



THE STATE HOSPITALS BOARD FOR SCOTLAND

MEDIA POLICY

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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 or legal changes.

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

The most up to date version of all State Hospital policies, procedures and guidance can be found on the Hospital's Intranet policies page.

REVIEW SUMMARY SHEET

Changes required to policy (evidence base checked)

Yes ☐

No ☒

Summary of changes within policy: None required.

CONTENTS

1	POLICY STATEMENT	4
2	INTENTION AND GUIDING PRINCIPLES	4
3	SCOPE	5
4	BACKGROUND AND PROCEDURE	5
4.1	Procedure for handling media enquiries (9am-5pm Mon-Fri)	6
4.2	Procedure for the On-Call Director (in the absence of Communications Staff)	7
4.3	Procedure for handling 'out of hours' media enquiries.....	7
4.4	Procedure for addressing staff leaks to the media / whistleblowing	8
4.5	Procedure for withholding patient newspapers.....	8
4.6	Procedure for staff publishing information in the media	8
4.7	Procedure for handling patient requests to contact the media.....	9
4.8	Procedure for managing journalists on-site	10
4.9	Procedure to be followed during elections.....	11
4.10	Procedure associated with using social media	11
4.11	Procedure for dealing with cyberbullying	13
4.12	Procedure for reporting any breaches or suspected breaches of this policy	13
5	ROLES AND RESPONSIBILITIES.....	14
5.1	Staff (contracted or otherwise) including Volunteers	14
5.2	Clinical Teams	15
5.3	Line Managers, Senior Medical and Nursing Staff, Senior Managers.....	15
5.4	Head of Communications.....	15
5.5	Duty Security Manager / Senior Clinical Cover.....	16
5.6	Information Governance & Data Security Officer.....	16
5.7	Executive Directors	16
5.8	Non-Executive Directors	16
5.9	Board / Governance.....	16
6	EQUALITY AND DIVERSITY	17
7	COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY.....	18
8	STAKEHOLDER ENGAGEMENT	18

1 POLICY STATEMENT

The news media is a significant influential audience for the State Hospital and this is acknowledged within the Board's 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 media 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.

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 and Social Media channels.

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.

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 examples (1) the creation of a new Forensic Mental Health Board for Scotland (Barron Report) with the aim of delivering a national approach to planning and governance of forensic mental health services. Women's services, or the review of mental health services pan Scotland, and (2) the establishment of a high secure service for women within the State Hospital.
- 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', absconding, 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. Engagement with healthcare journals and trade press has traditionally been proactive and largely free of charge. However, an increasing number of publications are now introducing fees for publishing submitted articles. Nonetheless, 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 rarely issues media releases. Consequently, there is no need for formal external monitoring of media releases. Instead, coverage is monitored locally as far as reasonably possible, 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 neither photocopied nor circulated, avoiding any charges from the Newspaper Licensing Authority for these activities.

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 a patient a "basket case", "nutter", or "schizo" is in breach of the Independent Press Standards Organisation (IPSO) 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.

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 Communications Service in the first instance. 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.

There is no requirement to access patient / staff information when responding to the media. In line with Data Protection, the State Hospital will not provide any information on staff or patients when responding to media enquiries.

Details of the media enquiry and the State Hospital's response will be shared with identified State Hospital individuals, Non-Executive Directors, Scottish Government colleagues and the Mental Welfare Commission, however any patient or staff names mentioned will be removed in line with the Standard Operating Procedure (SOP) for Media Enquiries and Leaks. The Media Enquiry Form itself will not be shared. It will be stored in the Management Centre shared drive in folder 'Communications', then 'Media Enquiries' for the required five-year retention period.

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

- Upon receipt, during working hours all media enquiries must be referred to the Communications Service in the first instance.
- Be polite and ask for the journalist's name, publication / organisation, telephone number, and 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.

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.
- Give the media any information at all, or speculate.
- Leak stories to the media.

4.2 Procedure for the On-Call Director (in the absence of Communications Staff)

- The On-Call Director will liaise with / alert the Chief Executive as appropriate.
- 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). For audit purposes, ensure the form includes the name of the On-Call Director.
- File the Media Enquiry and Contact Form in the Management Centre shared drive under folder 'Communications', then 'Media Enquiries'. The form is for State Hospital purposes only and should not be shared.
- Share details of the media enquiry and the State Hospital's response (via four separate emails) to those outlined in the form, i.e. (1) State Hospital staff including the On-Call Consultant, Patient RMO (if applicable) and Information Governance & Data Security Officer, (2) Non-Executive Directors, (3) Scottish Government colleagues, and (4) Mental Welfare Commission for Scotland. Be careful not to share the actual Media Enquiry and Contact Form.

4.3 Procedure for handling 'out of hours' media enquiries

'Out of hours' the switchboard will forward media enquiries to the Duty Security Manager (between 5pm and 9pm) / Senior Clinical Cover (between 9pm and 9am).

The Duty Security Manager / Senior Clinical Cover should take a note of the following:

- 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 back.

If the enquiry / contact is not urgent, this information should be passed to Communications staff first thing the next working day.

If the enquiry / contact is urgent, the Duty Security Manager / Senior Clinical Cover should contact the On-Call Director at home, who will then call the media directly, and alert the Chief Executive as appropriate.

Communications staff do 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.

Communications staff will raise a Datix for any such instances in line with the Communications Standard Operating Procedure (SOP) for Media Enquiries and Leaks.

Staff can help put a stop to this type of malpractice by raising their concerns through the Whistleblowing 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 withholding patient newspapers

A Standard Operating Procedure (SOP) entitled 'Withholding a Section(s) of Patient Print Media' is well established. This is managed by the Security Department and ensures that appropriate systems and procedures are in place for the management and governance of withholding print media that would pose a significant risk to the security or good order of the Hospital, or to the health, safety or welfare of any stakeholder, including the public.

4.6 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, 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. As a result, we aim to avoid publicly reopening 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, a colleague should countersign the consent form. 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.

4.7 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 – the relevant media consent forms are available on the Intranet under Forms and Documents / Online Forms / Communications. Copies should be given to the patient, and retained in the patient's electronic patient record. The Communications Service 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 them to initiate the call if they wish 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 Communications staff 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 are not permitted.

4.8 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 established, considering the interests of patients, visitors, carers, staff, and volunteers directly involved in the story, as well as those in the surrounding areas who may be indirectly affected.

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 require lengthy broadcasting 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.

When deciding whether to participate in a major project, several factors must be considered:

- 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.
- 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:

- The Communications Service will 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.
- The relevant 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 are in place to ensure that media personnel entering the Hospital meet the same criteria / standards required for the recruitment of Hospital staff, in accordance with the Hospital's policies.

- There should be a formal briefing for media staff on relevant Hospital policies and procedures, and how they must adhere to them.
- An appropriate escort must be nominated to accompany crews / reporters at all times to oversee the situation and protect everyone on site. This is likely to be a member of staff from both Security and Communications.
- 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.

4.9 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 Communications Service.

“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 NHS Scotland. 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.”

4.10 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, video casts, forum, wiki or content communities. The use of *Facebook, X, YouTube, What's App, 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.

It is understood that social media must always complement, rather than replace, traditional methods of stakeholder engagement.

The State Hospital has a well-established presence on social media, including Facebook, X, LinkedIn and YouTube, which serve as formal communication channels. These channels and the production of content, including videos, are managed by the Communications Service. Standard Operating Procedures (SOPs) have been developed for both ‘Social Media Requests’ and ‘Recruitment Adverts.’

There is no general permitted access to social media at the State Hospital although staff can access YouTube and Vimeo video channels for work related purposes. Access to Facebook, LinkedIn and X for work related purposes is only allowed subject to approvals. 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.

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 is 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.
- 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 when discussing their work. 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.

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 State Hospital / NHS into disrepute.
- Send or receive information or images online about the State Hospital / 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.

4.11 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 cyberbullying 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.

4.12 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 policy.

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, training / retraining interventions, mediation, and changing levels of supervision. Additionally, 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. Staff must direct any media enquiries to the Communications Service. Volunteers must refer any contacts initiated by the media immediately to the Person Centred Improvement Team who will inform the Communications Service.

Staff / volunteer responsibilities include:

- Ensuring that contact with the media is made following the appropriate procedure.
- Informing the Communications Service 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 Communications Service 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.
- Contacting the Communications Service 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 Communications staff 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 Communications Service 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 Communications staff, 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 Communications staff, 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, and responding to, the media be this verbally (telephone interview), face to face (in person), a written statement or media conference (in the event of major incidents). This involves completion of the Media Enquiry Form and sharing details of the enquiry and response with identified staff internally, Non-Executive Directors, Scottish Government and Mental Welfare Commission for Scotland.
- 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.
- 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 IPSO, 'See Me' and other organisations 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, facilitating interviews with the media, and keeping the Scottish Government briefed.

5.5 Duty Security Manager / Senior Clinical Cover

These individuals have a responsibility to manage 'out of hours' media enquiries – point 4.3 refers.

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 Communications Service the next working day. This is available on the Intranet under Forms and Documents / Online Forms / Communications. This can be completed by the Director's PA on their behalf.
- '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 those responding to media enquiries as part of the Directors' On-Call Rota. 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 Communications Service 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 Board's Communications Strategy which is complemented by an action plan and 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 Healthcare 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	Public / Media
Supporting Director	Chief Executive
Governing Body	The Board
Lead	Head of Communications
Strategy	Communications Strategy

6 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person Centred Improvement Team on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process support volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

A Media Policy Data Protection Impact Assessment (DPIA) is in place.

7 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via email, the intranet and staff bulletin

The Corporate Management Team will be responsible for the implementation and monitoring of this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

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.

8 STAKEHOLDER ENGAGEMENT

Consultation was undertaken at the time of policy development. Following review of the policy there have been no changes to current practice. Therefore engagement with Key Stakeholders has not been necessary for the 2025 review.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
Carers	N/A
Volunteers	N/A