version and issue it for you subject to approval from the Chief Executive. Ensure your release has:

  a) A strong newsline and snappy introduction
  b) All the necessary facts
  c) A good useable quote or quotes
  d) Everyday words, short sentences and no clichés
  e) A contact number for more information
  f) A title that is more than a label
  g) An issue date

- Photography – Add a good supporting photograph if you have one.

- Embargo – An embargo is a request to the media to delay publishing or broadcasting information provided until after a specified date and time. However, it is not binding and should be avoided whenever possible. An embargo request should be clearly marked 'Embargo – please do not use before (time) on (date)'.

- Contact details - Always provide a contact name, telephone number and email address at the foot of the release for additional information.

The importance of producing effective media releases cannot be stressed enough. Releases which describe developments of timely interest to journalists, which are clearly written and which contain all of the elements outlined above, are used far more widely than those which are lacking in these respects. Distributing your release:

- Make sure you target and tailor the release - it needs to be relevant to the media you're distributing it to (national, local, trade, consumer).

- For journalists, email is the preferred option, but don't put 'media release' in the subject box. Give a clue to the story – 'State Hospital appoints New Chief Executive', 'New Hospital opening', 'Attack on NHS policy' etc.

- If emailing, be aware that if you block send it to those journals / papers that are in direct competition this will influence how a journalist uses the story. It is better to email individually.

- Avoid sending the release as an attachment where you can – instead, cut and paste into the main body of email. It's often the attachments that are difficult to open, may contain viruses, or block systems.

- Remember email allows journalists to cut and paste quotes directly which means there is less of a chance of you being misquoted.

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9.2 Media Statements

A statement is not a media release. It is a short, clear, written explanation outlining the situation and explaining, if appropriate, what the Hospital is doing about it. A statement normally has an opinion from the Hospital in the form of a quote. It is good to issue a written statement to the press if:

- You are dealing with an enquiry / contact or an emergency situation which is attracting press / media interest. This saves one person having to brief journalists constantly.
- The subject is controversial or delicate and you want to make sure that the right form of words is used, e.g. if there are legal or disciplinary proceedings going on.

9.3 Dear News Editor letter

The dear news editor letter is an invitation to attend an event or to address inaccurate reporting. It should be brief and precise.

9.4 Media Conferences

Media conferences can have great impact when used to gain coverage of what would be considered ‘good news’, e.g. announcing a major launch or development where the Hospital is trying to enhance its reputation. Additionally, when at the centre of a major media storm, a media conference can be a good way to handle the crisis in line with local contingency plans. Whether it’s good news or bad news, you will also be handling the Hospital’s reputation. If it’s the latter, the Hospital will be trying to protect and rebuild its reputation by showing that it is on top of the situation and in control to help restore confidence.

<u>Quick checklist</u>

- Make sure a media conference is the right event to deal with your situation.
- Plan carefully – think about your image and prepare appropriate facilities.
- You will need parking spaces and room for outside broadcast vans.
- Supply telephones, IT equipment.
- Separate rooms for 1:1 interviews.
- Think about opportunities for photographs and TV pictures.
- Will you need a PA system and / or audio visual support?
- Use internal communications networks to brief staff and other stakeholders.
- Send out a media invite to officially invite the media – give directions.
- Try to avoid a clash with another event on the same day.
- Inform other organisations who may need to know what you are doing.
- Choose the right media trained people to represent the Hospital, e.g. the Chief Executive but could possible be the Chair or a Director.
- Brief them and anticipate likely questions.
- Agree key messages and stick to them.
- Prepare information packs for the media.
- If it's a complex issue; hold a media briefing before the media conference.
- Take time to explain – help reporters to be accurate.
- Establish the ground rules and explain the arrangements for the event.
- Ensure you have help on the day from people used to working with the media.
- Invite representatives from other organisations if you feel this would be beneficial.
- Monitor the coverage and react to any inaccuracies as appropriate.

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9.5 Inviting Editors to dinner

This is not usually a good idea. If the editor refuses, a potential relationship if soured, and if they accept, they will promise nothing.

9.6 Leaks to the media

- From you - Leaking can be very powerful since the mere act of doing so ascribes certain meaning to the information. It enables the audience to read ‘the truth’ or ‘stuff you wanted them to know’ but could not formally release. What’s more, if your public position is “We don’t comment on leaked reports” it allows the Hospital to reap the benefits of having the information in the public domain without having to worry about the need to contextualise it. Information can be leaked in a number of ways – brown enveloped material to journalists, speaking loudly in their presence or passing information to those who like to gossip.

- From staff - Where there are opportunities to use the media for mischief or personal gains there will be leaks. Keep a tight rein on the ‘version control’ of your documents – this can make it easier to track leaks. Be wary of widely circulating important material by email. If leaking is a problem, you can always resort to verbal briefings and withdrawing documents after meetings. But it’s practically impossible to stop leaks altogether.

10. BROADCAST INTERVIEWS

Delivering the message through an interview is a crucial aspect of communicating with a target or general audience. Print and broadcast (i.e. radio and television) interviews are similar in terms of content but vastly different in terms of context. Additionally, because broadcast interviews require more understanding of the subtleties and sensitivity to the media, more preparation is needed for conducting effective radio or television interviews.

An interview can take up to an hour and a half. The first thing you say is incredibly important. Focus upon your words, voice tone, facial expressions, gestures and body language to ensure that these factors enhance rather than distract from your message. Be as open and positive as possible without sounding callous and uncaring, and never lie. Show concern if there is a genuine problem by saying how the Hospital is addressing the situation or issue, but do not admit liability. If you are working in collaboration with another organisation, you must discuss journalistic enquiries and requests for interviews with them, and agree on what you will say.

The following guidelines are useful in preparation for broadcast interviews in particular, although many of the techniques are applicable for print interviews too:

- Control the interview - Your job is to stay on message. If you do not do this, it is likely that they will not use the interview clip that you would like them to. If the interviewer goes off the subject, draw them back to the issue at hand. For example, say “I’m not here to talk about ….., I’m here to talk about …..”. Park irrelevant questions and move on. Don’t be tricked into giving more information than you want to. Believe in yourself and your message. Have confidence in what you say. Be mindful that a pre-recorded interview will be edited afterwards, so don’t be afraid to take control and re-start an answer if you feel it is necessary or if you get flustered.

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- Don't follow the interviewer into negatives areas - Avoid using negative words like 'disaster', 'expense' and 'crisis'. If the interviewer uses these, do not repeat them as this will only reinforce the negative point. Be positive and upbeat. Concentrate on good news – you wouldn't put anything negative in an advert – the same applies.

- Try to relax – Being nervous is normal. Use breathing and any other relaxation techniques that work for you. Watch your posture, stand flatfooted, roll your shoulders back and lift your chin up.

- Create a relationship with the interviewer - Make it clear to the interviewer what you will / will not discuss and stick to that. Give some literature to the interviewer beforehand - if they read it in advance they will have some background information. Just prior to the interview, prepare the interviewer with the key points you want to cover during the interview and ask about the questions they intend to raise. Choose answers that cannot be misquoted or quoted out of context. This will help you to relax and maintain a comfortable word flow. It's okay to use the interviewer's first name during the interview but keep this use minimal.

- If you do not know the answer to a question, say so – However, do this in a way that respects the questioner and enhances your credibility instead of detracting from it. For example, instead of saying "I don't know", say "That's a good question. I don't have the specific details now, but will get back to you with the answer" and have with you a list of contact details for trained spokespeople available to make statements on specific questions. Don't be afraid to take your time in answering. Never make up an answer as this will only come back to haunt you. Footage taken during your interview will be kept for possible future use, however it is unusual for this material to be used more than once.

- Use gestures with care - Moderate gesturing on camera contributes to making a point and it attracts attention, however too much arm, head or body movement on TV can distract your audience from the message. During radio broadcasts, gestures won't help influence the audience but they may help you express yourself. Here the focus is solely on the words so every "um" and "ah" or long pause is more apparent. Adopt a more conversational tone and style as opposed to preaching or presenting. Use personal examples to build up a picture. Language is crucial in creating a visual image on the radio.

- Learn from what you do - Improving performance through video feedback is easier than ever with the use of personal video equipment. In addition, use radio talk / phone in shows to practice your technique. It is acknowledged that developing effective interviewing skills and public speaking abilities are, in reality, leadership skills.

Interviewers can make life difficult for you in two ways. The first is interrupting you and the second is playing devil's advocate; putting propositions which are factually wrong, or presenting your opponent's argument. Here are tips on how to handle both situations:

- Interruptions – Either interrupt the interruption (talk over the interviewer but don't raise your voice) or wait until the interviewer finishes then defer the question with controlling phrases like: "If I could come back to that in a minute", "If I may finish", "If I could return to the main point which is....." or "I might come to that later but I was telling you about ….". The interviewer will most likely back off. You can use physical gestures such as raising your hand slightly or shaking your head.

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- Denials - If the interviewer is playing devil's advocate or putting to you the opposite argument, or putting propositions that are wrong, get your message heard by… Shaking your head while the accusations are being made, opening with a newsworthy attention-grabbing phrase like: "The truth is that...", "The correct situation is...", "The facts of the matter are..." or “Yes, so you have answered the question but all that’s going to change …..”.

No matter how difficult an interview gets, there are a number of things you should never do during an interview:

- Don't try to win an argument with the interviewer. Never let any aggravation you may feel come to the surface. It will show and the audience will usually take the interviewer’s side.

- Don't criticise or patronise the interviewer for having the wrong information. If the interviewer is wrong, correct them gently. If the interviewer is right to make a negative point say “Yes but ….” and make the point you want to get across. Remember that the interviewer's question is usually edited out of the story leaving your aggravation to appear unjustified.

- Under no circumstances lose your temper. Be firm and stand your ground but don’t be aggressive. If you lose your ‘cool’ and rise to the bait, you are in danger of ‘losing it completely’. On TV, arguments are won by the gracious and the most polite, not necessarily those who are right. Television is not only about information, it is also about entertainment. Having a heated exchange with an interviewer may make you feel better, but it does nothing to help you get your message on the news - if conflict enters an interview, the conflict becomes the news, instead of your message.

10.1 Tips on getting the most out of a Radio Interview

The aim of the interview is to engage the listener. Here are some general rules to follow:

Before the interview

- Fact find - Is the programme live or recorded? (remember the latter may be edited). Is it in a studio, or on-site via telephone, or to be saved for further down-the-line (i.e. a point later in time)? What's the programme about? Who's the interviewer? What's the style and angle - is it BBC, a local commercial station or national commercial radio? What's the audience profile? Is it a panel interview or are you the sole interviewee? How long will it last? What's the first question going to be?

- Pros and cons - Think about the pros and cons of doing the interview - is someone available? Is it worth doing? Only turn down for good reasons, e.g. no-one is available with the level of medical expertise required.

- Prepare - Plan in advance the two or three points (max) you want to make, prepare any facts and figures for reference and your response to likely difficult questions.

- Practice - Practice your messages, but don't rehearse or read word for word or you'll sound stilted.

- Record - Arrange to record the interview for your files and play back afterwards for critical appraisal.

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The interview

Do:

- Arrive in good time and familiarise yourself with the location. Check with the interviewer how you will be introduced.
- Make yourself comfortable and ensure you're happy with the positioning of the microphone.
- Relax. Speak clearly and distinctly. Take your time, don't rush or mumble your words.
- Use 'everyday' language, keep it conversational and vary your pitch and tone to hold interest.
- Speak with enthusiasm, authority and conviction - be positive, show you care, particularly if you're being cast as the aggressor / wrong-doer.
- Be yourself. Use humour if you can, and if appropriate, but don't force it.
- Make it interesting - use real examples, anecdotes and analogies where you can to visually illustrate a point and give a human feel to what you are saying.
- Listen carefully so that you can challenge any incorrect information or unfair judgements, but do so politely and calmly.
- Start and finish the interview well - get your most important idea across at the beginning of the interview.

Don't:

- Wear any clothes that rustle or jewellery that jangles.
- Go off the record, speculate or be drawn into giving a personal opinion. Remember you are representing the viewpoint of The State Hospital.
- Echo the negative - take negative questions and turn them into positives.
- Over react, be rude or confrontational. Be polite and stay calm even if you are asked a difficult question or the interviewer gets aggressive.
- Use jargon, organisational slang or acronyms.
- Overload the listener with statistics. Keep it simple (e.g. a quarter of staff, not 1,250 out of 5,000 staff).
- Allow an interviewer to incorrectly summarise or paraphrase what you've said or be drawn into agreeing with a statement they have made. If they've summed up wrongly, put them right in a way that is respectful.
- Lie about anything or volunteer irrelevant information.
- Be afraid to stop and start again in a pre-recorded interview if you've lost your train of thought.

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Post-interview

- Analysis - listen to a recording to review your performance. Analyse where and how you could improve for next time.
- Contact the programme organisers or a broadcast monitoring service if you haven't recorded the interview and want a copy.

Remember, you should be in control of the interview. Never ignore a question, but use it to get your points across.

11. TIPS ON GETTING THE MOST FROM PHOTOGRAPHY

A good photograph will always get noticed. Here are some useful tips and general rules when thinking about commissioning and submitting photography.

What makes a good photo?

- One that will be used by an editor - ask what types of pictures publications tend to use and look at back issues.
- It should have news value and appeal.
- It should have a focal point / point of interest.
- One that shows action. Try to make sure something is happening - show people using a piece of equipment, or in situations which say something about The State Hospital.
- Try unusual poses, approaching your subject from different or unusual angles and viewpoints, e.g. shooting over someone's shoulder, taking a photo from on high, using a candid, non-posed approach.
- For group photos, try to keep the group small - four or five people.
- Head and shoulder pictures to support 'Who's Who' type news items will be used if they look professional and well shot.
- Don't forget black and white photos - they can look 'newsy' and add a different feel.
- Above all, you need professional, high quality pictures - well lit, in focus, with good colour definition and good framing.

Commissioning photography

- Think about the end use - are the pictures supporting a media release or being blown up for a display? This will impact on choice of photographer, style and format.
- Do brief your photographer fully - ideally in writing - so that they understand what The State Hospital does, the messages you want to get across, the context and the objectives of the shoot.
- Avoid stereotypes - nurses and secretaries are not always female. And do try to reflect the cultural make-up of your local area in the subjects used.

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- Always ensure that any physical situations represent good practice and are clinically accurate.
- Prepare any props in advance e.g. logo board, giant cheque. Check the location of the shoot for rubbish, unflattering items, signage etc.
- Try and avoid the use of several photographers' images on one publication - the images need to look like a collection of consistent, stylish images.

Permissions

- Make sure anyone visible in a shot has given their signed consent. For children under the age of 18, a parent or guardian must sign on their behalf. Mental health patients must have the capacity to consent.
- Do be clear about how and where you want to use any photo - single usage or across a range of media.
- With buildings, it's best to seek permission before you shoot. You can always ask for a stock shot from the Hospital's collection of images held by the Head of Communications.
- If using models, get a model release form signed and be clear where and how any photo may be used. If using stock shots from a picture agency, check that all purpose consent has been given, e.g. some models might not want their image shown in an article about AIDS or mental health.

Formats

- Currently 90% plus photographers use digital photography because of the many advantages. It's fast, convenient and efficient; you can review and improve upon an image; you can involve the client in the creative process and nervous subjects can see what you are shooting.
- Alternatively, you may choose a traditional print media - black and white film, colour negative film or colour transparency.

Submitting photography

- Check editors' deadlines so photographs arrive in time. Select the best ones to send.
- Provide landscape and portrait versions of the same shot to increase the chance of it being used.
- To support a news item, provide two to three photos to give the editor a choice; for features provide a larger selection, e.g. eight to 10 pictures.
- Most digital shots are emailed as jpegs. Aim for 300 dpi (dots per inch) for glossy magazines and around 150 dpi for newsprint.
- Always caption the photograph and include names and titles of people, the title of the event and date.
- Get your photographer to touch up or alter any photographs before you send them to an editor.

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Copyright / Fees

- All photographers own the copyright for commissioned work. If you want to own the copyright on images shot on your behalf, discuss this with the photographer before commissioning. Many photographers will charge extra.
- Always ask for an estimate or a copy of the photographer's rates, terms and conditions.
- Make sure you are clear what's included in the price, e.g. travel, expenses, parking fees, refreshments, etc to avoid any embarrassment.
- An individual has certain rights to control the use of their image. Remember, the general rule is to protect a person against defamatory or offensive use of their image.

Other things to consider

- Adding your photos to the Hospital's collection of images.
- Before you re-use any photograph, check that anyone in the photo is still associated with the work of the Hospital and that they are happy for the photo to be re-used.
- Always be aware of confidentiality issues. Only use or take photos in line with General Data Protection Regulation (GDPR) legislation. Gaining written permission prior to taking or using a photo is required.

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Media Lines for On Call Staff

Released via Freedom of Information request FOI/013/21

MEDIA LINES FOR ON-CALL STAFF

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MEDIA LINES FOR ON-CALL STAFF

1. CLINICAL

NO	TOPIC	SUGGESTED COMMENT
1.1	Female Patients	**Is The State Hospital considering providing a high secure service for women?** The State Hospital provides a high secure national service for men only. In line with a needs assessment by the Forensic Network and Scottish Government guidance, there is currently no national provision in Scotland for females requiring care in high secure. This is because the number of females requiring this level of security is extremely low. A transfer to an English Special Hospital with a specialist High Secure Female Service is the approved patient pathway for female patients requiring high secure care, i.e. a referral would be made in exceptional circumstances only / the patient cannot be cared for in a medium secure unit in Scotland. These circumstances are very rare and in the best interest of the patient. This position would only change in agreement with Scottish Government, if there was a change to the strategic planning arrangement for females. **Why has The State Hospital not admitted the female patient requiring high secure care?** The State Hospital has 140 high-secure beds for male patients requiring maximum secure care: 12 specifically for patients with a learning disability. The State Hospital takes pride in providing patient centred care. This means ensuring patients are treated in accommodation appropriate to their needs and in an environment that supports rehabilitation. Due to the level of clinical risk associated with High Secure Care, mixed adult ward accommodation is not acceptable. The admission of a female patient into an all male environment such as The State Hospital would require the patient to be cared for in isolation and this would not be condusive to their mental health, wellbeing and recovery. Admission needs to be into an environment that not only provides high quality care and treatment, but can give proper attention to the needs of the individual in such a way as to maximise rehabilitation and their chances of sustaining an independent life. Therefore the use of high secure services in England (in exceptional circumstance only) is the agreed patient pathway for females high secure care.

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		Why has The State Hospital admitted a female patient into an all male environment? In Scotland it is currently the practice for medium secure care services to support a patient for the necessary period of time to allow for transfer arrangements to a high secure service in England. High Secure provision is designed specifically to care for male patients. The admission of a female patient is an in extremis measure based on an interim arrangement discussed and agreed with the Scottish Government and Mental Welfare Commission. The decision was made on a balance of clinical risks.
1.2	Incidents / Staff Assaults	"The State Hospital provides specialist mental health care and treatment for patients who require to be cared for in conditions of special security. While we cannot comment on individual incidents, I can confirm that assaults on staff can and do occur. "Risk assessing and managing aggressive behaviour is a core skill of the clinical teams and all of our clinical staff have specialist training in prevention and management of aggression. "As part of the Scottish Patient Safety Programme we continuously seek to reduce incidents involving aggression and have been very successful achieving this on a year on year basis."
1.3	Individual Patient	"Many thanks for your enquiry however due to data protection / confidentiality we are unable to provide any information on specific patients or staff, past or present."
1.4	Patient Activities / Closures	**Patients not being kept occupied or stimulated due to closures and cuts of both staff and recreational activities.** "Activities are provided in a range of settings across the Hospital, including our wards, in our grounds and in our activity centres. On occasions when staff availability impacts on the provision of planned activities, every effort is made to make alternatives available to our patients."

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1.5	Patient Activity - Woodwork	**Activities for patients are severely limited due to staff shortages including the woodwork unit and the craft activities being reduced?** "The Hospital provides a wide range of activities for patients including sports, education, gardening, occupational therapy and crafts. Until recently, we were able to provide opportunities for some patients to learn wood working skills. We have found it difficult to retain the specialist carpentry skills required for this element of the service on a sustainable basis and following a review of options by our service lead, will be reinvesting the staffing resource in alternative activities."
1.6	Patient Transfers	**General including reference to Autism** "We are unable to comment on individual patients, but can confirm that there are no patients detained at The State Hospital with autism as the only diagnosis. State Hospital policy is for all transfers and discharges to be undertaken using the Care Programme Approach (CPA) which is a multi-agency systematic approach to care planning involving where relevant: Local Health (forensic) services; Local Authorities (Social Work and Housing); Police and the Scottish Prison Service. "A patient would be considered for transfer from The State Hospital once his mental health had improved and his behaviour was settled for a prolonged period. During a patient's stay in the State Hospital there is an ongoing process of formal risk assessment and management, which includes an assessment of the appropriate level of security for a patient's care. "We remain committed to person-centred care and treatment. Our principal aim is to rehabilitate patients, ensuring safe transfer to appropriate lower levels of security. There are well-established legal avenues to appeal against detention, and to obtain independent reviews of the care and treatment provided." The Scottish Government said: "Where compulsory treatment is necessary then, in addition to the right to access advocacy, there is an efficient and independent Mental Health Tribunal which grants and reviews orders for compulsory treatment. Also, the Mental Welfare Commission monitors the use of Scottish mental health law and has the power to intervene in cases if there is evidence of improper care, treatment or practices."

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1.7	Safety	**Staffing levels are low and is resulting in both staff and patients safety being compromised.** “The workforce staffing requirements are continuously reviewed to ensure that our staffing levels are matched to meeting patient needs at all times. “The service requires to meet significant variation in clinical demands and plans the overall workforce requirements in line with a requirement for flexibility. The Hospital is currently staffed to its full funded establishment of almost 300 nursing staff, with no vacant posts.”
1.8	Staff Gender Balance	**Sometimes only one male member of staff on duty with female nurses who cannot carry out body searches on male inmates** “The nursing service operates with a gender balance in nursing of approximately 60% males to 40% females. As noted above all of our nursing staff have specialist training in prevention and management of violence and aggression. Ensuring a gender appropriate balance on an individual shift is a feature of day to day staff rostering by Senior Charge Nurses and adjustments can be made as appropriate. Male staff are always available when intimate procedures, such as searching, are undertaken.”
1.9	Staff / Patient Ratio	**One patient in a 12-bed ward being looked after by four members of staff** “The service operates from within four multi-disciplinary hubs each with capacity of up to three 12 bedded wards. This enables the service to respond flexibly to changes in demand for high secure care. The care arrangements for individual patients within the hubs are assessed by the multi-disciplinary team and are planned and delivered on an individualised basis according to assessed need.” **Patient numbers decease but staff numbers increase** “The nature of the service delivered at The State Hospital has changed significantly since the early 2000s as patient numbers decreased (due to the development of low and medium secure units across Scotland), and changing the Hospital’s focus to delivering a service specifically to patients requiring assessment, care, and treatment within a high secure environment.

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		"This change to delivering care only to patients who require conditions of special security resulted in increased levels of need and risk in the remaining patient population. It was recognised that the ratio of clinical staff to patients needed to adjust, in order to provide high quality care for patients now presenting with the most complex and challenging care needs. The most significant changes related to the numbers and skill mix of nursing staff. "Although the number of beds were cut by 40%, staff numbers only fell by 10%. This allowed for improved staff-patient ratios, from a minimum of one nurse to five patients, to a minimum of one nurse for every three patients. As a result, each 12-bedded ward now has at least four nurses on every shift.''
1.10	Staff Overtime	"Due to the specialist nature of the service provided and skills required to work in High Secure Forensic Care, we do not employ agency staff. We primarily utilise overtime which enables us to maintain the skills and experience required for each shift. "The requirement for additional hours is driven by a number of factors; an element of which relates to sickness absence above 5%. The primary requirement relates to meeting fluctuations in clinical demands."
1.11	Supporting Healthy Choices	"The Hospital remains committed to ensuring that patients are encouraged and supported to adopt a healthy lifestyle particularly in relation to smoking, activity, and nutrition. "The contract will not further limit the availability of confectionery and unhealthy snacks. The Shop is regulated through the Healthcare Retail Standards which means food items are 80% compliant (healthy). To this end, there is no requirement for a specific list of allowed / not allowed items. "In terms of tracking patient purchases, the Hospital is currently designing and implementing 'Health and Wellbeing Plans' individualised for each patient. These cover multiple areas including nutrition. Patient purchases will be monitored in line with their individual Plan with patients being encouraged to restrict the purchasing of obesogenic food items where appropriate on a voluntary basis. This will commence in due course. Currently, a pilot is being designed with a view to being implemented later in the year."

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1.12	Smoking / Prison Smoking Ban	"The State Hospital has been a smoke free environment since 5 December 2011. This followed a full consultation exercise with patients and staff. "The positive medical effects of giving up smoking are well recognised, particularly in terms of reduced cardiovascular and respiratory diseases including lung cancer. "The implementation of a smoke free environment included a policy for nicotine replacement and a formal evaluation. This found no adverse effects in terms of incidents of aggression; some increased spending on confectionary with an average weight gain of 3-4kg; and for those patients on clozapine (an antipsychotic medication) a reduction in dose whilst maintaining the same clozapine blood level. This is because smoking stimulates the enzymes that metabolise the drug. "The decision to introduce a smoke free environment was challenged legally by a former patient. The Supreme Court ruled that the decision to introduce a smoke free environment was legal but required that the procedures for searching for and confiscation of tobacco and its related products be amended to take into account the principles of the Mental Health Care and Treatment (Scotland) Act 2003 and its related 2005 Security Regulations. The Supreme Court issued its final ruling on 4 July 2017. "The State Hospital is currently working with the Scottish Prison Service regarding its proposed smoking ban to share the learning from our experience."
1.13	Staff Overtime	"Due to the specialist nature of the service provided and skills required to work in High Secure Forensic Care, we do not employ agency staff. We primarily utilise overtime which enables us to maintain the skills and experience required for each shift. "The requirement for additional hours is driven by a number of factors; an element of which relates to sickness absence above 5%. The primary requirement relates to meeting fluctuations in clinical demands."

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1.14	Staff Assaults	"We are proud of the significant year on year decrease in these numbers, i.e. from 93 to 25 in the last five years. This is due to robust systems and processes that are in place to manage violence and aggression which are complemented by our participation / contribution to the Scottish Patient Safety Programme (SPSP). "You will be aware that The State Hospital is the only high secure hospital in Scotland. It provides a service to Scotland and Northern Ireland. Although The State Hospital shares the same values, aims and challenges as the rest of the NHS in Scotland, it is unique because it has the dual responsibility of caring for very ill, detained patients as well as protecting them, the public and staff from harm. Patients are admitted to the Hospital under The Mental Health (Care and Treatment) (Scotland) Act 2003 and other related legislation because of their dangerous, violent or criminal propensities. Patients without convictions will have displayed seriously aggressive behaviours, usually including violence. As such, preventing and managing violence and aggression is part of our core business at all times. To this end, a comparison cannot be made against other psychiatric services within Scotland." **Staff assaults resulting in medical treatment and time away from work** "In terms of our core business, the reported figures are extremely low. This is due to the skills and experience of our staff together with the support provided by our onsite Occupational Health Service."
1.15	Safety Concerns	"The figures supplied highlight a small number of occasions when staffing levels were suboptimal and normal care arrangements were adapted. They do not represent operational unsafe practice. Where this is the case, other measures are undertaken to ensure practice remains safe and clinically effective in line with national and local policy and procedure."
1.16	Temporary Agency Staff	"The State Hospital does not employ agency staff."

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1.17	Ward Closures	The State Hospital exists to provide specialist forensic mental health care for the people of Scotland and Northern Ireland in a high secure setting. The Hospital's maximum capacity is 144, twelve units of twelve (with four beds for emergency use). The Hospital is designed for flexible use. It has four groups of three 12-bedded 'wards' with each group integrated into a hub area which has clinical and therapy services and provides recreational space. Two wards are currently closed; but they are not in the same building. There are no buildings not in use.
1.18	Patient Death	"Whilst we cannot provide any information about individual patients, we can confirm that a patient died last night. "We wish to take the opportunity to convey our deepest condolences to bereaved family members and friends of the patient. Support is being provided to staff and patients at The State Hospital in response to this sudden loss."

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2. CORPORATE

NO	TOPIC	SUGGESTED COMMENT
2.1	Documentaries	“We are very proud of the way our staff help individuals with severe mental illness, often over considerable periods of time, to recover their mental health. “However our experience is that it is virtually impossible to tell this story except on the basis of particular patients’ experiences. That requires the consent of the patients involved and, given their illnesses, there are issues about their capacity to give informed consent, not least in understanding the potential long-term impact of appearing in any documentary. “Looking at individual patients moreover almost inevitably requires something about the reasons for admission, where others such as victims and families will have been affected. Such public re-opening of what are almost always very difficult and painful issues for those victims and families is something we would seek to avoid, and is also an area where in our experience the questions around gaining informed consent are hugely complex. “We do not wish therefore to take up your offer but thank you for your continued interest in The State Hospital.”
2.2	Number of Patients	“The Hospital provides 140 high-secure beds for male patients requiring maximum secure care: 12 beds specifically for patients with an intellectual disability.”
2.3	Patient Costs	The cost per patient varies according to the number of patients being cared for by the service. The State Hospital’s 2018/19 annual budget is £34.755m. There are currently 110 patients. The State Hospital delivers excellent stewardship of public monies, consistently delivering a breakeven financial position.

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2.4	Board Structures	**Amalgamation with NHS Lanarkshire** The State Hospital is a 'Special' Health Board. This is the same as other National Boards such as NHS 24, the Scottish Ambulance Service and the Golden Jubilee National Waiting Times Centre. Any change to NHS Board structures is dictated by national policy therefore the Scottish Government is best placed to answer this question.
2.5	Report Publication	**Adverse Events** "We welcomed the report which singled out a number of areas of good practice including robust systems and processes for recording and reviewing incidents. We are committed to continuing to learn from and reduce adverse events, and have actioned a number of the recommendations already." **Healthcare Environment Inspectorate** "We welcome the report which highlights significant progress since the last inspection. "We are pleased to note that the inspectors' view that the standards of cleanliness in the Hospital are good, and the great majority of the relevant HAI standards are being met to protect patients, staff and visitors from the risk of acquiring an infection. "We are committed to continuing to provide quality care in a safe, clean and comfortable environment, and are addressing the one requirement that was made."

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2.6	Service Delivery	The nature of the service delivered at The State Hospital has changed significantly since the early 2000s as patient numbers decreased (due to the development of low and medium secure units across Scotland), and changing the Hospital's focus to delivering a service specifically to patients requiring assessment, care, and treatment within a high secure environment. This change to delivering care only to male patients who require conditions of special security resulted in increased levels of need and risk in the remaining patient population. It was recognised that the ratio of clinical staff to patients needed to adjust, in order to provide high quality care for patients now presenting with the most complex and challenging care needs. The most significant changes related to the numbers and skill mix of nursing staff. Although the number of beds were cut by 40%, staff numbers only fell by 10%. This allowed for improved staff-patient ratios, from a minimum of one nurse to five patients, to a minimum of one nurse for every three patients. As a result, each 12-bedded ward now has at least four nurses on every shift.' The State Hospital has an international reputation for delivering excellent, high quality, person centred care, and for delivering positive outcomes for our patients.
2.7	Patient Benefits / Funds	Depending on their individual legal eligibility, patients are able to claim Employment and Support Allowance or Universal Credit. Patients of pension age with a legal eligibility receive state pension and / or pension credits. In line with Scottish Government policy, some patients not eligible for Employment and Support Allowance or Universal Credit receive a Personal Allowance from the Scottish Government. The State Hospital provides a facility for patients' deposit and withdrawal of funds, but does not provide any financial advice at any time.

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3. STAFFING

NO	TOPIC	SUGGESTED COMMENT
3.1	Assaults	**General** "Patients are admitted to The State Hospital for treatment of their mental illness because of their dangerous, violent or criminal propensities. This means that there is a much higher proportion of patients who are acutely unwell and at risk of aggressive behaviour compared to other psychiatric settings. "To this end, a strong focus on equipping State Hospital staff with the skills needed to de-escalate incidents and protect themselves and other patients from aggressive behaviour continues. "Due to 'confidentiality/data protection' the State Hospital is unable to provide any information relating to individual patients or staff (past or present)." **Sexual Assault** "The State Hospital's processes for preventing and managing violence and aggression, as part of its core business, are well established. In the period in question, there were no incidents of a sexual nature that would constitute a sexual assault under the Sexual Offences Act 2003."
3.2	Benchmarking	"The figures provided for the number of doctors, nurses and auxiliary staff employed by The State Hospital relate to head count only. They do not differentiate between staff on permanent, temporary, full time or part time contacts. For example, our Medical staff are largely part time. They work at The State Hospital and are employed elsewhere by psychiatry services and the Scottish Prison Service."

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3.3	Bullying	“The views of staff are very important to the Board. The survey results indicate that we still have a significant problem with bullying and harassment. This has been an issue here for some time and it must be eradicated. We have already implemented a number of actions in 2013 to address this. However it is clear that much more must be done. “On a positive note, patient care is clearly the top priority at The State Hospital and I am pleased to note that this was acknowledged in the survey where we rated relatively well.” Or “The State Hospital’s Zero Tolerance to Bullying and Harassment campaign has a clear objective of telling people that it is safe to complain. Any issues raised are addressed professionally. Dignity at Work remains a high priority for the Board and we aspire to meet the aims of the Staff Governance Standard whereby everyone in The State Hospital is always treated with dignity and respect.”
3.4	Malpractice including Complaints and Conduct	**Malpractice** “Rather than engaging directly with the media, staff are expected to use internal channels to raise any concerns in the first instance. "Communication leaks to the media from staff or any other person associated with The State Hospital are in breach of State Hospital policy / procedure as well as national legislation; namely data protection and confidentiality. In particular, leaks by staff are in breach of contract and constitutes professional misconduct. These leaks promote public fears and anxieties based on ill-informed and anonymous comments, and only reinforce ignorance and prejudice. "Staff can help put a stop to this type of malpractice by raising their concerns through the Whistleblowing Policy (formerly Staff Concerns Policy) without fear of penalty or victimisation. Staff can be assured that concerns raised in good faith will be protected under The Public Interest Disclosure Act 1999.”

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		Complaints "All complaints submitted to The State Hospital and managed in the same way as the rest of the NHS in Scotland through our complaints handling policy. Where a complainant remains unsatisfied with our response, they can ask that the Scottish Public Services Ombudsman review their case. Every complainant is provided with this information about the SPSO, again in line with the rest of the NHS in Scotland. Learning from complaints is reported through our Clinical Governance Committee, which is a sub-committee of The State Hospital's Board." **Conduct** "With regard to a code of conduct regarding the way our patients are treated, we deliver all of our care on a rights based basis, which is one of the underpinning principles of mental health care and treatment in Scotland. There is not a code of conduct as such. Our registered staff are regulated by their respective governing bodies, such as the Nursing and Midwifery Council and General Medical Council. All of our staff are expected to practice within the values of the NHS in Scotland, which includes a strong focus on care and compassion, and dignity and respect. "Where there are reported concerns regarding staff conduct, these are investigated and managed in line with our Management of Employee Conduct policy framework."
3.5	Resignations due to violence and aggression	"Every member of staff is offered an exit interview and / or the opportunity to complete an exit questionnaire. Of the exit interviews undertaken, no member of staff has given the reason for leaving as violence or aggression."
3.6	Resilience Arrangements (Temporary)	"Our workforce requirements are continuously reviewed in light of changing clinical needs. Due to a combination of exceptional circumstances over the weekend, temporary resilience measures have been put in place to ensure patients continue to be cared for safely."

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3.7	Shortages	"It is a priority for the State Hospital to ensure the delivery of safe and effective patient care, and to make the necessary adjustments to achieve this. This does include staff working additional hours where required, and making temporary changes as to how we safely deliver care. The additional hours worked by our staff are closely monitored, and these are subject to scrutiny through our joint meetings with trades union colleagues. Any adjustments to patient care are also carefully monitored and reported through our management and clinical governance structures. Any member of staff who is absent is managed in line with agreed NHS terms and conditions and policies, and no member of staff is ever forced to return to work." Or "The State Hospital management team recognises the critical role of its nursing staff in the delivery of safe and effective patient care and has taken significant steps to maintain its nursing workforce to its funded establishment. "Workforce pressures have been experienced in recent years due to a combination of high levels of staff absence and clinical activity pressures requiring additional staffing. This can result in adjustments to care which are more restrictive but necessary to maintain staff and patient safety. "The Board is proactively recruiting additional staff to a nursing pool which will provide further service resilience and has seen improvements in our staff attendance."
3.8	Sickness Absence	"I fully acknowledge the level of absence in the Nursing workforce at The State Hospital which is attributed to common mental health problems. We are committed to supporting our Nursing workforce to maintain their health and wellbeing. All of our staff receive a high level of training to support their role in a high secure mental health environment, and we have well embedded systems to support staff following incidents of aggression and violence. Nursing staff have access to clinical supervision as another means of structured support. "During 2017, The State Hospital's Board invested in an employee absence support system, which delivers prompt contact with staff who are absent, and directs them to enhanced support where this is indicated. We know from the evaluation of the use of this system in other health boards in Scotland that this approach can have a positive impact.

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		"Understanding what lies beneath this figure is important, as the majority of our Nursing staff report that the cause of their mental health problems is not work related. We recognise, however, that we have more work to do in supporting our Nursing staff. We have identified a need to invest in preventative interventions to enhance the psychological resilience of our staff, and to provide more support for staff with common mental health problems through our Occupational Health Service. Addressing this issue is a priority area for our Board." **Measures to address sickness absence** As at 25 March 2019, we have 653 staff. The latest absence figures for staff is 9.25% for January 2019, 7.3% for December 2018 and 8.93% for November 2018. This is a reduction from the January 2018 figure of 10%. We fully acknowledge that sickness levels in the Hospital are much higher than the average for NHSScotland. We are committed to supporting our workforce to maintain their health and wellbeing: • All of our staff receive a high level of training to support their role in a high secure mental health environment. • We invest heavily on Occupational Health Support service for staff which includes an early employee support system, delivering prompt contact with staff who are absent, and early signposting to enhanced support where indicated. • We have well embedded systems to support staff following incidents of aggression and violence. • Nursing staff have access to clinical supervision as another means of structured support. • We are proactively recruiting additional staff to a nursing pool which will provide further service resilience and has seen improvements in our staff attendance. • We have identified a need to invest in preventative interventions to enhance the psychological resilience of our staff, and are currently working to provide more support for staff with common mental health problems through our Occupational Health Service. Management and Trade Unions have been working closely together to reduce sickness absence. Addressing this issue is a priority area for our Board.

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		Absence including covering shifts and agency staff "The current absence figure is (?%) across all disciplines. The principal reasons for absence remain consistent with the two most common reasons for absence being anxiety / stress / depression and musculoskeletal conditions. Understanding what lies beneath this is important, as the majority of our Nursing staff report that the cause of their mental health problems is not work related. Management and Trade Unions have been working closely together to reduce sickness absence and have introduced improvements to this effect. For example, in 2017 in addition to enhanced Occupational Health support we invested in an employee absence support system, which delivers prompt contact with staff who are absent, and directs them to enhanced support where this is indicated. We know from the evaluation of the use of this system that this approach has had a positive impact. "To ensure we maintain safe and effective care, when someone is sick their shift is filled; often through deployment of additional hours. Due to the specialist nature of the service provided and skills required to work in High Secure Forensic Care, we do not employ agency staff. We primarily utilise overtime which enables us to maintain the skills and experience required for each shift. The requirement for additional hours is driven by a number of factors; an element of which relates to sickness absence above the 5% we allow for. The primary requirement relates to meeting fluctuations in clinical demands and associated staffing. We are currently looking at ways of reducing overtime however, we are focused on ensuring our patients and staff are safe. We have our full complement of staff, in line with our workforce plan."
3.9	Staff Bonuses	It is improper to comment on individual salaries. Senior Managers' are subject to the same terms and conditions across the whole of the NHS in Scotland, which includes pay. There is no bonus structure in the NHS in Scotland. The McGoldrick Report that you refer to was published six years ago (September 2013) and found no evidence of fraud or serious misconduct. The recommendations from the report were implemented.
3.10	Changes to Staff Shift Patterns (Nursing)	"There are no plans to change shift patterns for existing Nursing staff. The addition of alternative shifts was introduced for some new starts to enhance patient care and complement existing rotations".

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4. SECURITY

NO	TOPIC	SUGGESTED COMMENT
4.1	Dogs / Illegal Substances	"For security and patient confidentiality reasons we will not comment on the detail of your proposed article. "The State Hospital is a high secure facility and has rigorous procedures and processes to reduce risk and ensure the safe delivery of care. A range of methods are used including environmental controls, embedded security expertise and search procedures. "As part of the normal arrangements for making sure that The State Hospital continues with its excellent record of excluding illegal substances, trained dogs are used on a random and targeted basis to search for illicit substances (areas, e.g. wards). "The State Hospital also tests around 1000 urine samples for illegal substances each year. "On the relatively few occasions when items are discovered appropriate reviews are undertaken to ensure that learning is identified and security is further enhanced. "We will continue to be vigilant regarding illegal substances, and will work hard to ensure our excellent record continues."
4.2	Reports of Siren Activation at The State Hospital	"The Hospital has received a number of reports that the siren was activated in differing locations at various times between (times and dates). Our enquiries have confirmed that the source of this noise was not the siren or any alarm generated by the Hospital and wish to reassure the public that there were no incidents during this period."

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4.3	PAA Failure	"The safety of staff, patients and visitors is our highest priority. We have a sophisticated staff safety system in place to ensure this. As with any complex technical system, a fault is always a possibility. Because of this we do not rely on one single system - we have policies, procedures and equipment that work together to keep people safe. Our equipment and systems are kept under continuous review to make sure they are operational and effective; if any problems are identified we act quickly to notify staff of the issue, address the problem and, if necessary, change the way we work to keep people safe. Our staff safety system is formally tested twice a day. "On (date) we identified a staff safety system malfunction. The reason for the malfunction is being currently being investigated, and we have introduced our well established back up staff safety system and associated procedures to ensure ongoing safety."
4.4	Upgrades / Tender	"The State Hospital is committed to maintaining a modern, effective, and robust security infrastructure that enables the safe delivery of patient care within a high secure environment. The proposed security enhancements, which are the subjects of the tender through Public Contracts Scotland, will help that this aim continues to be achieved for our patients, staff and public." + We have given as full a response as possible. Due to the need to keep some details of the security systems confidential, we are unable to provide more details of the contract or the systems involved. The £10m is the total cost of works, including professional advisers, State Hospital costs and VAT. Our response is as follows: "The State Hospital is committed to maintaining a modern, effective, and robust security infrastructure. This not only enables the safe delivery of patient care within a high secure environment but ensures the Hospital's security remains in line with best practice and the latest available technology. "The security enhancements, which will help ensure this aim continues to be achieved for our patients, staff and public, include the replacement and enhancement of CCTV features, the upgrade and extension of cameras and detection systems, the replacement of the staff safety alarm system, the upgrade of the security control centre and the upgrade of the radio communication system.

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		"Following a full tendering process through Public Contracts Scotland, the £7.2m contract was awarded to Stanley Security Solutions Limited." + ''The State Hospital is the national high security hospital for Scotland and Northern Ireland. The Hospital provides specialist individualised assessment, treatment and care in conditions of high security for patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. "Risk Assessment and management of aggressive behaviours is a core skill of the clinical team and all clinical staff have specialist training in the prevention and management of violence and aggression. An adverse event review is undertaken when an unexpected event results in harm, loss or damage. This is part of a national framework for learning from adverse events – developed by Healthcare Improvement Scotland (HIS) in 2013 and updated in 2018 – to which all NHS Boards in Scotland comply. "The security refresh project has absolutely no linkage or association with any allegations written by the Daily Record.''
4.5	Winter Readiness	"The State Hospital has recently reviewed its contingency arrangements to ensure continuity of essential services over the winter period. As well as encouraging all staff to take up the flu vaccination, we have plans in place to maintain service delivery, utilities and our supply chain."
4.6	System Failures	"A routine generator test caused a couple of system failures. Movement across the site was restricted until all systems had been retested and were fully functional."

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5. INFECTION CONTROL

NO	TOPIC	SUGGESTED COMMENT
5.1	Covid-19	**Re staff member coming in after positive test result** "Due to data protection requirements, we are unable to comment on individual members of staff. "We comply with all prevention and infection control policies and procedures that are in place across NHS Scotland, including the management of infection outbreaks. "The NHS in Scotland benefits from the principle of mutual aid, which help ensure safe service delivery in challenging circumstances. The State Hospital's Board endeavours to respond positively to such requests when these are made, with this support not limited to other secure services." **Testing** "The State Hospital has well-established practices in place to ensure the care and support of individuals with a suspected or confirmed case of Covid-19. This includes a strong focus on the prevention and control of infection. "The testing of patients and staff is one of a number of measures aimed at minimising and controlling the spread of infection, and which helps ensure a safe care and work environment."

Caroline McCarron
Head of Communications
27 January 2021

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