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SCANDALISING THE NHS

- the Construction of Healthcare and Deviance in the BBC and ITV
Coverage of the Mid Staffordshire Hospital Scandal

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Acknowledgements

Declaration

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Abstract

In this study, I examine how the BBC and ITV News at Ten covered the Mid Staffordshire hospital scandal between 17 March 2009 and 17 March 2014. The analysis focuses on the construction of healthcare and deviance in TV health news storytelling, and the institutional and individual social actors involved in the process. The failings themselves included the mistreatment and sometimes death of hundreds of patients at a local hospital in Stafford. These events led to an institutional scandal, where not only the local institution but the entire NHS, its culture and its leadership were identified as deviant folk devils.

Drawing on approaches from sociology, criminology, journalism and media studies, I analyse the case study from a social constructivist perspective. The theoretical and conceptual framework includes storytelling, discourse, encoding and scandal, whilst the methodology combines analyses of TV news content with interviews with BBC and ITV news workers. Thereby, I engage with the reports themselves, the process of encoding them, and the power relations involved.

The production of TV health news was negotiated between health and political specialists, who used different narrative strategies, such as interviews, to make the storytelling engaging. As for the TV coverage of the Mid Staffordshire hospital scandal, it went through four different phases: activations, reactions, amplification and justice. Each phase had its characteristics in terms of social actors and scandal processes, which served to drive the storytelling forward until the narrative became fixed by 2014. As such, I found that the process of scandalising the NHS reflects deeper and ongoing social changes regarding the media's construction of powerful institutions and individuals as well as the wider issue of trust in authorities.

List of abbreviations

BBC   British Broadcasting Corporation

BFI   British Film Institute

BL   British Library

BMA   British Medical Association

BoB   Box of Broadcasts

CAQDAS   Computer Assisted Qualitative Data Analysis Software

CCCS   Centre for Contemporary Cultural Studies

CDA   Critical Discourse Analysis

CQC   Care Quality Commission

CTNHS   Cure The NHS

ECA   Ethnographic Content Analysis

GP   General Practitioner

GUMG   Glasgow University Media Group

HCC   Healthcare Commission

ICT   Information and Communication Technology

ITN   Independent Television News

ITV   Independent Television

MDA   Multimodal Discourse Analysis

NHS   National Health Service

NMC   Nursing and Midwifery Council

Ofcom   Office of Communication

PIDA   Public Information Disclosure Act

PTC   Piece To Camera

RCN   Royal College of Nursing

UGC   User Generated Content

Chapter 0. Introduction

> "(…) the system as a whole failed in its most essential duty – to protect patients from unacceptable risks of harm and from unacceptable, and in some cases inhumane, treatment that should never be tolerated in any hospital" (The Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013: 8).

Mediatised institutional scandal is becoming a central news trope, and it is radically changing society – in the UK as well as other parts of the world. Traditionally, the state and its institutions have been seen as guardians of the public's wellbeing, but increasingly these bodies are scrutinised and scandalised by the news media (Greer & McLaughlin, 2013; 2000; Thompson, 2005). The word 'scandalise' is used here and in what follows as an active verb to denote the action of exposing an individual or an institution to scandal. Likewise, the noun 'scandalisation' is used deliberately to denote this process and its elements (Greer & McLaughlin, 2016). As such, the scandalisation of public institutions is connected to changing power relations in news storytelling, institutional workings, government policies and the negotiation of moral boundaries (Bird & Dardenne, 2009; Butler & Drakeford, 2005; Greer & McLaughlin, 2016).

One of the key areas of public wellbeing is healthcare. Taking care of the citizens' health is in many European countries seen as a basic responsibility of the state, and in post-war Britain this task has been handed to the National Health Service (NHS), which delivers healthcare free at the point of delivery. As such, the NHS is widely regarded as a national treasure and an institution that serves to bind the nation together (Entwistle & Sheldon, 1999; Seale, 2002). However, there is an increasing tendency to scandalise the NHS along with a number of other key public institutions such as the Parliament (Clark, 2004; Flinders, 2012), the police (Greer & McLaughlin, 2012b), the church (Gardner, 2012) and media themselves (Freedman, 2012). One of the most, if not the most, impactful healthcare scandals in recent years was the Mid Staffordshire hospital scandal, which is the topic of this study.

0.1 Scandalising the NHS

The Mid Staffordshire hospital scandal went on for five years between 2009 and 2014 and was centred on the mistreatment, and in many cases the death, of hundreds of patients at a local hospital in Stafford. Several investigations into the over-mortality at the hospital concluded that it was a result of cut-backs, mismanagement and under-staffing combined with a hostile environment (Hutchison, 2016; The Healthcare Commission, 2009; The Mid

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Staffordshire NHS Foundation Trust Inquiry, 2010; The Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013). Very quickly, the failings at Stafford Hospital were identified as deviant from what healthcare institutions were supposed to do, which made it a social problem that needed to be addressed (Butler & Drakeford, 2005). Thereby, a fierce struggle began over the power to interpret the events, the role of the NHS and the best way to secure healthcare for the British population. In this struggle, several groups of social actors made claims regarding the boundary between acceptable and non-acceptable behaviour in the healthcare services. As the main provider of healthcare in the UK and institution at the centre of the scandal, the NHS was a key player. The politicians governing the NHS also made claims about policies and the role of healthcare in the British society. Victims and campaign groups made claims regarding the way they had experienced the healthcare they and their relatives had received (Bailey, 2012). Also, this struggle over healthcare and deviance primarily played out in the news media, which made news organisations and news workers key social actors as well.

Between 2009 and 2014, the scandal was widely covered in broadcast, print and online news. The media coverage was a determining factor in spreading the scandal to a wider audience, which made the struggle over the NHS and national healthcare a public matter. Although the precise nature of media reception is a contested area (Hall, 1980; Kitzinger, 2004), it is safe to assume that news media storytelling does have some effect on how events and the power relations between social actors are perceived by audiences. Thus, the ways in which the Mid Staffordshire hospital scandal was covered by the news media played a role in how the events were interpreted by news consumers and by extension society at large. The British news media, however, are not a monolithic entity (Curran & Seaton, 2010; Ericson, Baranek, & Chan, 1987; 1988; 1991; Tumber, 2008), and the ways in which the scandal was constructed varied across different formats. Whilst British newspapers and their websites usually have clearly defined political positions which influenced their scandal storytelling (see e.g. Adams, 2014; Holmes, 2013; Sawer & Donnelly, 2013), broadcast news is regulated by Ofcom to ensure impartiality (Smith, 2006). At present, TV is by far the most used source of news in the UK (Ofcom, 2013a), which gives it a powerful role in influencing wider perceptions of events and the power relations between social actors.

To analyse the processes of mediatised institutional scandal and news storytelling, I have therefore examined the TV news coverage of the Mid Staffordshire hospital scandal. This

was done by examining the coverage of the scandal between 17 March 2009 and 17 March 2014 by the BBC and ITV News at Ten, which are the most popular TV news programmes in the UK (Ofcom, 2013a). The scandal was mainly covered from a health news perspective, which is a news genre with its own characteristics (Seale, 2002). Thus, I examine both the power relations involved in the TV news reports on the scandal and the process of making them. To encompass the different perspectives of such an analysis, my study is interdisciplinary in its outlook, drawing on the fields of sociology, criminology, journalism and media studies. By engaging with these disciplines, I set out to analyse how healthcare and deviance was constructed in the TV news coverage of the Mid Staffordshire hospital scandal. The structure of this analysis is laid out below.

0.2 Chapter overview

In chapter 1 I situate this study in the existing research, going through selected studies on TV news and mediatised institutional scandal. The chapter's first half discusses different theoretical approaches to what news is and how to understand it, followed by an examination of research on journalism as a profession and its values of objectivity and newsworthiness. Then literature on the role of news and journalism in drawing boundaries between 'us' and 'them' is reviewed, after which the characteristics of TV news are discussed. Because of its importance for the coverage of the Mid Staffordshire hospital scandal health news is then given separate attention. In the chapter's second half, research relevant to mediatised institutional scandal is reviewed, beginning with a discussion of mediatisation and theoretical perspectives on media and deviance. Literature on scandal as a form of deviance is reviewed next, followed by examinations of the concepts of folk devils, victims and whistle-blowers. The chapter ends with a discussion of the gaps in the existing literature, which leads to the formulation of this study's research questions.

In chapter 2 I lay out my theoretical and conceptual framework in more detail, building the foundations for the methodology and analysis. From the epistemological perspective of social constructivism, the theoretical framework draws on theories of storytelling, discourse, encoding and scandal. The following subsections go into each of these theories in more detail, fleshing out the key concepts of narrative strategies, power, social actors, discursive statements and scandal processes. Towards the end of the chapter, the theoretical and conceptual framework is criticised and discussed before it is operationalised in the conclusion.

In chapter 3 I lay out the methodological framework, which connects the theory with the empirical data. The interdisciplinary nature of the study is reflected in the choice of methods, which include Ethnographic Content Analysis (ECA) informed by Critical Discourse Analysis (CDA) and Multimodal Discourse Analysis (MDA) as well as in-depth interviews with news workers. Both methods are described separately, going into details regarding sampling, coding and processing techniques. Finally, the ethical implications of the methodological approach are discussed. Having described and discussed the methodology, the thesis then moves on to the actual empirical analysis of the coverage of the Mid Staffordshire hospital scandal in the following seven chapters.

In chapter 4 I offer a quantitative description of the scandal coverage, which is one of the components of the ECA described in chapter 3. My identification of groups of social actors in the TV reports is defined and discussed, before each group and the power relations between them are looked at in more detail. As such, the groups of news workers, authorities, victims, experts, whistle-blowers, the public and non-human objects are examined in terms of verbal and visual discursive statements. This overview gives a background to the understanding of the different groups of social actors in the scandal storytelling and the power relations between them, which are then unfolded further in the ensuing qualitative analysis.

Chapter 5 is the first of two chapters that analyse the processes behind the production of the TV news coverage of the Mid Staffordshire hospital scandal. In this chapter I deal with the general processes of encoding TV news based on the news workers' descriptions, and discuss the visual nature of TV news along with the negotiation of emotional and impartial storytelling. The chapter also examines the differences between the BBC and ITV, before the power relations involved with selecting stories, conducting interviews, filming and editing are analysed. The chapter finishes with a discussion of the different ways in which the public is conceptualised as electorate, consumers and participants.

Chapter 6 deals specifically with TV health news, which formed the context of the Mid Staffordshire hospital scandal storytelling. Health news stories can be categorised as either health news or political health news, which influences the encoding process and the power relations involved. Whilst health specialists emphasise emotional narrative strategies and experiential interviews, political specialists emphasise impartial narrative strategies and accountability interviews. Both specialisms have challenges regarding getting suitable

images. Furthermore, in the chapter I examine how the status of the NHS as a national treasure influences the way in which it is covered.

Chapter 7 is the first of four chapters dealing with the different phases and processes of the Mid Staffordshire hospital scandal. This sequencing of the scandal follows Greer and McLaughlin's (2016) scandal model, which has proved to be a useful analytical framework for studying mediatised institutional scandals. To some extent, chapter 7 examines the *latent* phase of the scandal, but the main focus is on the *activations* phase. In this phase, the scandal storytelling focused on the death and suffering of the victims, predominantly using emotional narrative strategies. As a part of this, local campaign groups played an important role in giving personal accounts of their experiences. I also examine the placement of blame at the local level with the Trust and it managers being identified as folk devils. The role of whistle-blowers as heroes is looked at as well.

Chapter 8 deals with the *reactions* phase, where the scandal was increasingly politicised. In this phase, the focus changed to systemic failings and the culture in the NHS as a whole. As a part of this focus, the coverage shifted from health specialists to political specialists and the narrative strategies became less emotional and more impartial. I also examine the trial by media of the then Chief Executive of the NHS, David Nicholson, as well as the increased focus on whistle-blowers and the so-called 'gagging clauses' in the scandal storytelling.

Chapter 9 examines the *amplification* phase of the scandal, in which a series of interconnected sub-scandals emerged. As the Mid Staffordshire hospital scandal spread, other NHS institutions, including the Care Quality Commission (CQC), a number of Trusts and the 111 telephone service, were scandalised as well. Each of these sub-scandals were connected to the main scandal, but followed its own progression through the phases described by Greer and McLaughlin (2016). As such, in the chapter I examine how the sub-scandals went from emotional storytelling to politicisation as a part of the overall scandal coverage.

Chapter 10 analyses the *accountability* phase, in which the scandal drew towards its end and the narrative became fixed. The blame was placed at several levels, both locally and nationally as well as individually and institutionally. At the local level, the scandal process of de-politicisation is examined, in which individual nurses and the local institution were blamed. I also look at the national level where no individuals were blamed although the NHS as an institution was regulated by the government's implementation of policies. In the

last section of the chapter, I examine the Mid Staffordshire hospital scandal's status as benchmark for future healthcare scandals as well as the news workers' reflections on their coverage.

Finally, in chapter 11 I sum up the findings and discuss this study's theoretical, methodological and empirical contributions to the understanding of mediatised institutional scandal, healthcare and deviance. The chapter also draws a series of conclusions regarding storytelling, encoding, scandal processes and power. At the very end, I suggest some future directions for research.

Chapter 1. Situating TV News and Mediatised Scandal

In my study of the BBC and ITV News at Ten's coverage of the Mid Staffordshire hospital scandal I draw on research insights from a variety of fields, including sociology, journalism, TV, scandal and deviance.

Because this study is inherently interdisciplinary, drawing on insights from both journalism and sociology, the literature review is divided into two separate parts. The relevant literature on TV news and journalism is examined first followed by the literature on scandal, media and deviance. However, such a division must necessarily be somewhat artificial as academic studies by their very nature involve multiple ideas, approaches and discussions. Many of the reviewed studies are not as easily categorised as the following review suggests, but in order to gain an overview from a number of very heterogeneous studies it has been necessary for me to make these distinctions. Therefore, the literature that this study builds on is presented as below.

1.1 TV News

> "Since television is where most people turn to understand what is happening in the world, what news is – and what is not – routinely included in an increasingly crowded and multi-channel environment matters" (Cushion, 2012: 13).

TV is by far the most used source of news globally. By the time of the Mid Staffordshire hospital scandal, it was used by 78% of British adults compared to 40 % using newspapers and 39 % using computers and mobile phones (Ofcom, 2013a). However, the predominance of TV news has not been reflected in recent research. Where previous research acknowledged television's central place in the news landscape, many current studies focus on either print news or new media (Cushion, 2012). To fill this gap, this study analysed how TV news constructs healthcare and deviance in the context of mediatised institutional scandal.

1.1.1 The nature of news

> "Approaches to research in Journalism Studies have emerged at different speeds and differing rates of maturity and from directions within the academy (…). Perhaps it is as a consequence of this complexity, the accumulated weight and the wealth of these areas of research, that something often considered outside the scope of serious study should have evolved so rapidly as a research area in its own right" (Conboy, 2013: 51).

In Europe the way into academic studies of journalism was paved by early sociologists such as Max Weber (Dickinson, 2013; Weber, 1998 [1909]), and in North America by news media researchers such as Walter Lippman (1922), the Chicago School of Sociology and Frankfurt School intellectuals (Conboy, 2013). As TV news grew to become the most popular news source in the 1960s, academic research on this subject began to emerge, such as McLuhan's (1964) study on live TV debates between the candidates in the 1960 American presidential election. Towards the end of the 20th century, the research on news in general and TV news in particular evolved in different directions, including Marxist, liberal, semiotic, discourse and narrative approaches.

Marxism has traditionally regarded news as manipulation aimed at creating consent for the economic system and its ruling elites. As proponents of the Marxist view, Herman and Chomsky (1988) argue that journalists are essentially producing ideological propaganda:

> "It is [the mass media's] function to amuse, entertain, and inform, and to inculcate individuals with the values, beliefs, and codes of behavior that will integrate them into the institutional structures of the larger society. In a world of concentrated wealth and major conflicts of class interest, to fulfil this role requires systematic propaganda" (Herman & Chomsky, 1988: 1).

According to Herman and Chomsky, news and journalism function as willing tools of the ruling class to legitimate power and class structures. A similar, but more nuanced, approach was taken at the Centre for Contemporary Cultural Studies (CCCS) in Birmingham. Here, journalism was seen as being in a structured relationship to the ruling classes, legitimising a hegemonic ideology (Hall, Critcher, Jefferson, Clarke, & Roberts, 1979). Regarding TV news, the Glasgow University Media Group (GUMG) has conducted its research from an explicitly Marxist perspective, arguing that the BBC's coverage of industrial conflict favoured political and business elites (Glasgow University Media Group, 1976; 1980). These studies sparked fierce debates, which only seemed to encourage the GUMG scholars, some of whom still contribute to the research on TV news (Philo & Glasgow Media Group, 1998; Philo & Berry, 2004; Philo & Berry, 2011; Philo, Briant, & Donald, 2013).

In contrast to the Marxist view, the liberal tradition regards journalism as information and a vital element in a functioning democracy. The liberal tradition is not a unified theory as such, but a range of approaches that share the notions of news and journalism as a conveyer of information (Curran & Seaton, 2010). These notions are linked to Habermas'

(1989) 'public sphere', where news and journalism facilitate democratic debate. In the liberal tradition, journalism is seen as a 'watchdog' or a 'fourth estate'[1], which mediates between power and people (Hampton, 2010; McNair, 2009a; Schultz, 1998a). Regarding TV news, the notion of news as information has led the UK and many other European countries to embrace the concept of public service. This principle stems from the early days of radio broadcasting, and was later also applied to TV (Crisell, 2002; Hajkowski, 2010; Scannell & Cardiff, 1991). Public service obligations now apply to the BBC, ITN, Channel 4 and Channel 5, whereas satellite TV channels are exempted (M. Briggs, 2009). Regarding the meaning of public service broadcasting, Michael Tracey (1998) has listed its characteristics as:

> "1. Universality of availability (…)
>
> 2. Universality of appeal (…)
>
> 3. Provision for minorities, especially those disadvantaged by physical or social circumstance (…)
>
> 4. Serving the public sphere (…)
>
> 5. A commitment to the education of the public (…)
>
> 6. Public broadcasting should be distanced from all vested interests (…)
>
> 7. Broadcasting should be structured so as to encourage competition in good programming rather than competition for numbers (…)
>
> 8. The rules of broadcasting should liberate rather than restrict the programme maker (…)"
>
> (Tracey, 1998: 26-32).

The ideal of public service broadcasting is that the media should inform the audience, constitute a public sphere and enhance democratic values. Hence, much research on public service television tends to stress its democratic function in informing, educating and entertaining the public (Barnett, 2011; Curran & Seaton, 2010; Cushion, 2009; Dahlgren, 1995; Tracey, 1998).

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[1] The three other estates of society have traditionally been conceptualised as the church, the nobility and the commons.

In the 1970s, a semiotic approach to TV and TV news began to flourish, which regarded news as signs and meanings, and was influenced by linguistic scholars such as Roland Barthes (1973; 1977), Umberto Eco (1977) and James Halloran (1970). This research is placed in the wider field of media semiotics, where news is analysed as one of several TV genres sharing the same characteristics and televisual ways of making meaning. The semiotic approach still informs studies on TV news, such as the work of Jonathan Bignell, who describes TV news as

> "(…) composed of language and visual images, organised by codes and conventions which the news viewer has to perceive and recognise in order for the viewer to construct sense. This competence in decoding news derives in part from the viewer's competence in the discourses which the news borrows from society at large" (Bignell, 2002: 110).

Unlike Marxist and liberal approaches, the relation between reality and news is less important in semiotics since the focus is more on how news, its makers and its audiences create meanings (Bignell, 2002; Fiske & Hartley, 1978; Fiske, 1987; Hartley, 1982).

During the 1980s and 90s, a different approach looked at news as discourse. This approach is related to semiotics in regarding news as meaning making, but it draws more on discourse theory and notions of power and knowledge inspired by the works of Michel Foucault (1967; 1972; 1977; 1978). This approach examines statements and engages with the question of who can say what, which has led scholars such as Norman Fairclough (1995b), Roger Fowler (1991) and Teun van Dijk (1988) to analyse language and the connections between discourse and power in the news. Martin Montgomery's 2007 book on broadcast news as discourse states that:

> "Broadcast news is a highly particularised order of discourse. The news, perhaps more than any other area of contemporary social and institutional life, is instantiated in discourse and is conducted exclusively through it" (Montgomery, 2007: 219).

Montgomery's study engages with discourse structures, presentation, reports and interviews, and the implicit conventions of spoken news discourse. He found that the complex interplay between genres and subgenres serves to produce accounts of the world to the audience, and argues that awareness of this discourse is paramount in order to understand TV news.

In the same period, some researchers were inspired by the so-called 'narrative turn'. One approach interprets news as a new form of ancient mythical narratives (Breen & Corcoran, 1982; Darnton, 1975), with Jack Lule (2001) identifying seven specific master myths, such as the victim, the hero or the flood. This approach has been criticised for being too universalistic and paying too little attention to cultural and historical differences. Instead Bird and Dardenne (1988; 2009) propose to interpret news as storytelling since

> "(…) journalists operate like traditional storytellers, using conventional structures to shape events into story – and in doing so define the world in particular ways that reflect and reinforce audiences' notions of reality" (Bird & Dardenne, 2009: 205).

According to this interpretation, news is told to create dramatic tensions and establish social boundaries through stories of evil villains, brave heroes and suffering victims (Bird & Dardenne, 2009; McRobbie & Thornton, 1995), and narrative strategies are used to organise facts into comprehensible stories (Wahl-Jorgensen, 2013; Zelizer, 1990). In this vein, TV news is described by John Fiske and John Hartley as 'bardic', in the sense that it articulates, reassures and communicates cultural consensus about the nature of reality (Fiske & Hartley, 1978; Fiske, 1987). As such, TV news is seen as a conservative narrative that explores forces of disruption to the social order followed by resolution and a return to the status quo.

Since journalism was first studied academically in the early decades of the 20th century the field has been a contested area. Both the Marxist and liberal views appear somewhat simplistic in their approach to media and journalism (Greer, 2003), which is why I draw on discourse and narrative theories in this study to examine the TV news coverage of the Mid Staffordshire scandal (see chapter 2). TV news still plays a vital role in contemporary society, and there is therefore a need to bring it back onto the research agenda (Cushion, 2012). Consequently, the following sections offer more in-depth examination of key concepts and understandings of journalism before engaging with research on the production of TV news in general and health news in particular.

1.1.2 Objectivity and news values

> "Invoking news judgment (professional acumen) is an inherently defensive stance, for 'news judgment' is the ability to choose 'objectively' between and among competing 'facts,' to decide which 'facts' are more 'important' or 'interesting.' 'Important' and 'interesting' denote content. In other words, discussing the

structuring of information, the newsman must relate his notions of 'important' or 'interesting' content" (Tuchman, 1972: 670).

Historical studies show that journalism came about in the mid-19th century as a set of practices and norms marked by a specific writing style, a clear distinction between fact and opinion and a pursuit of the objective truth (Chalaby, 1998; Hampton, 2010; McNair, 2009b). Also, ethnographic studies have described the ideal of objectivity as a 'strategic ritual' (Tuchman, 1972) and a way to obtain solidarity and a sense of credibility within the journalistic profession (Gans, 1980; Schudson, 2001; Schudson & Anderson, 2009). For many journalists news is meant to be an objective reflection of reality *as it is*, which some academics have criticised for being unattainable (Altheide, 1976; Gans, 1980; Harcup, 2009; Schlesinger, 1987). In broadcast news the term impartiality is usually preferred, which to a degree recognises the difficulties of objectivity whilst maintaining the ideal of the media as neutral conveyers of facts (Harrison, 2000; Schlesinger, 1987; Wahl-Jorgensen, Berry, Garcia-Blanco, Bennett, & Cable, 2016). Even so, a number of studies have found that TV news is not unbiased despite claims of impartiality (Cushion, Kilby, Thomas, Morani, & Sambrook, 2016; Flood, Hutchings, Miazhevich, & Nickels, 2011; Glasgow University Media Group, 1976; 1980; Schlesinger, 1987; Schudson, 2001; Schudson & Anderson, 2009; Wahl-Jorgensen et al., 2016). Furthermore, journalism is in a continuous process of change. Globalisation and technological progress change how the concept of objectivity is perceived, and the increase in media platforms and user interaction has led to more complex relationships between journalism, values and audiences (Deuze, 2005; Hanitzsch, 2007).

A number of studies have tried to explain the process of selecting what gets in the news, the so-called newsworthiness of events, which has been studied since the mid-1960s (Galtung & Ruge, 1965; Østgaard, 1965). In their seminal study, Galtung and Ruge (1965) analyse foreign news stories in Norwegian newspapers and devise a list of 12 different values, which have been highly influential in journalism research (Harcup & O'Neill, 2001). Later examples of news value lists stress particular aspects, such as crime and deviance (Chibnall, 1977; Jewkes, 2015) or images (Golding & Elliott, 1979; Hall, 1973; Tunstall, 1971). These and other observations have led scholars to amend and expand Galtung and Ruge's original list of values, resulting in a wide selection of taxonomies which emphasise different aspects (for a comprehensive overview of taxonomies, see Caple & Bednarek, 2013). Also, newsworthy events can be constructed through 'media templates' (Kitzinger,

2000) that help journalists and audiences to make sense of new events as they occur and get covered by the media. However, the concept of news values is difficult to pin down, as O'Neill and Harcup also remarked:

> "News values are a slippery concept, but that has not prevented practitioners from grappling with them nor academics from attempting to pin them down via a succession of taxonomical studies (…). Whilst such sets of news values may be 'predictive of a pattern' of which events will make the news and which will not, they cannot provide a complete explanation of all the irregularities of news composition" (O'Neill & Harcup, 2009: 162-163).

Trying to circumvent this slipperiness, Helen Caple and Monika Bednarek (2012b; 2014) suggest a different approach that describes news values and news texts as constructed simultaneously. Drawing on discourse theory and the works of van Dijk (1988), Fowler (1991) and Bell (1991), they argue that news values are not so much qualities of the events themselves as discursive constructions within news texts.

In this study I engage with the concepts of objectivity and news values as part of the analysis of news workers and their professional routines and values. I do not, however, aim to prove or disprove whether objectivity and impartiality are obtainable, just as amending existing taxonomies of news values appears fruitless given the comprehensive body of research on the topic. Following Tuchman (1972), Gans (1980) and Bednarek and Caple (2014), I thus regard impartiality and news values more as narrative strategies that news workers employ as part of their work than as standards that exist outside the context of news production.

1.1.3 Othering, identity and the public

> "One of the most prevalent messages – imparted with various degrees of subtlety across much of the U.K.'s contemporary media, but with particular vigor in the conservative press – is that people commit crimes because 'they' are not like 'us'" (Greer & Jewkes, 2005: 20).

The concept of the individual Other originates with the French philosopher Emmanuel Lévinas (1966), but studies into collective otherness came into being with scholars such as Michel Foucault (1967; 1977; 1978), who analysed the othering of people such as madmen, homosexuals and prisoners, and Edward Said (1979; 1981), who analysed Orientalism. In terms of media, the representation of the Other has been specifically dealt with by scholars

such as Stuart Hall and David Morley. According to Hall, binary stereotypes is necessary means to repress the Others and confirm the superiority of Western civilisation (Hall & Gieben, 1992; Hall, Evans, & Nixon, 2013). David Morley describes how black, immigrant, urban, working class and female Others are excluded by British broadcasting media to create a white, English, suburban, middle class, male 'we'. Simultaneously, Morley describes how modern media present a far wider range of Others than traditional communities. These Others are constructed as different from 'us' in both space and time, being not only geographically distant but also living in the past (Morley, 2000).

The process of othering serves to construct an 'us' which is linked to the concept of the public. The news media's 'us' is constructed around the idea of sameness, an imagined community (Anderson, 2006; Conboy, 2006), which is often congruent with a national identity as described by Billig (1995). According to Bennett, this notion of national identity is conceptually linked to that of the public:

> "Publics do not arise on their own, but are constructed by leaders and other authorities whose rhetoric encourages people to imagine themselves and their experiences as linked" (Bennett, 1993: 111-112).

The term 'public' is both an adjective and a noun. As an adjective, it denotes the opposite of 'private', as in Habermas' concept of a public sphere as a contrast to the private (Dayan, 2001; Habermas, 1989). In liberal democracies the idea of the public functions as the source of legitimate power, and it is commonly accepted that the public needs to be as enlightened and informed as possible. These notions give the media a vital role, which can be traced back to the origins of journalism (Chalaby, 1998; Hajkowski, 2010; McNair, 2009a; Schultz, 1998a; Seaton, 2007) and is related to the idea of journalism as a fourth estate. At present, the media have three main ways of constructing a connection to the public. Polls (Bourdieu, 1979; Brookes, Lewis, & Wahl-Jorgensen, 2004; Dekavalla, 2012; J. Lewis, Inthorn, & Wahl-Jorgensen, 2005; Welch, 2002) and vox-pops (Bennett, Iozzi, & Pickard, 2004; Loviglio, 2002) are strategies which involve public opinion in news storytelling, but the most common method is simply to infer the attitude of the public (Brookes et al., 2004; Dekavalla, 2012; J. Lewis, Wahl-Jorgensen, & Inthorn, 2004; 2005).

By constructing an 'us' and a 'them' the news media encourage their audiences to imagine themselves and their experiences as linked. Often this public is understood as a single entity, which has clear and unified opinions and interests. In this way, the public is

anthropomorphised and personalised (Dekavalla, 2012; J. Lewis et al., 2005; Wahl-Jorgensen, 2002) and contrasted to the Others, e.g. in the form of folk devils (see section 1.2.3). What has not attracted much scholarly attention, however, is the process in which powerful individual or institutional actors can be cast in the role of Others, which I address in this study.

1.1.4 TV news characteristics

> "News is a specific genre of TV discourse which is highly coded as we shall see, and it is easy to recognise a news programme when we switch on the TV because of this restricted repertoire of codes" (Bignell, 2002: 106).

TV news emerged from radio in the 1940s and 50s, inheriting many of its characteristics. Whilst TV news in the 1940s and 50s was mostly structured as radio news accompanied by pictures, it found its present televisual form in the 1960s and 70s with closely choreographed interactions between news presenters, reporters, sources, and weather and sports presenters. At present, terrestrial British TV news is situated in a landscape of international satellite and cable 24-hour news channels, but it has retained many of the characteristics and production processes that have evolved over the decades (Crisell, 2002; McNair, 2009b; Scannell & Cardiff, 1991). TV news is structured in much the same way on different channels, and indeed in different countries (Cottle & Rai, 2006). In the UK, this appears to be related to the Broadcast Journalism Training Council's (BJTC) programme, which codifies practices and ensures continuity (Purdey, 2001).

At the same time, TV's news is changing. As Benkler (2006) argues, new technologies have altered the dynamics of journalism by making it less centralised and more networked in nature. As a part of this, new populations of news organisations based on blogs and social media are cutting out a corner for themselves in the wider news ecology (Dutton, Blank, & Newman, 2012; Lowrey, 2012). This development is affecting how news is produced and circulated (Anderson, 2010) as well as the way in which journalism itself is conceptualised. As Carlson argues, the boundary between those who can be considered journalists and those who cannot is shifting:

> "Professional journalists' claims to exclusivity over news production and distribution has weakened, forcing them to confront how it is they differ from other social actors – if at all. Understanding various responses to this environment

requires careful attention to how questions of boundaries shape the future of news" (Carlson & Lewis, 2015: 9)

These changes in the ecology of news and boundaries of journalism have also had their impact on TV news. With the arrival of satellites and faster communication channels, the content and production of TV news has changed considerably over the past few decades (Cushion & Lewis, 2009; Lewis, Cushion, & Thomas, 2005; Livingston, 2011; Robinson, 2011), just as online news formats is impacting the architecture of TV news (Matthews & Cottle, 2012). As the rest of the news ecology, TV news is therefore in a process of change where traditional forms of production and content are merging with new formats and innovations (Lowrey, 2012). Since the 1970s, ethnographic research has added to the understanding of the production processes behind TV news (Epstein, 1974; Gans, 1980; Golding & Elliott, 1979; Tuchman, 1978; Wahl-Jorgensen, 2010). In the UK, the BBC has traditionally been the main subject of TV news ethnography. Tom Burns (1977) conducted two separate series of interviews at the BBC in 1963 and 1973 where he studied what he described as a special BBC code, a normative system that guided social interaction. During his fieldwork in the late 1970s, Philip Schlesinger (1987) found that

"The news we receive on any given day is not as unpredictable as much journalistic mythology would have us believe. Rather, the doings of the world are tamed to meet the needs of a productions system in many respects bureaucratically organized" (Schlesinger, 1987: 47).

Schlesinger describes the production process as highly routinised with a hierarchical division of labour where the editor is in charge, journalists make practical decisions and technical staff carry them out. In the 1980s and 90s, the BBC went through a series of organisational changes to become more market-oriented, a process which has been examined by Georgina Born (2005). Born obtained an unusual level of access to the organisation, and she concluded that the hierarchies described by Schlesinger were still in place. Several recent ethnographic studies have examined how the rapid change in information and communication technology (ICT), the 24-hour news cycle and international TV stations is affecting working routines at the BBC (Cottle & Ashton, 1999; Lee-Wright, 2008; Wallace, 2013; Williams, Wardle, & Wahl-Jorgensen, 2011). These studies have found that features such as multiskilling and user generated content (UGC) are now integrated parts of the working routine at the BBC. Compared to the BBC, ITV has not been the subject of many academic studies. One of the few to conduct a comparative ethnography is Jackie

Harrison (2000), who found that the different historical backgrounds of the BBC and ITV has some effect on their news programmes, but that the organisations still share a culture characterised by similar routines, training, constraints, planning, editorial practices and jargon.

Thus, the research on TV news tends to focus on the BBC, leaving out other organisations; and until now TV health news in the UK has been severely under-researched. Furthermore, the TV news coverage of mediatised institutional scandals has not yet been researched in depth.

1.1.5 Health news

> "Fostering good links between media outlets, health policy makers and researchers can (…) be an excellent tool to help individuals make informed choices on health related issues. In reality though the picture seems to be one where good communication between these groups is the exception rather than the rule, and where the focus tends to be on negative events, such as failing hospitals or the latest health scare, rather than on positive health messages" (McDaid, 2004: 15).

As a subcategory of news, health news functions as a journalistic specialism which often has its own reporter or team of reporters within news organisations (Amend & Secko, 2012; Boyce, 2007). As such, health news largely follows the same model as news in general in terms of objectivity and impartiality ideals, news values and forging a shared identity (Seale, 2002). However, along with science news, health news has been criticised for biased and inaccurate reporting by medical professionals and media researchers alike (Haran & Kitzinger, 2009). This criticism mostly comes from a liberal perspective where news is meant to be objective, inform the public and equip people to make the right choices. Instead, critics have argued, health news tends to be sensationalist and lacking in understanding of medical science, research and practices (Amend & Secko, 2012; Harrabin, Coote, & Allen, 2003; McDaid, 2004; McGrath & Kapadia, 2009).

In terms of storytelling, health news relies on emotions and sensation (Boyce, 2007; Seale, 2002), which according to Amend and Secko (2012) means that journalistic values are put before scientific ones. These 'two cultures' (Seale, 2002: 52) have caused tension between journalists and scientists, such as happened with the controversy over MMR vaccines (McDaid, 2004). In relation to MMR vaccines, Boyce (2007) found that health journalists interpret the imperative of impartiality as balancing emotions and science rather than

balancing political stances. Health news also tends to include the usual narrative elements of news, such as victims, villains and heroes (Bird & Dardenne, 2009). According to Seale (2002; 2004), victims are usually portrayed as innocent and defenceless in the face of illness or accidents, and they are often children or elderly people (see section 1.2.4). However, villains are not always illnesses or diseases, but can also be the people who are trying to cure them:

> "(…) the media juxtaposed the emotional appeal and human interest of the person at risk against the harshness of the decision made by health officials, thus stigmatising them as faceless, unfeeling bureaucrats" (Seale, 2002: 50).

The heroes of health news storytelling are often medical professionals, but increasingly the news focuses on lay heroes who fight their own diseases or those of others. Health news storytelling thus relies on emotional strategies as much as scientific ones in order to engage the audience in a competitive news market (Amend & Secko, 2012; Boyce, 2007).

A central part of health news is the coverage of health services. From a Marxist perspective, Karpf (1988) argues that health news is dominated by the medical profession and the British Medical Association (BMA). The result of this, she argues, is the reconfirmation of the dominance of doctors. Subsequent research, however, found that the positive image of health services is increasingly challenged by the media. Entwistle and Sheldon (1999) argue that this shift corresponds with broader social trends that result in more critical attitudes towards public services. Regarding health news coverage, a report commissioned by the Kings Fund found that

> "The news media tend to focus on stories about health services. Only rarely do they publish stories about public health – that is, measures to improve health, prevent illness or reduce health inequalities. Public health specialists find it infinitely more difficult to cultivate media interest in serious, proven health risks, such as smoking, alcohol and obesity, than in, for example, 'crises' in the NHS" (Harrabin et al., 2003: 1).

In a British context, coverage of the NHS is a cornerstone in health news. Apart from being the largest employer in the UK (NHS Jobs, No date), the NHS is also highly politicised. This makes health news political as well, since it can form public attitudes towards the NHS and whether or not it is successful (Entwistle & Sheldon, 1999). Furthermore, media coverage can influence health policy, as argued by Davidson et al.:

"Over and above this the media are thoroughly integrated into policy making processes in multi-layered ways (…). The media can be used to reach the 'general public', as an arena for playing out internal struggles between government departments or to provoke debates in specific networks of professional or interest groups" (Davidson, Hunt, & Kitzinger, 2003: 533-34)

Thereby, the news media, and the health journalists working there, have the power to influence perceptions of the NHS and health policy, which gives them an important role in debates around healthcare and the political processes involved.

The working routines of health journalists reflect those of journalists in general, although the nature of health news makes story selection and sourcing slightly different. Compared to other journalistic specialisms, health news has been found to rely more on experts and case studies (Amend & Secko, 2012; Tanner, 2004) and the journalists are rarely formally trained in medicine (McGrath & Kapadia, 2009). Regarding the professional identity of health journalists, Hinnant et al. (2015) found that they saw themselves as interpreters and facilitators of health information. Much like other journalists, health specialists make assumptions on behalf of the public, especially in terms of health literacy and which stories will be of interest to the audience (Amend & Secko, 2012).

Health news thus relies on emotional storytelling and specialised working routines, an observation which is confirmed in a series of micro-studies on health journalists in American local TV news (Friedman, Tanner, & Rose, 2014; Tanner, 2004; Wang & Gantz, 2010) as well as a British study on newspaper and TV news (Boyce, 2007). However, British health journalism in the context of publicly funded broadcasting and healthcare services remains under-researched, particularly when it comes to mediatised institutional scandal.

1.2 Mediatised institutional scandal

"The UK is experiencing a proliferation of public sector institutional scandals. Following a succession of scandals (…) Britain's public institutions – the BBC, the National Health Service, the police, the Crown Prosecution Service, schools and colleges, local authorities and Parliament—have all been implicated in institutional child sex abuse scandals." (Greer & McLaughlin, 2016: 1)

In this study I interpret institutional scandal through the lens of the sociological field of media and deviance. The research in this field examines the complex relationships between media constructions and social understandings of deviance, using approaches from

disciplines such as sociology, criminology, journalism and media studies (Jewkes, 2015). Furthermore, the study draws on the concept of mediatisation, which Stig Hjarvard defines as:

> "(…) the central concept in a theory of both the intensified and changing importance of the media in culture and society. By the mediatization of culture and society we understand the process whereby culture and society to an increasing degree become dependent on the media and their logic" (Hjarvard, 2013: 17).

Mediatisation implies that media logic is colonising other societal spheres, such as politics (Esser, Stromback, & Palgrave Connect, 2014; T. Meyer & Hinchman, 2002), and that the media are becoming an institution in their own right. Thus, mediatised scandal means that the news media are key actors throughout the scandal process, and that other social actors and their responses are influenced by media logic.

Like the research on news and journalism, the research relevant to mediatised institutional scandal is too comprehensive to be reviewed in full, and in the following sections I therefore focus on selected studies of the sociology of deviance, scandal, folk devils, victims and whistle-blowers.

1.2.1 The sociology of deviance

> "The most cursory inspection of a newspaper or news broadcast reveals that aspects of deviance and control are pervasive. These aspects cut across distinctions of popular and quality news outlets, permeate every section of a newspaper or news broadcast, and punctuate conventional topic classifications of news" (Ericson et al., 1987: 48)

In the UK, the sociology of deviance came about as a result of the National Deviance Symposium in the late 1960s, which saw a shift towards symbolic interactionism and radical criminology (Blumer, 1986; Cohen, 1972; Cohen & Young, 1973; Jewkes, 2015; Young, 1971; Young, 2011). Among the first criminologists to deal with media and deviance were Jock Young and Stan Cohen. Both Young and Cohen engaged with several methodologies in their studies of the social construction of deviance, one of which was to look at the media. As such, the sociology of deviance is more concerned with understanding social processes behind the construction of deviance than with measuring or alleviating crime.

The radical element in the early research is apparent in the overtly Marxist studies conducted in the 1970s and 80s, which tend to regard the media as proponents of the ruling classes. For example, Steve Chibnall's (1977) comprehensive study combines content analysis and ethnographic observation to examine how the news media promotes law and order in the interest of the state. At the University of Birmingham, the Centre of Contemporary Culture Studies (CCCS), under the leadership of Stuart Hall, also added to the understanding of the relationship between media and deviance drawing on a Gramscian notion of hegemony. Thus, Hall et al. (1979) described how journalists as part of a larger capitalist structure invent and exaggerate social problems, which diverts the public's attention from crises:

> "Crime (...) is news because its treatment evokes threats to, but also reaffirms, the consensual morality of the society: a modern morality play takes place before us in which the 'devil' is both symbolically and physically cast out from society by its guardians – the police and the judiciary" (Hall et al., 1979: 66).

Marxist research on media and deviance has added valuable knowledge to the field, but the focus on elites and hegemony has tended to overlook the working routines of journalists as well as the opposing interests of media organisations (Greer, 2003; McNair, 1998).

Scrutiny of the radical account of media and deviance began in the 1980s and 90s. Jack Katz (1987) employ functionalism and ethnography to examine how crime news engage readers in a ritual moral exercise. According to Katz, the main function of crime news is not to enforce elite ideology but to address moral and existential issues of symbolic significance to the audience. Ericson et al.'s (1987; 1988; 1991) three-volume study includes extensive analyses of both newspapers and television. They examine media, deviance and control, arguing that news is formed through negotiations between journalists and their sources. Ericson et al. are careful to point out that the forms that these negotiations can take vary between different news organisations and sources, but maintain that deviance and control are central for the function of news. Other studies also question the notion of a monolithic media (Schlesinger, Tumber, & Murdock, 1991; Schlesinger & Tumber, 1995), with researchers such as Gregg Barak distancing themselves from Marxism by trying to

> "(...) move well beyond those one-dimensional interpretations which maintain either that crime is a reflection of the interests, preferences and needs of political,

class and cultural elites, or that crime news is a reflection of the demands, interest and needs of an homogenized mass audience" (Barak, 1994: 8).

The perspective of seeing crime news as regulating the boundaries between deviance and normality as well as recognising the heterogeneity of the media is often embraced in recent research. In her comprehensive overview of previous research in this area, Yvonne Jewkes (2015) also outlines a new framework for further research. According to Jewkes, the research in the sociology of deviance needs to re-think and adapt in a rapidly changing world where new forms of both media and crime emerge at an unprecedented speed (Jewkes, 2015). New forms of media are being examined in the field with studies on topics such as self-representation on social media (e.g. Yar, 2012) or convergence between fiction and news (e.g. Rowe, 2013).

In this study I draw on radical concepts of the social construction of deviance as well as later understandings of how crime news functions as a regulator of the boundary between deviance and normality. However, most of the present research still tends to focus on a narrow understanding of deviance as crime among the powerless and socially excluded, ignoring deviance among the powerful and socially integrated. Also, there is a tendency to focus on newspapers and new media, leaving out established media forms such as television, which I address in this study.

1.2.2 Scandal as deviance

"The unveiling of the hidden secrets of power is seen by some journalists as a way of pursuing their calling as guardians of the public interest" (Thompson, 2000: 32).

In the last couple of decades, one particular kind of news event has moved up the media's priority list: the scandal. According to John B. Thompson (2000), scandals share five characteristics: transgression of certain values, norms or moral codes; an element of secrecy or concealment; non-participants' disapproval; public denouncement by non-participants; and disclosures and condemnations that may damage the reputation of the responsible individuals. Thompson's definition constitutes scandal as the disclosure of a transgression that the involved individuals have tried to conceal, and in contemporary society such disclosures often depend on the media. This links the concept of scandal to the research on news media and deviance, even if this perspective has only received very limited attention (e.g. Greer & McLaughlin, 2013; Mawby, 2016; Sherman, 1978). The growing importance of scandals has been linked to a shift towards 'attack journalism'

(Lloyd, 2004; Milne, 2005; Sabato, 1993), which denotes a particularly aggressive form of journalism focused on bringing down celebrities and authorities. It has furthermore been argued that scandal and attack journalism adds to a 'spiral of cynicism' (Cappella & Jamieson, 1997) that damages the relationship between the public, public institutions and the media. As such, Butler and Drakeford (2005) and Greer and McLaughlin (2016) described how public inquiries can be employed by authorities in the attempt to counter institutional scandals in a British context.

Scandal can be said to come in two forms: soft news and hard news scandal. Reinemann et al. (2012) define soft news items as politically irrelevant, focused on individual consequences and reported in an emotional style. In contrast, hard news items are politically relevant, focused on societal consequences and reported in an unemotional style. Hard news scandals, which are the most relevant to this study, come in several forms. One is the political scandal, which has become more prevalent in the news since the 1960s (Thompson, 2000; 2005). Analyses of American political scandals are the most frequent with works on political scandals in general (Apostolidis & Williams, 2004; Garment, 1991; Marion, 2010; Puglisi & Snyder, 2011; Sabato, Stencel, & Lichter, 2000) and presidential scandals in particular (Basinger & Rottinghaus, 2012; Entman, 2012; Hagood, 1998). British political scandals have been examined as well, but to a lesser degree than the American ones (Clark, 2004; Tumber, 2004). Scandals occur in science and health as well where they can play a role in constructing the boundaries between success and failure as well as science and media (Haran & Kitzinger, 2009; Key Chekar & Kitzinger, 2007). Another category of hard news scandal is the business scandal, which has received considerably less media and academic attention than political scandal (Allen & Savigny, 2012; Tumber, 1993). The last form of hard news scandal mentioned here is the institutional scandal. In this form, individual transgressions are seen as symptoms of a deeper problem; a problem which stems from the institutional environment and culture that the transgressor(s) belong(s) to (Butler & Drakeford, 2005; Gamson, 2001; Greer & McLaughlin, 2013; 2016; Lull & Hinerman, 1997).

The concept of institutional scandal has also been linked to that of trial by media (Greer & McLaughlin, 2012a; Machado & Santos, 2009), which Greer and McLaughlin defined as

> "(…) a marketdriven form of populist justice in which individuals and institutions are accused, prosecuted, judged, sentenced and permanently stigmatized in the 'court of public opinion'" (Greer & McLaughlin, 2016: 9).

In a trial by media, the media function as prosecutor, jury and judge, and the default position is guilt rather than innocence. The results can include damaged reputations, ruined careers and de-legitimisation of authorities. Trial by media increasingly targets institutions as well as individuals, a factor which connects the concept to the field of mediatised institutional scandal (Greer & McLaughlin, 2012b; 2013).

Since much of the present research tends to regard scandal as an individual occurrence, there is a gap in the understanding of how individual scandals become institutional – or vice versa. Furthermore, the research on scandals in the NHS, one of the most notable British public institutions, has until now been very limited (though see Butler & Drakeford, 2005; Hutchison, 2016) . I therefore addressed these points in the analysis of the TV news coverage of the Mid Staffordshire hospital scandal.

1.2.3 Folk devils

> "The folk devils of modern moral panics are considerably more difficult to pin
> down; they may be conditions, issues, or acts, rather than actors, and if they are
> embodied actors, they may be socially integrated, powerful or protected, or they
> may be proxies, patsies or pawns" (deYoung, 2011: 131).

The concept of folk devils belongs to the small but significant criminological sub-field of moral panic studies, which engages with moral panic as a process where a perceived social problem is met by a volatile, unified and disproportionate response (Goode & Ben-Yehuda, 1994). Folk devils are a central part of Stan Cohen's original moral panic model, in which he defined the phenomenon as:

> "(...) a condition, episode, person or group emerges to become defined as a threat
> to societal values and interests; its nature is presented in a stylized and
> stereotypical fashion by the mass media; the moral barricades are manned by
> editors, bishops, politicians and other right thinking people; socially accredited
> experts pronounce their diagnosis and solutions; ways of coping are evolved or
> (more often) resorted to; the condition then disappears, submerges or deteriorates
> and becomes visible" (Cohen, 1972: 9).

Almost 45 years on, Cohen's definition still serves as a useful reference point for scholars who wish to engage with folk devils and moral panics. However, the moral panic concept has since been criticised for being politically biased regarding its assumption that the media is an integrated part of a hegemonic power structure and for the assumption of

disproportionality (Cohen, 2011; Garland, 2008; McRobbie & Thornton, 1995; Waddington, 1986; Young, 2009).

Much of the classic literature on moral panics tends to regard folk devils as powerless Others, undeservingly labelled and demonised in order to reconfirm powerful groups' idea of morality (Goode & Ben-Yehuda, 1994; Pearson, 1983) or to divert attention from societal crises (Critcher, 2011; Hall et al., 1979). In the UK, the demonised groups researched include asylum seekers (Pearce & Charman, 2011), 'chavs' (Hayward & Yar, 2006; Tyler, 2008), 'hoodies' (Hier, Lett, Walby, & Smith, 2011), paedophiles (Critcher, 2002; Kitzinger, 2004; Meyer, 2010), terrorists (Werbner, 2013) and young black men (Hall et al., 1979). There is thus a substantial body of research on disempowered and stigmatised folk devils who, regardless of the severity of their transgressions, cannot counter the way they are labelled by authorities and media. However, there are also studies that argue that folk devils are becoming less powerless in the face of authority and media labelling. Angela McRobbie and Sarah Thornton (1995; McRobbie, 1994) found that seeing the media as an integrated part of a monolithic power structure is becoming obsolete given the advancements in technology. Accordingly,

> "(…) 'folk devils' are less marginalized than they once were; they not only find themselves vociferously and articulately supported in the same mass media that castigates them, but their interests are also defended by their own niche and micro-media" (McRobbie & Thornton, 1995: 559).

According to such accounts, the folk devils of the 1990s and the early 21st century are not necessarily easily recognisable but can, as the opening quote of this chapter states, be abstract phenomena or socially empowered actors (deYoung, 2011; Ungar, 2001).

Recent studies have shown how new groups of folk devils have entered the stage. People in positions of power are increasingly demonised, with some more targeted than others. Certain groups, such as white-collar criminals, are less prone to demonisation since the construction of folk devils works best with a simple juxtaposition of good victims and evil perpetrators (Levi, 2009). With politicians the picture is different. They are increasingly labelled as folk devils in the media and the public imagination leading to an increasingly cynical, distrustful and scandal-ridden political atmosphere (Flinders, 2012; Hatier, 2012). Analysing the MPs' expenses scandal, which began in 2009, Flinders found that

> "The demonisation of politicians has become an almost all-pervasive and all-consuming element of modern politics. Instead of being part of the 'moral barricade' that defined certain social groups as unwanted and untrustworthy politicians have themselves assumed the position of contemporary folk devils" (Flinders, 2012: 2).

The concept of folk devils has long been placed in the somewhat problematic field of moral panic research. However, the issues around moral panic theory do not necessarily disqualify folk devils as a useful concept (Hayle, 2013), and in connection with news storytelling, othering and scandal, it becomes useful. I therefore use the concept of folk devils outside the framework of moral panics to examine how scandalised individuals and institutions were demonised in the TV news coverage of the Mid Staffordshire hospital scandal.

1.2.4 Victims

> "In the information age (…), news images and media debates are a central influence in shaping popular notions of who can rightly claim legitimate victim status, informing victim policy and, ultimately, helping to shape the structures of training, accountability and professional practice directed at protecting the public and responding to victims of crime" (Greer, 2007: 44).

In the field of criminology, Nils Christie (1986) described 'the ideal victim' and the reorientation of the justice system towards a more victim-centred approach. According to Christie, some individuals and groups, such as children and elderly people, are seen as more deserving in terms of legitimate victim status than others (Greer, 2007; Smolej, 2010). Looking at crime news in American newspapers, Chermak (1995; 1998) found that the strongest predictor of whether a story was covered is the number of victims. He also found that homicides are particularly prevalent in crime news, and that the emphasis of the stories is on the victims rather than the perpetrators. In line with Christie's work, Chermak found that children and elderly people are the most likely to be portrayed as victims. Concentrating on child sexual abuse, Jenny Kitzinger found a connection between the construction of childhood innocence and media representations of children as victims (Kitzinger, 2004).

In a British context, Reiner et al. (2003; Reiner, 2001) found that the shift towards an emphasis on crime victims in newspapers is a relatively recent development:

"After the mid-1970s crime was increasingly presented as a widespread menace threatening everyone, and stories became increasingly victim-centred. Offenders became demonised as dangerous predators whose vicious actions called for harsh but justified retribution on behalf of the vulnerable innocents they savaged" (Reiner, 2001: 5).

According to Reiner, news audiences are invited to identify with the crime victims who are portrayed as ordinary, innocent and vulnerable. Victimisation is thus constructed as a real threat to regular people, whilst criminals are evil villains inflicting suffering and distress on them. Alongside the emotional accounts by victims and their relatives, the rising importance of visuals helps to personalise crime by showing pictures of victims, offenders, maps, weapons, crime scenes or statistics (Greer, 2007). According to Moira Peelo's work on homicide in the news, these narrative strategies place the audience in the role as mediated witnesses:

"Newspapers develop the 'victim' role in major crimes by inviting us to witness and take part on the side of those closely affected by a killing – the reader is invited to focus on the side of the offended against and is encouraged to feel hurt; this invitation is embedded at a micro level in the authorial techniques of the crime-reporting genre" (Peelo, 2006: 168).

At the same time, Peelo stresses the difference between virtual victimhood and actual experiences, arguing that news stories do not necessarily reflect real life. Rather, she argues, media narratives can be seen along the lines of Katz' (1987) concept of 'ritual moral workout' where the victims serve as a fixed star in the audience's moral navigation.

In regards to scandal, the victims of institutional misconduct are an increasingly common sight in the news. According to Greer (2007), victims of institutional scandal are not just seen as individuals but as representatives of wider issues and the inability of public services to protect the public. As Butler and Drakeford observed,

"In the welfare scandal, which involves a range of public agencies and public servants, private citizens and possibly government ministers, as well as a literal, named victim and a known perpetrator, there is a wider range of possible heroes and villains to boo and hiss or to cheer" (Butler & Drakeford, 2008: 370).

The experiences of victims, which are often communicated through news media, thus fulfils a central role in the way that the boundaries between right and wrong are constructed.

There is, however, a lack in the existing research in terms of how the news media engage with victims of institutional scandal, and how this feeds into the general media coverage of victims.

1.2.5 Whistle-blowers

> "Whistleblowing is a key way to deliver accountability (by which we mean that people are expected to explain their conduct). (…) In the end, whatever concerns there may be about the independence, priorities and interests of the media in any country, the media is an essential means by which conduct is capable of being scrutinized and those in positions of power are called to account for their actions" (Calland & Dehn, 2004a: 11).

The term 'whistle-blower' was coined by the American activist Ralph Nader in the early 1970s. The word is a reference to the sports referee who blows a whistle in order to stop foul or unfair play, and Nader's intention was to avoid the negative connotations of words such as 'informant', 'snitch' or 'traitor' (Calland & Dehn, 2004a; Nader, Petkas, & Blackwell, 1972; Thorsen, Sreedharan, & Allan, 2013). The emergence of the term coincided with the Pentagon Papers, a classic example of whistle-blowing that produced a political scandal (Liebes & Blum-Kulka, 2004; McCurdy, 2013).

Whistleblowing usually takes place in smaller organisations, which is why the majority of studies on whistle-blowers are to be found within legal or business ethics areas (Wahl-Jorgensen & Hunt, 2012). From the perspective of business ethics, Near and Miceli define whistle-blowing as

> "(…) the disclosure by organization members (former or current) of illegal, immoral or illegitimate practices under the control of their employers to persons or organizations that might be able to effect action" (Near & Miceli, 1985: 4).

It follows from this definition that whistle-blowers do not necessarily go to the media with their disclosures. As such, whistleblowing comes in two forms: internal and external. Internal whistle-blowers disclose the transgressions within the organisation, leaving the issue to be solved by internal procedures. External whistle-blowers, on the other hand, disclose the transgressions to outsiders, in order for them to enforce a solution (Dworkin & Baucus, 1998; Vinten, 2003; 2004). Since the link between whistle-blowing and mediatised institutional scandal is only present in external whistle-blowing, internal whistleblowing is irrelevant for this study.

The act of whistleblowing often results in difficulties for the whistle-blower. Disclosure of organisational transgressions can lead to reprisals from the organisation on the basis of breached confidence (Alford, 2001). In several countries these consequences have led to debates and legislation regarding the status of whistle-blowers (Calland & Dehn, 2004b), which points to the identification and addressing of a social problem. In the UK, a series of scandals in the 1980s and 90s including the capsizing of the ferry Herald of Free Enterprise, the explosion on the oil rig Piper Alpha, the abuses at Ashworth Special Hospital and cases of child abuse in religious orders led to the Public Information Disclosure Act (PIDA) in 1998. This act aims to protect whistle-blowers from victimisation and unfair dismissal and it has helped to enforce the image of the whistle-blower as conscientious and brave (Myers, 2004; Vinten, 2003; Vinten, 2004). Since the early 1990s the NHS has often been a point of reference when describing the conditions of whistleblowing and whistle-blowers in the UK (Vinten, 2003). Hunt (1995) described how whistleblowing in the NHS before the PIDA surfaced in an atmosphere of apprehension and anxiety, which often left the whistle-blowers job- and penniless. Myers (2004) is of the opinion that the PIDA had led to a significant improvement in the NHS culture regarding whistleblowing. This conclusion is somewhat contradicted by Vinten and Gavin (2005) who looks at the legislature around the NHS's so-called 'gagging clauses', which have been blamed for silencing potential whistle-blowers (Entwistle & Sheldon, 1999).

The relationship between whistle-blowers and journalists has been described as both symbiotic and adversarial, since the external whistleblowing process involves the organisation, the whistle-blower and the media (C. Lewis, 2004; van Es & Smit, 2003). Both whistle-blowers and journalists often fail to acknowledge the complexity of this relationship:

> "The meeting of whistleblowers with media easily leads to stressful expectations and harmful disappointments. The whistleblower and the media are dependent on each other, but often pretend this is not the case. In fact the collusion of interests undermines the professional attitude of both parties" (van Es & Smit, 2003: 148).

The relationship between whistle-blowers and journalists is a delicate power balance, where the whistle-blower betrays a friend, country or employer in favour of the journalist (Liebes & Blum-Kulka, 2004). The way in which whistle-blowers are portrayed in the media is changing as well, even if this area is still under-researched. From a Finnish perspective, Siltaoja and Vehkaperä (2010) describe how newspapers construct whistleblowing in

business cartels as a moral problem. They found that the Finnish press tends to put whistleblowing in a negative light whilst legitimising illegal business practices. However, Wahl-Jorgensen and Hunt (2012) and Thorsen et al. (2013) found that in British and American press coverage, the construction of whistle-blowers is mainly neutral or positive. Increasingly, whistle-blowers are cast as heroic individuals in news storytelling, which confirms the press' self-appointed role as watch-dog. However, not all institutions are equal in the eyes of the press:

> "Media coverage focused more on malpractice in the public sector (63%) than in the private sector (31%). It would appear that reporting on malpractice within the NHS, Social Services, and the army and civil service is more newsworthy than, for example, exposing fraud within a private corporation" (Wahl-Jorgensen & Hunt, 2012: 411).

The research on whistleblowing and research on scandal have rarely been combined, despite the prominent role whistle-blowers play in a number of mediatised institutional scandals. Also, the research on whistle-blowers tends to focus solely on newspapers. In this study I address these gaps by examining the role of whistle-blowers in the BBC and ITV's coverage of the Mid Staffordshire hospital scandal.

1.3 Conclusions and research questions

In this study I work within the areas of TV news and the sociology of deviance, which are operationalised by looking at BBC and ITV news coverage of the Mid Staffordshire scandal. By engaging with the literature outlined in this chapter, this study analyses the news reports and the production processes behind them. To engage with these themes, I examine the following research question:

- How did the News at Ten on BBC and ITV construct the Mid Staffordshire hospital scandal and the individuals and institutions involved between 17 March 2009 and 17 March 2014?

To make it operational, I divide this overall research question into sub-questions, each addressing particular points raised in the reviewed literature. The sub-questions asked are:

- How did verbal and visual statements construct power relations between social actors in the coverage of the Mid Staffordshire hospital scandal?

- How was TV health news constructed in the context of journalistic conventions, professional decisions and organisational structures?
- How did the TV news coverage construct scandal processes and narrative strategies to move the scandal through its different phases?

By engaging with these questions, my study contributes to the understanding of mediatised institutional scandal, TV health news and its production as well as the construction of healthcare and deviance. This is carried out by applying a theoretical and conceptual framework and developing a methodology that combines interviews with Ethnographic Content Analysis, which is described further in the following theory and methodology chapters.

Chapter 2. Theoretical and Conceptual Framework

The theoretical framework of this study belongs to the wider approach of social constructivism (Berger & Luckmann, 1966). This framework allows for an empirical analysis of how healthcare and deviance was socially constructed in the coverage of the Mid Staffordshire hospital scandal in order to engage with the research questions laid out in the previous chapter. Going into more detail with theories of storytelling, discourse, encoding and scandal, this chapter also explores five key concepts derived from these theories, namely narrative strategies, power, social actors, discursive statements and scandal processes. By the end of the chapter, the theoretical framework is criticised and discussed before I operationalise the key concepts and link them to the study's methodology and the empirical analysis in the conclusion.

2.1 Storytelling theory

In this study, the notion of news as storytelling is a central part of understanding how healthcare and deviance was constructed in the coverage of the Mid Staffordshire hospital scandal. As such, the analysis of storytelling and narratives belongs to the field of social constructivism, and it has proven itself as a fruitful way of understanding literature and linguistics (Bal, 2009; Barthes, 1977; Genette & Levonas, 1976; Toolan, 2012) as well as news and journalism (Bird & Dardenne, 1988; 2009; Wahl-Jorgensen, 2013; Zelizer, 1990). As a genre, news thus complies well with Mieke Bal's definition of a narrative text as:

> "a text in which an agent relates ('tells') a story in a particular medium, such as language, imagery, sound, buildings, or a combination thereof" (Bal, 2009: 5).

As for narrative texts themselves, they basically consist of three interconnected aspects: sequenced and interrelated events; foregrounded individuals; and crisis to resolution progression (Toolan, 2012). Foregrounded individuals are examined further below in the form of social actors in section 2.2, while interrelated events and narrative progression are examined in the form of scandal processes in section 2.4.

2.1.1 Storytelling and power

Behind every narrative is a process of storytelling. By using certain narrative strategies, storytellers have an impact on their stories and the ways in which events, social actors and narrative progression are constructed. As Michael Toolan argued,

> "To narrate is to bid for a kind of power. Sometimes the narratives told crucially affect our lives: those told by journalists, politicians, colleagues, employers

assessing out performance in annual reviews, as well as those of friends, acquaintances, enemies, parents, siblings, children – in short all those which originate from those who have power, authority or influence over us" (Toolan, 2012: 3).

Having power over a narrative and narrative strategies establishes storytellers as social actors themselves. In the process of storytelling, events, characters and trajectories are imbued with different characteristics and these traits reflect the power relations involved in storytelling, and the values and beliefs of the storytellers. This becomes particularly important in the context of news storytelling where news workers employ a range of narrative strategies, often in order to appear neutral and impartial (Schudson, 2001; Tuchman, 1972; Wahl-Jorgensen, 2013).

2.1.2 Using storytelling theory

I have used storytelling here as part of the theoretical framework to understand the TV coverage of the Mid Staffordshire hospital sandal and the processes behind the production of the coverage. Epistemologically, the social constructivist nature of storytelling theory connects the approach to the theories of discourse, encoding and scandal to form a coherent theoretical framework which can be employed to understand how stories of healthcare and deviance are narrated in the news media. The storytelling approach from journalism studies (Bird & Dardenne, 2009; Wahl-Jorgensen, 2013) is more relevant here than the narratology perspective from linguistics and literature studies (Bal, 2009; Genette & Levonas, 1976), so I use narrative strategies here as a key concept to understand the power relations and negotiations that play into the storytelling process. As such, the concept of narrative strategies is closely linked to the other key concepts of power, social actors, discursive statements and scandal processes.

2.2 Discourse theory

The notions of storytelling and power are closely linked to discourse. Discourse is a contested term that has been used in a variety of ways. Whilst some schools follow Michel Foucault (1967; 1977; 1978) in regarding discourses as abstract sets of structures guiding the construction of knowledge and power, other schools argue for a linguistic approach that sees discourses as concrete manifestations of written and spoken language (Wodak & Meyer, 2001; Wodak & Krzyzanowski, 2008). Attempting to provide a common ground for discourse studies, Gunther Kress defines discourse in the following way:

"A discourse provides a set of possible statements about a given area, and organizes and gives structure to the manner in which a particular topic, object, process is to be talked about. In that it provides descriptions, rules, permissions and prohibitions of social and individual action" (Kress, cited in Fowler, 1991: 42).

Following Kress, discourse can thus be conceptualised as a guiding principle that determines which statements can be made, the manner in which statements are formulated and the perceived validity of statements. Thereby, discourse constitutes social reality and defines the boundaries of possible thoughts and actions. The social constructivist nature of discourse analysis means that truth is in and of itself not a reflection of an objective reality, but rather a product of historical and social processes. These processes involve the notion of power and the ability to define what is held to be true (Fairclough, 1989; Foucault & Gordon, 1980; Hall, Evans, & Nixon, 2013).

Discourse theory has often been applied to understand how news and power are connected (Fairclough, 1995b; Fowler, 1991; Schrøder, 2007; van Dijk, 1988; Wodak & van Leeuwen, 1999). In practice, these studies have often focused on newspapers, so using discourse theory to understand TV news storytelling requires some adaptations. TV news basically consists of two interwoven forms, or modes (Kress, 2003), of discursive statements, namely verbal and visual. Therefore, the theoretical framework I use here draws on two interconnected forms of discourse theory: Critical Discourse Analysis (CDA) and Multimodal Discourse Analysis (MDA).

2.2.1 Social actors and power

CDA is specifically concerned with the examination of power relations between social actors as they are expressed in texts and the criticism of the underlying power structures. According to Norman Fairclough, this entails

"(…) that language is centrally involved in power, and struggles for power, and that it is so involved through its ideological properties" (Fairclough, 1989: 17).

Inspired by Marxist and Gramscian theory, CDA theorists tend to view power as ideology in order to criticise uneven power relations and discourses of capitalism, neoliberalism or racism (van Dijk, 1991; Wodak & van Leeuwen, 1999). In CDA, the researcher is seen as a social actor him- or herself. The researcher engages in the examined discourse and is therefore not raised above ideology but instead sees it as their role to subvert unequal power relations (Fairclough, 1989; Fairclough, 2003; van Dijk, 2001; Wodak &

Krzyzanowski, 2008). In terms of images, Kress and van Leeuwen argued that the same relations of power and ideology are present:

> "(…) we see images of whatever kind as entirely within the realm of ideology, as means – always – for the emergence of ideological positions, with all the complexities of that argument" (Kress & van Leeuwen, 1996: 12).

In discourse theory, power is usually conceptualised as a relation between social actors. Analyses using discourse theory therefore often focus on social actors and how power relations between them are constructed and which societal consequences this has (Breeze, 2011; Fowler, 1991; van Leeuwen, 1996; Wodak, 2001).

2.2.2 Interviews and discourse

Interviews are one of the most predominant elements of TV news reports. According to Clayman (1988), Ekström and Lundell (2011) and Montgomery (2006; 2007; 2008), interviews can be discursively constructed in four different ways: as accountability, experiential, expert or affiliated interviews. Accountability interviews refer to people in power being held to account in line with the idea of journalism as a fourth estate. Experiential interviews tend to be more emotional and the interviewee functions as an observer, victim or survivor. Expert interviews provide background information and are likely to feature experts who are not directly involved with the issue at hand or the news organisation. Finally, affiliated interviews are live interviews between journalists and serve as a form of expert interview that connects the TV news studio and the site of the story. According to Ekström and Lundell, affiliated interviews also give journalists the power to make judgements whilst appearing neutral:

> "Journalists are not just 'making conversation' on the news. In expert studio dialogues (…) a range of resources is used to construct an expert identity for the correspondent, who, unchallenged, gets to overrule the words and actions of others and decide what is politically right and wrong" (Ekström & Lundell, 2011: 677).

These four interview types each have their own discursive characteristics, and the specific type chosen will reflect the narrative strategies chosen by the news maker performing the interview (Montgomery, 2007; 2008). The different characteristics of different interview types are thus linked to the construction of social actors and power relations, and by extension, to news storytelling.

2.2.3 Semiotics and visual statements

Since TV is as much visual as it is verbal – and perhaps even more so – the theoretical framework used here needs to take images into account. Visual discursive statements are different from verbal ones and therefore require a slightly different theoretical approach. Kress described semiotics as it appeared in the works of Roland Barthes (1973; 1977) and Stuart Hall (1973; Hall et al., 2013), as a useful approach that acknowledges the differences between different forms of discursive statements:

> "The modes which occur, together with the language-modes of speech and writing, on pages or screens, are constituted on different principles to those of language; their materiality is different; and the work that cultures have done with them has differed also. The theoretical change is from linguistics to semiotics (…)" (Kress, 2003: 35-36).

In semiotics, a sign comprises of a signifier and a signified, and it refers to a word or an image on the one hand and its meanings on the other (Keane, 2003; Kress, 2003). Together, signs work to construct a structure of meanings, which Barthes called 'myth' (Barthes, 1973; 1977). To accommodate the difference in materiality, as Kress put it, visual statements need to be examined in a different way than of words and sentences. The theoretical approach of MDA integrates discourse theory and semiotics to analyse visual discursive statements. This allows for an examination of power relations between social actors in images. In this study, I therefore draw on MDA to engage with visual discursive statements in the TV news coverage of the Mid Staffordshire hospital scandal.

2.2.4 Using discourse theory

I have used discourse theory in this study to understand power relations between social actors in the news storytelling. Epistemologically, the theories of storytelling and discourse are both firmly placed in the field of social constructivism, and they are as such compatible in their approach to what news is and how it can be understood. Regarding the theoretical approaches of CDA and MDA, I found their particular focus on social actors and power useful in informing the analytical framework, as described in section 3.1. I understand the discursive construction of social actors, interviews and power relations as narrative strategies and hence connected to news storytelling. In this study, I interpret image attributes as visual discursive statements, which, just like verbal discursive statements, are expressions of power relations between social actors. Since this study is based on social constructivism, and because TV news is both verbal and visual, I have not relied on one

specific linguistic or semiotic approach. Instead, I have extracted the concepts of power, social actors and discursive statements from discourse theory in order to understand how healthcare and deviance was constructed in the coverage of the Mid Staffordshire hospital scandal.

2.3 Encoding theory

In this study I have not only engaged with discursive statements as they appeared in TV news storytelling, but also the process of formulating these statements. Therefore, the study makes use of Stuart Hall's theory of 'encoding' (Hall, 1980; Schrøder, 2007), which he developed with specific reference to TV news.

Whilst the media message itself constitutes the 'text' in Hall's understanding, the encoding is the discursive and semiotic work behind this text. According to Hall, analysing the discursive content of a text is not sufficient. In order to reach a fuller understanding of the communicative process, the encoding and decoding of the message must be taken into account. Regarding the encoding process, I have therefore engaged with the encoders or storytellers themselves: the news workers behind the TV news coverage of the Mid Staffordshire hospital scandal. Their work is interpreted as storytelling and a part of the social construction of healthcare and deviance, again following Hall's theoretical framework:

> "(...) the production process is not without its 'discursive' aspect: it, too, is framed throughout by meanings and ideas: knowledge-in-use concerning the routines of production, historically defined technical skills, professional ideologies, institutional knowledge, definitions and assumptions, assumptions about the audience and so on frame the constitution of the programme through this production structure" (Hall, 1980: 118).

The fact that Hall's model deals with both the verbal and visual sides of TV news by drawing on elements of discourse and semiotic theory makes it suitable for this study and compatible with its theoretical and epistemological framework. I thus understand the process of encoding the discursive statements of TV news and negotiating narrative strategies as storytelling, with everything that entails in terms of power relations between social actors.

2.3.1 Encoding news values

Coming from a discourse analysis perspective, Bednarek and Caple (2012b; 2014; Caple & Bednarek, 2013) argue that news values are an integrated part of the encoding process (see section 1.1). In their view, newsworthiness can also be seen as a part of the verbal and visual construction of news texts:

> "(…) the focus here is not on the potential value of news events or on cognitive beliefs/value judgments, but rather on how such events are mediated through language and image – how news discourse makes them newsworthy" (Bednarek & Caple, 2012b: 105).

In this perspective, news values are not inherent qualities of events themselves but rather constructed as a part of news encoding. In this study, this connects the encoding of news values with the concepts of narrative strategies, power, social actors and scandal processes. Bednarek and Caple stress that their theoretical considerations are not a substitute for other approaches to news values, but a supplement. Even so, their perspective on news values brings the concept closer to social constructivism and discourse theory. As such, viewing the construction of news values as a part of the encoding process of TV news supports the theoretical and epistemological stance of this study.

2.3.2 Decoding messages

Encoding was only one part of Hall's model. Media messages must also be decoded in order to have an effect on the audience. In the words of Hall,

> "Before this message can have an 'effect' (however defined), satisfy a 'need' or be put to a 'use', it must first be appropriated as a meaningful discourse and be meaningfully decoded. It is this set of decoded meanings which 'have an effect', influence, entertain, instruct or persuade, with very complex perceptual, cognitive, emotional, ideological or behavioural consequences" (Hall, 1980: 119).

The decoding part of Hall's model thus deals with audience reception which has traditionally been a contested research field. Scholars from various disciplines have for some time debated the nature of the relation between media texts and audience, and how media affect thoughts and behaviours (Kitzinger, 2004; Madianou, 2009). According to Hall's model, media messages can be decoded in three different ways. Firstly, referencing a Gramscian notion of hegemony, Hall defined the 'dominant' position as a full acceptance of the encoded media text and its inherent messages. Secondly, he described the 'negotiated'

position as involving the acceptance of some elements in the media text and the rejection of others. Thirdly, Hall defined the 'oppositional' position as a complete rejection of the media text. These three positions were also the basis of a subsequent empirical study by Morley and Brunsdon (1999 [1978/1980]) whose findings confirmed Hall's theoretical framework.

2.3.3 Using encoding theory

In this study, Hall's theoretical framework has been useful for understanding how TV news told the story about the Mid Staffordshire hospital scandal. Seeing news reports as organised sets of discursive statements (Kress, cited in Fowler, 1991) means that news narratives are encoded with layers of meaning and then decoded by the audiences. Hall's model also deals specifically with TV news and its epistemological underpinning comes from social constructivism, discourse theory and semiotics, which makes it compatible to this theoretical framework and its focus on storytelling, discourse and scandal. However, I have left the decoding part of the model out of the analysis of the Mid Staffordshire hospital scandal. This was not because it is irrelevant as such, but because audience research is a separate field with its own theories and methods, which makes it too comprehensive to include here (see section 2.5 for a further discussion of this). As such, I use Hall's theoretical framework to examine how verbal and visual statements are encoded and used in narrative strategies as well as the power relations between the social actors involved.

2.4 Scandal theory

To understand how stories about institutional scandal are told in the news, and the discursive and encoding processes involved, I have finally engaged with scandal theory. Scandal theory is still an underdeveloped area (Greer & McLaughlin, 2016; Mawby, 2016), although previous works by scholars such as Butler and Drakeford understand scandal and public inquiries in the light of social constructivism:

> "The way in which the 'facts' are pursued, reassembled and retold by the men and women (they are not gods) who sit as part of Committees of Inquiry can contribute powerfully to the 'meaning' of each scandal" (Butler & Drakeford, 2005: 3-4).

This social constructivist approach to scandal is also linked to the social construction of the boundary between normality and deviance. In this light, scandal, like moral panic (Cohen, 1972), is a media trope which serves to identify and address social problems. Seeing

scandal in this light is useful to this study, but unlike Butler and Drakeford my main concern is with media storytelling and the ways in which discursive statements and narrative strategies are used to construct social actors and power relations. Therefore, I use a theory of institutionalised scandal that allows for reading scandal in the light of news storytelling, discourse and encoding.

2.4.1 Modelling scandal

To analyse mediatised institutional scandal, both Greer and McLaughlin (2016) and Mawby (2016) have recently devised models of the processes involved. Of these two models, Greer and McLaughlin's model is particularly well suited for this study because it also theorises scandal elements such as trial by media and public inquiry, and because of its attention to detail. As such, Greer and McLaughlin set out to:

> "(…) identify what we see as the default position of many corporate news and social media outlets today – scandal hunting – and to systematically work through the subsequent phases of contemporary institutional scandals – latency, activation, reaction, amplification and accountability; and to analyse the transforming role of corporate news and social media in each of these phases, and the driving impact of 'trial by media'"(Greer & McLaughlin, 2016: 6).

This model identify six separate phases of institutional scandals each with its own scandal processes. Whilst the 'scandal hunting phase' is characterised by the search for new scandals and scoops, the 'latency phase' denotes a state where potentially scandalous transgressions are known to some but remain concealed from a wider audience. This state is changed with the 'activation phase' where media exposure reveals the transgressions to the world, which is followed by the 'reactions phase' where scandalised individuals and institutions respond to the accusations. The 'reactions phase' is followed by the 'amplification phase' in which a scandal is lifted to the institutional level, leading the news media to investigate and reveal scandal cover-ups, sub-scandals and offshoot scandals, which in turn leads to further public approbation (Thompson, 2000). The final stage of Greer and McLaughlin's scandal model is the 'accountability phase' where media justice is served. This often entails status degradation through ceremonies such as public shaming, resignation, dismissal or even criminal prosecution and sentencing (Cavender, Gray, & Miller, 2010; Greer & McLaughlin, 2013; 2016; Sabato, Stencel, & Lichter, 2000).

Furthermore, like Butler and Drakeford, Greer and McLaughlin argue that the tendency of the state to regulate its institutions closer can be seen as an attempt to control the scandal processes, although the results of initiatives such as public inquiries can also have the opposite effect. As such, Greer and McLaughlin's model of mediatised institutional scandal allows for understanding the processes of media storytelling and the ways in which social actors and power are constructed when it comes to scandal.
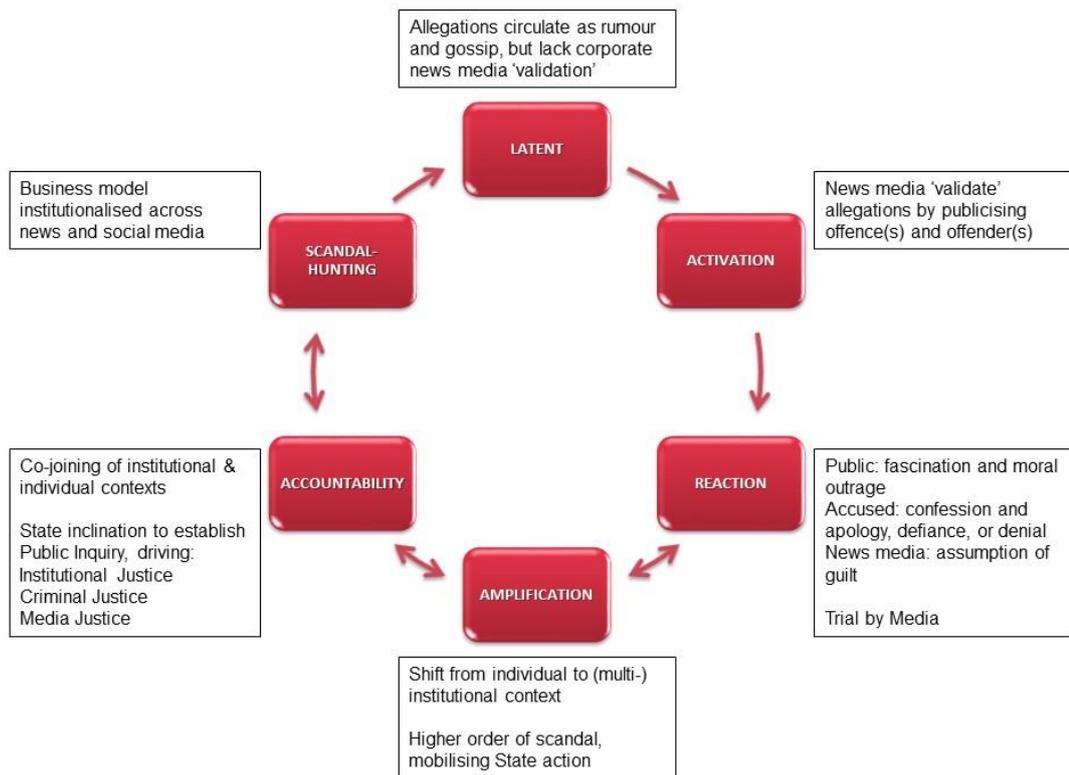
Figure 2.1 Graphic overview of Greer and McLaughlin's scandal model (Greer & McLaughlin, 2016)

2.4.2 Using scandal theory

In this study, I use Greer and McLaughlin's model of mediatised institutional scandal to analyse the processes in the Mid Staffordshire hospital scandal. As such, I understand the different scandal phases as a progressing media narrative where different social actors make discursive statements and negotiate power. Thereby, the scandal model helps understanding the temporal elements of scandal storytelling, how news narratives move from crisis to resolution (Toolan, 2012), and how narrative strategies and power relations changes over time. At the same time, the model is relatively new, so I also set out to test it empirically, which has not been done at the time of writing. The epistemological underpinning of the scandal theory used here belongs to the field of social constructivism and is as such, compatible with the theories of storytelling, discourse and encoding.

Furthermore, the concept of scandal processes feeds into narrative strategies, power, social actors and discursive statements.

2.5 Criticism of the theoretical framework

Using the theories of storytelling, discourse, encoding and scandal as laid out above provides a theoretically and epistemologically coherent framework to engage with the research questions, but it also has its limitations. On the general level, using a social constructivist approach comes with a risk of ontological and normative relativism (Hoy, 1986). Over-relying on social constructivism as an epistemological stance can lead to regarding *all* phenomena as socially constructed, and if all narratives, discourses, encodings and scandals are merely results of power relations between social actors it means that notions of right and wrong are meaningless. This would be particularly problematic in a media/crime context where the research objects often are representations of real experiences (Peelo, 2006). In the case of the TV news coverage of the Mid Staffordshire hospital scandal, social constructivism might be a useful theoretical approach, but this should not blur the fact that the scandal originated in the very real suffering of blameless hospital patients (Bailey, 2012; Hutchison, 2016), which is wrong by any moral standards. To stay true to the epistemological framework, my main subject of analysis is thus not the failings themselves but the media's storytelling, although I acknowledge the distinction between news storytelling and real experiences, and recognise that I am not in a position to say anything about the latter.

Seeing news as narrative and journalism as storytelling fits well within the epistemological framework of social constructivism, but it does run the risk mentioned above of ontological and normative relativism (Hoy, 1986). After all, news *is* based on real events, and it *does* matter how stories are told. News is an important part of how we relate to the world around us, and dismissing it as made-up stories would not do it justice. Also, as liberal media theorists argued, news is a vital part of modern democracies and the importance of a well-informed electorate cannot be overstated (Curran & Seaton, 2010; Hampton, 2010; McNair, 2009; Schultz, 1998a). However, keeping this in mind storytelling still functions as a useful theory to examine how news and journalists convey information in practice, which is what I aim to do in this study.

2.5.1 Issues with discourse theory

As mentioned previously, discourse theory is multifaceted which has led to some degree of controversy. The two approaches I have drawn on here, Critical Discourse Analysis (CDA)

and Multimodal Discourse Analysis (MDA), have been criticised for their tendency towards epistemological unclarity, circular argumentation and a tendency towards deterministic readings of meanings (Breeze, 2011; Thomas, 2014).

Regarding CDA, Breeze (2011) notes how it tends to use a mix of theoretical concepts which can be problematic since they are not always epistemologically compatible. This inconsistency is often a result of letting the interdisciplinary approach outweigh epistemological coherence, and some CDA researchers seem to have downplayed intellectual rigour drawing on both social constructivism and materialist Marxism. Meanwhile, MDA can be criticised for its interpretation of meaning. The almost deterministic reading of visual statements has been criticised of closing down meanings and ignoring the contexts of images, overlooking what Stuart Hall called the polysemic nature of images (Hall, 1973). As Thomas argues:

> "(…) it is not difficult to identify instances of texts which meet the requirements stipulated by Kress and Van Leeuwen, both in terms of cultural provenance and layout, and yet for which no interpretation in terms of their mapping of information values onto spatial position seems plausible" (Thomas, 2014: 168).

I have addressed the issues with CDA and MDA by letting the theories *inform* this study rather than *guide* it, and focusing on an epistemologically coherent theoretical framework based on social constructivism. Furthermore, I have addressed the issue with circularity by engaging with the encoding process in detail and by letting the news workers speak for themselves. This approach appears to be a rare occurrence in discourse analyses, and none of the few existing studies on TV news using discourse theory have engaged with the encoding process (Joye, 2009; 2010; Machin & Mayr, 2013; Mihelj, Bajt, & Pankov, 2011; Whang & Min, 1999). Finally, I have addressed the issue with deterministic readings of images by acknowledging Hall's model of encoding/decoding, which argues that just because a given message is encoded in a certain way it does not necessarily follow that it is read that way (Hall, 1980).

2.5.2 Limitations of the framework

My theoretical framework also has certain limitations regarding the use of encoding and scandal. The main limitation of the way I have used Hall's encoding/decoding model is the omission of the decoding part (Hall, 1980). Audience reception is simply not included in the study, although it could have added interesting perspectives to the findings. However, any

study must have its limits. Audience reception is a major field of its own (Madianou, 2009), and engaging with the decoding of the TV coverage of the Mid Staffordshire hospital scandal was simply not feasible. Also, since the focus in this study is mainly on the social actors and power relations in the news reports themselves, audience reception was the least relevant part of the storytelling process.

The application of scandal theory also has its limitations since the framework is still in its infancy, which means that it has not yet been systematically criticised or tested. At the same time, since the term 'scandal' existed long before the theoretical framework aimed at understanding it, this means that the word is frequently used in a variety of meanings ranging from celebrity gaffs to gross abuses of power, and this variation can be seen as undesirable for a theoretical concept. Indeed, one of the criticisms of the similar concept of moral panic (Cohen, 1972) is that it has become too widely applied and therefore weakened (Cohen, 2011; Garland, 2008; Hunt, 1997; Young, 2009). I address this issue by using definitions from research on political and institutional scandal which does come with the limitation of only describing a small section of the scandal spectrum.

2.6 Conclusion

The overall theoretical and epistemological framework of this study is based on a social constructivist approach and the notion that our perceptions of reality are formed through human interaction (Berger & Luckmann, 1966). All of the theories and the concepts derived from them were closely linked and have the same epistemological underpinning, which means that they form a coherent framework to help understand the processes behind the content and production of the TV news coverage of the Mid Staffordshire hospital scandal. The five key concepts of narrative strategies, power, social actors, discursive statements and scandal processes thus highlight different aspects of the process of scandalising the NHS.

In the context of news, this means that the concept of narrative strategies is used to understand the news storytelling and the processes behind it. By using narrative strategies as a key concept, I acknowledge the interactive role of social actors, including the storytellers, and the influence they have. In news storytelling, narrative strategies are subject to continuous negotiation and I regard the processes behind this as vital for understanding the Mid Staffordshire scandal and how it was covered. As a concept, narrative strategies is operationalised by analysing how tools such as interviews or images were used to tell stories in particular ways. By this token, news storytelling involves

foregrounded individuals, events and crisis to resolution progression (Toolan, 2012), which I have examined using the other key concepts of social actors, discursive statements and scandal processes.

The concept of power is central throughout the study, and I have conceptualised it along the lines of discourse theory as a relation between social actors (Fairclough, 1989; Foucault & Gordon, 1980; Fowler, 1991). As such, power relations play into how narrative strategies in news storytelling are negotiated and how events and social actors are constructed in stories. In this study, I have operationalised the concept of power by examining how power relations were negotiated between individual and institutional social actors in the empirical data. Furthermore, in line with the framework of social constructivism I do not regard myself as disconnected from the study, and I acknowledge and discuss the power relation between me, the researcher, and the researched (see section 3.3).

The key role of social actors in the theories of storytelling, discourse and encoding work well with the concept of mediatised institutional scandal and movement between the individual and institutional levels (Greer & McLaughlin, 2013; 2016). Therefore, one of the main tasks of the methodology employed here is to operationalise the concept of social actors as a recurrent theme in the analysis of the empirical data. I conceptualise social actors as the characters in the TV health news storytelling, as well as the storytellers themselves, and the power relations between them is seen as a driver of the scandal processes.

Another key concept is that of discursive statements which in TV news comes in two forms: verbal statements and visual statements. These discursive statements have been encoded by social actors and they serve to construct social actors and their relations of power. Using the theoretical frameworks of CDA and MDA to understand the two forms of statements and the process of encoding them, means an engagement with discourse and semiotic theories which fits the overall framework of social constructivism. Furthermore, this study benefits from the focus on verbal and visual discursive statements, social actors and power in CDA and MDA. I operationalise the concept of discursive statements as a part of the Ethnographic Content Analysis (see section 3.1), where it functions as the basic unit of analysis.

Regarding the temporal element of storytelling and the progression from crisis to resolution (Toolan, 2012), I operationalise this through the use of Greer and McLaughlin's

(2016) scandal model and its conceptualisation of scandal processes. This model describes a series of scandal phases which I use in this study as part of the analysis of the empirical data. As such, I operationalise the model as an analytical framework to understand the progression of the scandal storytelling and the ways in which narrative strategies and power relations between social actors changed throughout the coverage of the scandal. Finally, my study serves as an empirical testing of the scandal model, which has not been undertaken previously.

The concepts I engage with here form an epistemologically coherent framework based on social constructivism that allows me to examine the construction of healthcare and deviance in the BBC and ITV's coverage of the Mid Staffordshire hospital scandal. As part of this framework, I draw on theories of storytelling, discourse, encoding and scandal and five closely connected key concepts. In the following analysis, I see the narrative strategies and the discursive statements used by the BBC and ITV in the different processes of the Mid Staffordshire hospital scandal as results of a negotiation of power relations between social actors. As such, my theoretical and conceptual framework laid out here is operationalised further in the following methodology chapter, which then leads to the study's analysis, findings and conclusions.

Chapter 3. Methodology

The theoretical and conceptual framework drawing on theories of storytelling, discourse, encoding and scandal serve to guide the methodology of this study. As such, the methodology operationalise the concepts of narrative strategies, power, social actors, discursive statements and scandal processes laid out in chapter 2. By doing this, the aim has been to facilitate the collection and analysis of empirical data and examine how healthcare and deviance was constructed in the BBC and ITV's coverage of the Mid Staffordshire hospital scandal. Since this construction of the scandal was placed in a context of TV health news, the methodology also needs to address the specific content and production of this format. To do this, I combine two different methods to encompass the visual, verbal and social elements of TV health news.

The content of TV news is complex. It is organised around time rather than space and the news workers structure the elements sequentially. Each news report is a carefully orchestrated interaction of visual and verbal elements put together in order to tell stories. Despite their short duration, rarely exceeding ten minutes, TV news reports are subtly encoded with several layers of meaning. At each level certain discursive statements are used to create meanings, and in the interaction between the different levels overall meanings are constructed (Bignell, 2002; Fiske & Hartley, 1978; Fiske, 1987). TV is first and foremost a visual medium that uses images to tell stories. Therefore, any analysis of TV news content must engage systematically with the visual statements to examine the meanings they convey. At the same time, TV news relies on verbal statements to accompany the visual. The first challenge is therefore to examine how these two types of discursive statements worked and interacted to construct narrative strategies, scandal processes, social actors and power relations in the coverage of the Mid Staffordshire hospital scandal.

The production of TV news is complex as well. A story has to be found, filmed, scripted and edited before the report is slotted into the news programme and broadcast. In larger media organisations the production of TV news is usually arranged around teams with a highly specialised division of labour. This division has traditionally been structured hierarchically with editors and producers on top, reporters in the middle and technical staff at the bottom. Even so, this hierarchy is not always completely rigid and spheres of influence sometimes converge (Born, 2005; Harrison, 2000; Schlesinger, 1987). An analysis of the decisions and processes involved in making TV health news must therefore engage

systematically with the people making the news. This includes people at different levels of the production process who make the editorial, journalistic and technical decisions. Therefore, the second challenge is to map the decision-making process and explore who influenced the news coverage of the Mid Staffordshire hospital scandal in which ways.

The complexity of TV news and its production makes analysing it a challenging methodological task. To meet this challenge, I combine the methods of Ethnographic Content Analysis (ECA) (Altheide, 1987) and semi-structured, in-depth interviews (Bryman, 2012; Kvale, 1996). This process of triangulation aims to encompass the analysis of the news reports as well as the process of producing them. In the following, I lay out the details of both methods before discussing their implementation and combination.

3.1 Ethnographic Content Analysis

I engage the Ethnographic Content Analysis (ECA) to address the research sub-questions:

- How did verbal and visual statements construct power relations between social actors in the coverage of the Mid Staffordshire hospital scandal?
- How did the TV news coverage construct scandal processes and narrative strategies to move the scandal through its different phases?

ECA is used to analyse the narrative strategies and social actors appearing in the discursive statements in the news reports and the power relations and scandal processes involved. Content analysis has often been conceptualised as a quantitative approach where media content is coded and analysed according to numerical and statistical values. In the 1950s, Bernard Berelson defined content analysis as:

> "(…) a research technique for the objective, systematic and quantitative description of the manifest content of communication" (Berelson, 1952: 18).

This positivistic approach has since been followed by proponents who continue to see content analysis as a scientific and objective method where the researcher's influence is minimised. In this view, the aim of the method is to extract reliable and valid results to test pre-conceived hypotheses. To ensure objective findings, quantitative content analysis relies on random sampling, developing a coding framework in advance of observations and testing findings via intercoder reliability (Krippendorff, 2013; Neuendorf, 2002).

The positivistic understanding of content analysis has been challenged by David Altheide (1987) who introduced the concept of Ethnographic Content Analysis (ECA). Examining the

TV news coverage of the Iran hostage crisis in 1979, Altheide found that using a strictly quantitative content analysis leaves out significant individual news reports and patterns. To address this, he introduced an approach which allows for both numerical and narrative data to be captured in the analytical process. This approach to content analysis acknowledges the interactive role of the researcher and the need to be reflexive about the method. Altheide described ECA as:

> "(…) a reflexive movement between concept development, sampling, data collection, data coding, data analysis and interpretation. The aim is to be systematic and analytic, but not rigid" (Altheide, 1987: 68).

In this study, I follow Altheide's approach in using both qualitative and numerical data. Using a strictly quantitative content analysis would, as in Altheide's case, gloss over important visual and narrative structures. In accordance with the epistemological approach of social constructivism (Berger & Luckmann, 1966) and the theories used here (see chapter 2), the contention is that meanings in images and language are basically contextual and fluid, which makes them very difficult to quantify. This means that my coding framework was not set in stone before observing the material, that I acknowledge my own active role as coder, and that intercoder reliability is irrelevant. All the same, in order to lead to viable conclusions, any research methodology needs to be systematic, which is developed below.

3.1.1 Sampling the ECA data

In order to facilitate a functioning analysis of the news coverage of the Mid Staffordshire hospital scandal I had to sample a manageable set of data. The sample was limited to BBC and ITV News at Ten in the period between 17 March 2009 and 17 March 2014. Regarding the choice of channels, I chose BBC and ITV because they were by far the two most used sources of news in the UK at the time of the scandal, with 57 % of adults over 16 using BBC and 33 % using ITV (Ofcom, 2013b). Both channels' News at Ten programmes were relatively popular attracting around 4.7 million (BBC) and 2.5 million (ITV) viewers on average in 2009 (Ofcom, 2010). I also included the news broadcast on weekends at around ten, even if these were not always labelled 'News at Ten'. Regarding the choice of time period, the beginning was the date on which the scandal was first covered and the end was five years later when the coverage had subsided. In total, this time period includes 3,654 BBC and ITV news programmes.

Accessing British TV news has become easier since the work of Altheide (1976; 1987) or the Glasgow University Media Group (1976; 1980), where news broadcasts had to be recorded analogically, with all the technical difficulties that involved. For this study, it was convenient that the majority of British TV news programmes since 2010 can be accessed digitally. In the UK, there are three different digital resources that offer access to TV news: British Library (BL), British Film Institute (BFI) and Box of Broadcasts (BoB).

I found BL to be the most useful resource as it has a search engine that allows for the filtering of news programmes. BL has recorded news programmes since May 2010 (British Library, 2012) so 90.7 % of the BBC and 91.8 % of the ITV programmes from 6 May 2010 until 17 March 2014 were available there. I found BFI to be a useful resource to fill some of the gaps that BL's recordings left. BFI offered access to 97.3 % of the BBC programmes from 17 March 2009 to 6 May 2010. However, BFI does not offer digital access to any ITV programmes in this period. Accessing the ITV programmes on VHS tapes or DVDs costs a fee, so I only accessed programmes from days where the BBC had reported on the scandal. I found BoB to be a suitable resource to fill some of the gaps left by BL and BFI, and it offers a search engine which made the work easier. However, BoB only records programmes requested by researchers which means that recordings tend to be irregular.

In total, I accessed 99.5 % of the BBC programmes between 17 March 2009 and 17 of March 2014 via BL, BFI or BoB. Between 6 May 2010 and the 17th of March 2014, I accessed 96.2 % of the ITV programmes via BL, BFI or BoB, and between 17 March 2009 and 5 May 2010, I accessed 5 % of the ITV programmes via BFI or BoB. However, the lack of access to ITV programmes between 17 March 2009 and 6 May 2010 is arguably not a major problem since I managed to access programmes from key dates on VHS or DVD.

I systematically examined this collection of programmes for reports on the Mid Staffordshire hospital scandal. Regarding BL and BoB, the search engines proved very useful. By searching for the keywords 'NHS', 'National+health+service', 'NHS+scandal', 'Mid+staffordshire', Staffordshire+hospital', 'Staff*', 'CQC' and 'Care+quality+commission', I identified the relevant news reports. Regarding the news programmes accessed via BFI, I had to watch them in full to identify the relevant reports. Through this process, I identified a total sample of 72 individual news reports which mentioned the Mid Staffordshire scandal containing 37 BBC reports and 35 ITV reports. These 72 reports in turn contain 1,502 individual shots with the 37 BBC reports containing 752 shots and the 35 ITV reports containing 750 shots. The sample thus consisted of two parts, a BBC part and an ITV part of

almost identical size which provided a good basis for the ECA (see Appendix 1 for a complete overview).

3.1.2 Transcribing news reports

In order to operationalise the theoretical and conceptual framework laid out in the previous chapter, I had to transcribe the sampled news reports. Whilst transcribing words is relatively straight-forward, 'translating' images to text is always going to be somewhat reductive. However, it was not possible to find a functional, systematic way to analyse a large quantity of moving images without converting them into text. Also, existing coding software such as NVivo (see section 3.1.3 for details) is text-based. For the purpose of transcribing TV news to text, Günter Bentele devised a framework, which he described as:

> "(…) a practical model for analysing audiovisual discourse – e.g. for the reconstruction of media grammars" (Bentele, 1985: 159).

To transform TV into writing, Bentele designed a detailed protocol which captures both verbal and visual statements on a shot-by-shot basis. His protocol includes nine categories: 'number of shot'; 'length of shot'; 'written and graphic elements'; 'camera distance'; 'camera movement'; 'camera angle'; 'description of the image'; 'remarks to sound'; and 'texts' (Bentele, 1985).

However, to engage with the key concepts of narrative strategies, social actors, power, discursive statements and scandal processes, I had to adapt Bentele's framework for this study. Six of Bentele's categories were maintained, namely 'number of shot'; 'length of shot'; 'camera distance'; 'camera movement'; 'camera angle'; and 'texts'. Bentele's category 'description of image' was divided into four categories: 'setting'; 'social actors'; 'gaze'; and 'actions'. This was done to capture the visual statements on action and interaction. Thus, 'setting' was the place the shot was filmed, 'social actors' referred to the people in the shot, 'gaze' was the direction of their glance, and 'actions' was what happened in the shot. Bentele's category 'written and graphic elements' was incorporated into 'action'. Also, the category 'speaker' was added to capture who was talking. And lastly, the categories 'item' and 'protocol' were added to enable automatic computerised coding (see section 3.1.3 for details). As such, the protocol used appeared as below:

Item	Proto-col	Shot	Time	Size	Angle	Move	Set-ting	Gaze	Social Actors	Actions	Speaker	Words

Figure 3.1 The protocol used to transcribe the TV news reports.

3.1.3 Coding verbal and visual statements

Each of the 1,502 shots was coded separately in terms of the 13 categories of the protocol using an Excel spreadsheet. Every cell was thus coded with a value, a name or a transcription of words or images. The 'item', 'protocol' and 'shot' categories were simply numbered sequentially, while the category 'time' was the number of seconds the shot lasted.

Regarding the verbal and visual discursive statements, I draw on Critical Discourse Analysis (CDA) and Multimodal Discourse Analysis (MDA) (see chapter 2) to analyse how narrative strategies, power, social actors and scandal processes were constructed in the news reports. Here, Kress and van Leeuwen's work offers a range of visual analytical tools, such as distance, angle, setting, action, composition and vectors, which they argue carry certain meanings. Thus, shot sizes can imitate social interaction so that close-ranged shots suggest social proximity, mid-ranged shots suggest moderate distance and long-ranged shots suggest detachment (Kepplinger, 1982; Kress & van Leeuwen, 1996; Lury, 2005). Camera angles can reflect power relations so that a low camera angle gives a sense of inferiority, an eye-level camera gives a sense of equality, and a high angle low angle gives a sense of superiority (Kress & van Leeuwen, 1996; Larsen, Luna, & Peracchio, 2004; Mandell & Shaw, 1973; McCain, Chilberg, & Wakshlag, 1977). The settings add contexts to the images, and actions express relations between people or objects. Composition and vectors are described as visual elements that guide the viewer's attention, such as the gaze, which can either be in the camera, which functions as a demand, or to the side, which functions as an offer (Kress & van Leeuwen, 1996).

In this study, the visual categories were coded in the following way: 'size' was coded as 'close-ranged', 'mid-ranged' or 'long-ranged'; 'angle' was coded as 'high', 'eye-level' or 'low'; 'move' was coded as 'still', 'tilt/pan', 'zoom' or 'hand held'; 'setting' was coded as 'professional', 'NHS', 'political', 'private' or 'neutral'; 'gaze' was coded as 'in camera', 'side', 'down' or 'closed'; 'social actors' were coded by their names; and 'action' was a description

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of what the social actors did. Meanwhile, the verbal categories were coded in the following way: 'speaker' was coded by their name; and 'words' was the transcription of what was said. The descriptions of 'action' and the transcription of what was were are coded thematically in NVivo (see below) to examine narrative strategies, power, social actors and scandal processes.

An advantage of this coding design is that it allows for computerised coding using the Computer Assisted Qualitative Data Analysis Software (CAQDAS) programme NVivo. The categories 'item', 'protocol' and 'shot' enable NVivo to distinguish between hierarchies of organisation and code accordingly. This makes NVivo capable of auto-coding the categories 'time', 'size', 'angle', 'move', 'setting' and 'gaze'. The auto-coded categories open for quantitative and qualitative analysis, following the ECA framework described by Altheide (1987). I coded the categories 'social actors', 'action', 'speaker' and 'words' manually in NVivo, thereby developing a thematical structure (see chapter 4). Furthermore, the NVivo coding also allows for combining the analysis of verbal statements with that of visual statements. This coding of the ECA material laid the basis for the following analysis of the Mid Staffordshire hospital scandal (see chapters 4 and 7-10).

However, my use of CDA and MDA in this methodology differs from the way they are usually applied as methods. As described previously (see sections 2.2 and 2.5), the theoretical approach is only informed by CDA and MDA, not guided by them. This means that I have abandoned the often very close micro-reading of words and images in favour of contextual macro-reading, which is more in line with Altheide's (1987) ECA approach. One reason for this is that the theoretical and conceptual framework used here focus on discursive statements in the context of narrative strategies, power, social actors and scandal processes rather than the micro elements of the statements. Another reason is the amount of data, which would make such micro-level analyses unfeasible.

3.2 In-depth interviews

I engage with in-depth interviewing as a method to address the research sub-questions:

- How was TV health news constructed in the context of journalistic conventions, professional decisions and organisational structures?
- How did the TV news coverage construct scandal processes and narrative strategies to move the scandal through its different phases?

The in-depth interviews I have conducted for this study were aimed at examining how different social actors encoded the discursive statements in the news reports, the power relations between them and the narrative strategies they employed in the scandal processes. I conducted semi-structured qualitative interviews (Bryman, 2012; Kvale, 1996) with news workers from the BBC and ITV. Qualitative interviews are often aimed at understanding – or *verstehen* in the Weberian sense – rather than explaining (King & Horrocks, 2010). According to Bryman, in qualitative interviews,

> "(…) the emphasis must be on how the interviewee frames and understands issues and events – that is, what the interviewee views as important in explaining and understanding events, patterns, and forms of behaviour" (Bryman, 2012: 471).

I prepared topic guides in advance of the interviews so the overall topics were the same for all interviewees even if the particular questions differed. This form allowed for flexibility and improvisation when interesting topics were raised during the interviews. As such, the interview form left room for open questioning, probing and thematic development. I have chosen in-depth interviews over other ways of examining news production, such as participant observation or other ethnographically inspired methods. One reason for this was that interviews offer a detailed insight to the thoughts and rationales behind the production processes that observation alone cannot provide. Another reason was that although participant observation could have been a valuable addition to the interviews, the scale of this study did not allow for such a time-consuming method.

Prior to all interviews I sent the interviewees an information sheet via email. I usually conducted the interviews in the interviewees' workplaces, in nearby cafes or via Skype or telephone. Face-to-face interviews began with (re-)reading the information sheet and filling in the consent form. Skype and telephone interviews began with verbal consent of the recording, and a PDF file of the consent form for signing was sent via email afterwards. All interviews were recorded using either a Dictaphone or recording software for Skype, and then transcribed. Before the interviews, I conducted two pilot interviews with the help of staff from the Department of Journalism at City University. The pilot interviewees were TV journalists with years of experience who offered their assistance and feedback, and they have both been of much help to me and this study.

3.2.1 Sampling interviewees

In big broadcasting organisations, production is arranged around hierarchical structures. Ethnographic field studies in television newsrooms have found that editorial decisions regarding news programmes are taken by editors and producers leaving practical details to reporters and technicians (Born, 2005; Harrison, 2000; Schlesinger, 1987). To understand this process in relation to the coverage of the Mid Staffordshire hospital scandal, my scope was to examine as many hierarchical levels as possible. I took particular care to include technical staff, which appears to be have been overlooked in the existing research (with Kepplinger (1982) as a notable exception).

The interviewees were primarily identified as news workers who had produced the reports used in the ECA, although news workers who had worked with general health news coverage were potential subjects as well. Regarding presenters, correspondents and reporters, this was relatively straight-forward as they are usually named and often shown in news programmes. This led to a list of 29 presenters and journalists (12 from BBC and 17 from ITV), whom I contacted via email. My hope was that talking to the journalists would instigate a snowball effect (Bryman, 2012) leading to contact with other people involved in the production, particularly programme editors, producers, camerapersons and video editors. However, it turned out that TV news workers are notoriously busy and difficult to get hold of. Few of 39 people I contacted in total ever got back to me, and some of those who did rejected participation in more – or less – polite terms. The difficulties of gaining access to TV news workers has also been noted by other researchers (Born, 2005; Harrison, 2000; Schlesinger, 1987), and my experiences suggest that little has changed. However, with the aid of persistency and an evolving snowball effect, a total of 23 interviews were conducted with 23 individual interviewees: 12 journalists (five from BBC and seven from ITV) were interviewed, which led to nine camerapersons (five from BBC and four from ITV) and two producers (one from BBC and one from ITV). Given the challenges of accessing interviewees, this distribution between organisations and roles is fairly even, which gives a fairly stable foundation for the analysis (see Appendix 2 for a complete overview of interviews). Sources have been shown to influence news storytelling as well (Ericson et al., 1988; Hall et al., 1979; Schlesinger & Tumber, 1995), but since the amount of data had to be manageable and the main focus of this study was on TV health news and scandal coverage the interviewees were recruited among news workers.

3.2.2 Visual elicitation and topic guides

As a part of the interviewing process, I showed the interviewees a news report they had worked on whenever it was possible. The news reports were chosen from the ECA material and accessed on a laptop via Box of Broadcasts. The video was shown at the very beginning of the interview, right after reading the information sheet and filling out the consent form. In the case of Skype interviews, the video was sent via an online link. In the case of telephone interviews showing videos was unfortunately not possible. My motivation behind showing the videos was to aid the interviewees' memory using visual cues since the time period studied went back to 2009. Using visuals in interviews is a well-established practice in ethnographic research. Jon Prosser calls this 'visual elicitation' and argues that it has clear advantages:

> "A long-standing strength of image/artefact elicitation is its capacity to evoke as well as create collective and personal memory" (Prosser, 2011: 484).

Until recently, visual elicitation has mainly meant the use of images or artefacts. Using moving images is a relatively new method which is still being developed and experimented with. One of the reasons for the late appearance of videos for visual elicitation has been technological difficulties, but with the advent of portable and affordable equipment, such as laptops and smartphones, this has become less of a hindrance. I did experience some technical problems during the interviews for this study, but these were all manageable and did not hinder the research.

Using videos as a starting point for the interview and following up with questions about the report proved to be a very effective method. For example, a former BBC health correspondent, immediately after watching a news report they had done in 2009, commented:

> "[It] gives me some flashbacks to my former life" (Health correspondent, BBC).

After watching the video, interviewees were able to answer questions about details that they would probably have had difficulties answering otherwise. Of particular interest are the different memories elicited among journalists and camerapersons. Where journalists mainly remembered decision making processes and the people involved, the camerapersons remembered settings and particular shots (also the ones that did not make it to the final edit). The differences in the memories evoked in journalists and camerapersons are probably linked to their places in the hierarchical order (Schlesinger,

1987). Journalists are closer to the decision-making process than camera operators who are usually involved at a later, and more practical, stage.

After watching the video, I commenced the interview. Because of the different videos I showed to different interviewees, I could not use a completely standardised set of questions. My topic guides contained the same topics in the same order, but questions on specific shots or script lines were tailored to fit the news report in question. The topics were designed to address the key concepts of narrative strategies, power, social actors, discursive statements and scandal processes, and they appear thus:

- Formalities (explanation of study, consent form and acceptance of recording)
- Visual elicitation (watching video)
- Planning (selection and planning of story)
- Shots (choice of specific shots and filming in general)
- Words (choice of specific words and script writing in general)
- Interviews (choice of specific and general interviewees and locations)
- Graphics (choice of specific and general graphic elements and production)
- Production (video editing and the coordination between involved people)
- General health news (overall coverage of the Mid Staffordshire hospital scandal, covering the NHS, personal feelings about the story, BBC/ITV comparisons)
- Contacts (to other news workers)

Each individual topic guide typically included 25-30 questions. However, as qualitative in-depth interviewing is a flexible method (Bryman, 2012; King & Horrocks, 2010), the order of questions could change and some questions could be excluded if I deemed them to be irrelevant or if the interviewee had already answered them. Also, I asked extra probing questions to explore certain issues further.

My challenges of getting access to potential interviewees did not extend to the actual interview situations. All interviewees were very friendly and helpful, showing genuine interest in the Mid Staffordshire hospital scandal and this study. Working in news, the interviewees appeared to have an intuitive understanding of the interview situation and what was expected of them, although this understanding did not necessarily extend to academic research interviews. Especially the journalists who would at times make sure that their responses contained 'soundbites' with suitable quotes, as the following extract illustrates:

"(…) the media have a great responsibility because they can bring change but with that responsibility, sorry, with that. Let me do that again. I think that the media has a real ability to bring about change. But that ability also brings with it responsibility" (Health editor, ITN).

The fact that some of the interviewees were very familiar with the interview format did bear a risk of them just saying what I as an interviewer wanted to hear. However, this was not my impression during the interviews, coding and analysis. Rather, the familiarity with interviews seemed to allow the interviewees to relax, feel confident and contradict me if they thought it necessary. As such, the interviews were conducted in a friendly and focused atmosphere where the interviewees' professionalism allowed for efficient questioning and reflections. The interviews lasted between 30 and 75 minutes but were typically around 45 minutes. After the interviews I transcribed all recordings ad verbatim for further analysis.

3.2.3 Coding and processing the interviews

In this study, I coded the qualitative in-depth interviews to allow for a thematic analysis of the data. Thematic analysis is an often employed methodology for qualitative interviews and is a way of systematically identifying and organising themes found in the data. Themes have been defined by King and Horrocks as:

"(…) recurrent and distinctive features of participants' accounts, characterising particular perceptions and/or experiences, which the researcher sees as relevant to the research question" (King & Horrocks, 2010: 150).

Thematic analysis, then, is basically an inductive and interactive process in which the researcher codes and interprets the data by structuring its relevant features into separate themes. This process requires careful reading and re-reading of the data in order to construct a suitable theme structure (Bryman, 2012). King and Horrock divided this process into three steps. The first step, descriptive coding, involves coding the data for immediately visible themes. The second step, interpretive coding, involves clustering of descriptive codes into interpretive themes, looking at meanings. And the third step, overarching themes, involves deriving general themes from the interpretive themes, thus considering theoretical implications of the two other steps. This three-step process is not a linear one, but moves back and forth between the different levels of interpretation (King & Horrocks, 2010).

The descriptive themes in the interviews used in this study were guided by the ECA and the topic guides used for the interviews. This means that I coded the interviews for descriptions of how TV health news was made in practice, with coding categories such as 'filming in hospitals', 'contacting sources' and 'BBC vs. ITV'. In this process, I organised the descriptive themes into more general interpretive themes such as 'filming', 'sources' and 'news', thereby creating a tree-like thematic structure to enable a more interpretive analysis. Finally, I operationalised the key concepts of narrative strategies, power, social actors, discursive statements and scandal processes described in chapter 2 as part of the overarching thematic structure, which added another layer to the analysis. This elaborate tree structure allowed for an in-depth analysis of the interviews at different levels, depending on the desired level of detail or overview. The Computer Assisted Qualitative Data Analysis Software (CAQDAS) programme NVivo proved to be an apt tool for coding qualitative data such as this, and it facilitated my work with the thematic structure by enabling quick sifting through different layers of coding and themes and movements between them. Furthermore, creating both the thematic analysis coding framework and the ECA coding framework in the same NVivo file allowed for easy organisation and interconnection between the two.

3.3 Ethical issues

Citing Willig and Crandall, King and Horrock list five basic ethical considerations to take into account when doing qualitative research: informed consent, no deception, right to withdraw, debriefing, and confidentiality (King & Horrocks, 2010: 108). Regarding the ECA, all the data has been published via broadcasting and is publically available through BL and BFI (BoB is only accessible for academic researchers). Therefore, none of King and Horrock's considerations have been challenged as the data is publically available and no human participants were involved. Also, no copyright laws have been violated in the transcription of the news reports.

The interviews, on the other hand, did involve human participants. All interviewees are present or former news workers which means that they could be expected to know what an interview entails. Furthermore, as professionals working in the two largest broadcast organisations in the UK, none of them can with any reason be called 'vulnerable'. Lastly, the interviews were focused on professional rather than personal issues, so no sensitive information was disclosed. Even so, I did address the ethical considerations mentioned above. Regarding informed consent, I sent all interviewees an information sheet prior to

the interview (see Appendix 3) and encouraged them to ask if any questions arose. Immediately before the interviews (or immediately after in the case of Skype and telephone interviews) I gave the interviewees a consent form to sign. The information sheet and consent form were printed on one sheet of paper and each interviewee received a signed copy. Regarding deception, all relevant information was laid out and discussed with the interviewees. Regarding the right to withdraw, both the information sheet and the consent form clearly stated this right. Regarding debriefing, all interviewees were offered information about the study's findings, which some of them showed interest in. I have sent those interested a brief overview of the analysis and an offer to supply more information of they wished. Several of the participants have responded to this and expressed interest in the findings. Regarding confidentiality, all the interviewees could choose to be anonymised when they filled in the consent form. Some of the journalists were particularly aware of anonymity and authorisation issues and had to be reassured, as the following exchange exemplifies:

> "Correspondent: But obviously if you write this into your PhD everybody will know who I am.
>
> JE: No, I would be able to cover your identity.
>
> Correspondent: Okay, Great. It's a shame you didn't tell me because I'm sure they would have allowed me but I don't want to now ask because if they say no, and then this is a total waste of time for you. And I probably shouldn't even have said that on record (laughing)" (Health correspondent, BBC News).

As such, all interviewees were conscious about their role and what their participation entailed. Quite a few interviewees chose to be anonymised. To accommodate their wishes, and to ensure consistency, I have anonymised all interviewees in the data used. Also, the information sheet and consent form informed them that they are protected by the Data Protection Act 1998 and that all data is permanently deleted after maximum five years.

One element King and Horrock's (2010) considerations did not engage with, however, is the personal conduct of the researcher. This is understandable since decent behaviour is basically a subjective value that is difficult to present in bullet points. Throughout the interviews, I have strived to maintain a proper and respectful tone. Also, a certain level of understanding of other people's work lives is a prerequisite when interviewing news workers. However, these considerations did not necessarily mean that I did not cause any

offence in the course of the research. In the process of contacting interviewees, I sent a lot of emails, follow-ups and follow-ups to the follow-ups. I always took a 'no' at face value, but if no answer was received, I made continuous attempts to get in contact. Some interviewees valued this persistence, but others seemed less appreciative. My attempts to contact BBC employees were at some point rejected bluntly at a central level, but since the rejection did not mention specific individuals, I continued to contact other BBC employees. My persistence might have been on the edge of what constitutes decent behaviour, but it did produce results and most news workers seemed to recognise the approach from their own work. During interviews, I only experienced minor problems, mostly to do with time constraints. In these cases, I shortened the interviews and narrowed them down to the most central questions. At other times, the interviewees clearly enjoyed the situation and I had to close down the interviews in a gentle way to limit the amount of transcription work.

The procedure outlined above has been assessed and approved by the Ethics Board at the Department of Sociology at City, University of London, who judged it to be in accordance with professional and university standards (see Appendix 3). As such, the ethical issues of the study have been appropriately addressed and discussed so that they do not impede the overall study and its research design.

3.4 Conclusion

In the methodology employed here I have operationalised the theoretical and conceptual framework described in the previous chapter to facilitate the collection and analysis of TV news reports and interviews. The applied methodology thus brings into play the key concepts of narrative strategies, power, social actors, discursive statements and scandal processes. As such, the methodology consists of two parts: an ECA of the news reports and a thematic analysis of the interviews. The ECA is itself divided into two parts: the analysis of verbal statements and the analysis of visual statements, informed by CDA and MDA respectively. The ECA and the thematic analysis of the interviews inform each other in the final analysis of how the Mid Staffordshire hospital scandal was covered by the BBC and ITV News at Ten. Each of the methods addresses two research sub-questions which is reflected in the structure of the analysis. Whilst the analysis in chapter 4 is based on ECA, the analysis in chapter 5-6 is based on the interviews, and the analysis in chapter 7-10 is based on a mix of ECA and interviews. My methodology is thus interdisciplinary and systematic, and I have aimed for it to produce a meaningful analysis of the data by letting the different methodological elements fill in the gaps left by the others. As such, the combination of

different methods, or triangulation, is believed to make analyses more reliable and add depth to the conclusions drawn (Jäger, 2001).

This particular approach has not been applied to TV health news and scandal before. Content analyses of news media content is rarely combined with interviews and vice versa. In this study, I argue that both perspectives are important to understand the processes and power relations involved in the coverage of the Mid Staffordshire hospital scandal. In the context of health news and scandal, my methodological approach thus links the theoretic and conceptual framework to the empirical data in the form of news reports and interviews.

The purpose of any methodology is to give meaningful answers to the research questions. And despite its limits, the methodological framework employed here does provide the foundation for a thorough analysis of the BBC and ITV News at Ten's coverage of the Mid Staffordshire hospital scandal, thereby addressing the three research sub-questions, which in turn allows me to address the overall research question:

- How did the News at Ten on BBC and ITV construct the Mid Staffordshire hospital scandal and the individuals and institutions involved between the 17 March 2009 and 17 March 2014?
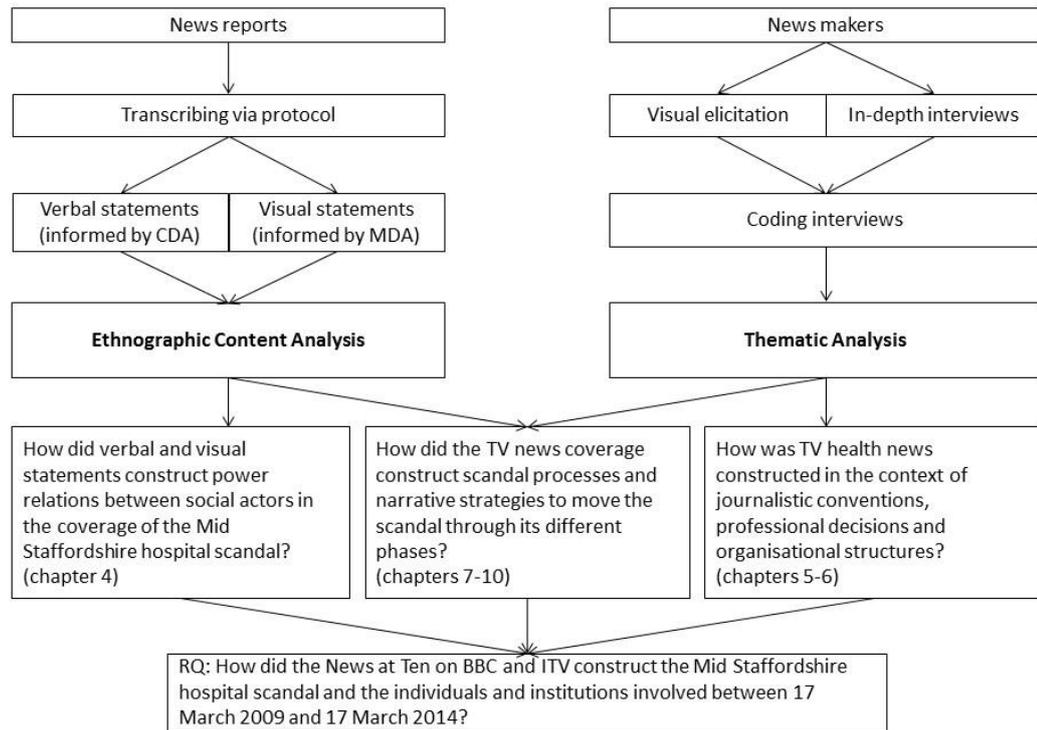
Figure 3.2 Graphic overview of the methodology.

Chapter 4. Social Actors and Power Relations

This chapter examines the BBC and ITV's coverage of the Mid Staffordshire Hospital scandal as it was manifested in the news reports, using the conceptual framework developed in chapter 2 and the method of Ethnographic Content Analysis (ECA) described in section 3.1. As Bignell (2002) notes, TV news is heavily coded both verbally and visually, and the discursive statements made by social actors are seen here as manifestations of the power relations between them. To understand how this played out in the news reports, and the implications in terms of healthcare and deviance, this chapter offers an exploration of the research question:

- How did verbal and visual statements construct power relations between social actors in the coverage of the Mid Staffordshire hospital scandal?

The theory drawn on to engage with this question is mainly discourse theory, and the method used is Altheide's (1987), Ethnographic Content Analysis (ECA), informed by Critical Discourse Analysis (CDA) (Fairclough, 1995a; Wodak & Meyer, 2001) and Multimodal Discourse Analysis (MDA) (Kress & van Leeuwen, 1996; Kress, 2003). This method facilitates a specific focus on discursive statements, social actors and power. The analysis in this chapter is mainly quantitative, using descriptive statistics to examine patterns in the data. This quantitative overview of the manifest TV news coverage is then followed by a more in-depth analysis in chapters 5-10, which engage qualitatively with the encoding of the reports as well as the concepts of narrative strategies and scandal processes. As such, this chapter begins with a description of the grouping of social actors, after which the discursive statements about each group and their power relations are examined. At the end of the chapter, a conclusion sums up and discusses the findings.

4.1 Social actors

During the reflexive work with the data, I identified seven different groups of social actors in the material. Altheide (1987) described reflexivity as an integrated part of ECA, and I therefore developed the categorisation of the groups below as a part of the analysis rather than setting them out in advance.

4.1.1 Categories of social actors

I based the final constellation of groups on the social actors' verbal and visual appearance, how they were introduced in the subtitles and how they contributed to the news

storytelling. Thus, I divided the social actors in the coverage of the Mid Staffordshire scandal into the following seven groups:

- News workers (presenters, health correspondents, political correspondents and general reporters)
- Authorities (politicians, NHS managers, NHS regulatory officials and NHS staff)
- Victims (victims of the failings and relatives of victims)
- Experts (independent, interest groups, report authors and unions)
- Whistle-blowers (nurses, NHS managers and NHS regulators)
- The public (hospital patients with no connection to the failings, coincidental passers-by and members of the public)
- No actors (shots with none or unknown speakers, and shots with non-human objects such as buildings, hospital equipment, everyday objects, posters and graphics)

I placed each individual social actor who appeared in the news reports in one of these groups alongside other social actors who appeared in a similar way and played a similar role in the news storytelling. *News workers* were relatively simple to place, as they were usually labelled clearly both verbally and visually. *Victims* were usually referred to as victims or relatives by news workers or the subtitles. *Authorities* included people who were affiliated with powerful institutions, such as the government, the parliament or the NHS, and they were usually clearly identified verbally as well as in the subtitles. *Experts* were clearly identified as well, and although some belonged to powerful institutions their contribution focused on knowledge and expertise. *Whistle-blowers* are ambiguous figures (Wahl-Jorgensen & Hunt, 2012), and I therefore treated them as a separate category. Some were labelled clearly in the reports, but others were categorised in terms of their function as NHS employees who spoke out against the institution. *The public* included social actors without any direct connection to any hospital failings, including unidentified patients without connection to hospital failings, coincidental passers-by and participants in vox-pops. Finally, the category *no actors* included non-human objects, such as buildings, signs, equipment, everyday items or graphics. A few shots were without speech or spoken over by an unknown speaker, which I also categorised as 'no actor'.

4.1.2 Discursive statements about social actors

The statements about the above groups and the relations between them changed throughout the coverage of the scandal (see chapters 7-10). In order to provide an

overview this chapter deals with the total number of statements about the groups of social actors in the 37 BBC reports containing 752 shots, and the 35 ITV reports containing 750 shots. The following analysis offers a descriptive quantitative overview of the visual and verbal statements about each group and subgroup and how the general relations between them appeared. The illustration below provides an overview of how much each group featured verbally and visually in the coverage:
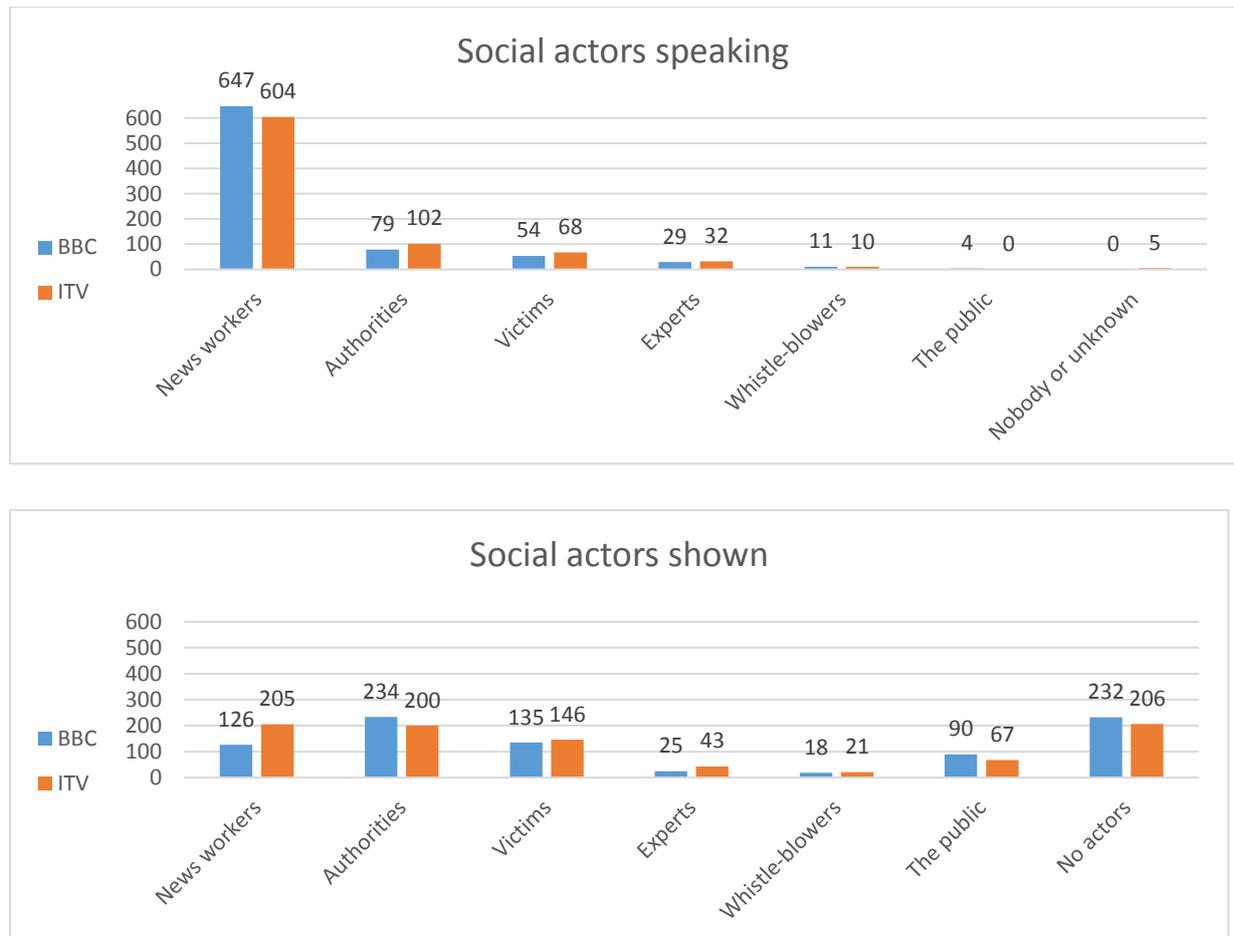
Figure 4.1: Overview of the number of shots each group of social actors appeared in.[2]

The BBC and ITV show largely the same pattern in terms of who spoke and who were shown, but the numbers in figure 4.1 reveal substantial differences between the groups of social actors, which is linked to the different roles they played in the scandal storytelling. News workers dominated the verbal statements and were shown relatively often. Victims and authorities were shown more than they were heard. Experts, whistle-blowers and the public appeared to play less prominent roles.

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[2] The numbers in the figure add up to more than 752 and 750 for the BBC and ITV respectively, as several social actors were sometimes heard or shown in one individual shot.

Figure 4.1 also indicates the use of different types of interviews. Following Montgomery's (2008) interview typology, news workers appeared in affiliated interviews, which are interviews between news workers belonging to the same organisation. Victims and the public mainly appeared in experiential interviews, which aim to add emotional value to the news storytelling. Authorities mainly appeared in accountability interviews, in which news workers try to hold them to account. Experts appeared in expert interviews, adding knowledge and information to the news storytelling. Whistle-blowers are not mentioned specifically in Montgomery's typology, and as ambiguous characters (Liebes & Blum-Kulka, 2004; van Es & Smit, 2003) they are less straightforward to connect to a specific interview type. Experiential and accountability interviews thus appeared to be the most used types in the TV news coverage of the Mid Staffordshire hospital scandal, which is discussed further below.

4.2 News workers

The news workers were the central, if often invisible, social actors throughout the scandal storytelling. This group consisted of four subgroups, namely presenters, health correspondents, political correspondents and general reporters. As described above, the news workers spoke over the majority of the shots on both channels, which put them in a powerful position in the scandal storytelling.

4.2.1 Verbal statements by news workers

The breakdown of which subgroups of news workers spoke is illustrated in the following figure:
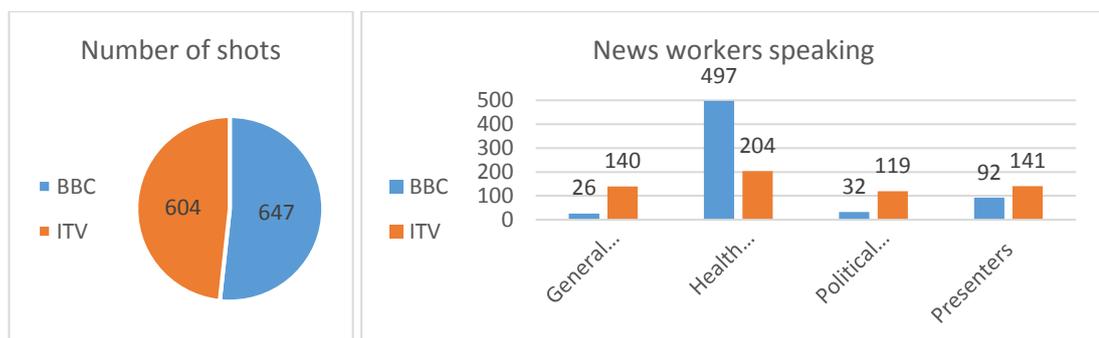
Figure 4.2 Overview of the number of shots each subgroup of news workers was speaking over.

In both BBC and ITV reports, health correspondents made verbal statements in the majority of the shots, but the distribution between different categories of news workers differed. Of the two channels' shots spoken over by news workers, BBC health correspondents

accounted for 76.8 % while ITV health correspondents accounted for 33.8 %. As discussed in section 6.2, this can be explained by the relative sizes of the BBC and ITV health news teams. Because there are fewer health specialists at ITN, they have to rely more on political correspondents and general reporters. Of the shots with news workers speaking, political reporters spoke over 4.9 % of the BBC shots compared to 19.4 % of the ITV shots, and general reporters spoke over 4.0 % of the BBC shots compared to 23.2 % of the ITV shots. The proportion of shots spoken over by presenters follows a similar pattern, albeit less polarised, with 14.2 % of the BBC shots and 23.3 % of the ITV shots. Thus, ITV relied more on political correspondents, general reporters and presenters compared to the BBC, which relied more on health correspondents.

4.2.2 Visual statements about news workers

In terms of visual statements, news workers were mostly shown in the introduction of reports, pieces to camera (PTCs) and live interviews. However, as noted in the previous section, news workers were shown much less than they were heard. This particularly held true for the BBC news workers, who were heard in more shots than their ITV counterparts but shown in fewer. This indicates that the BBC news workers interacted more verbally with their stories, while the ITV news workers interacted in a more visual manner. The figure below illustrates in more detail how news workers appeared visually:
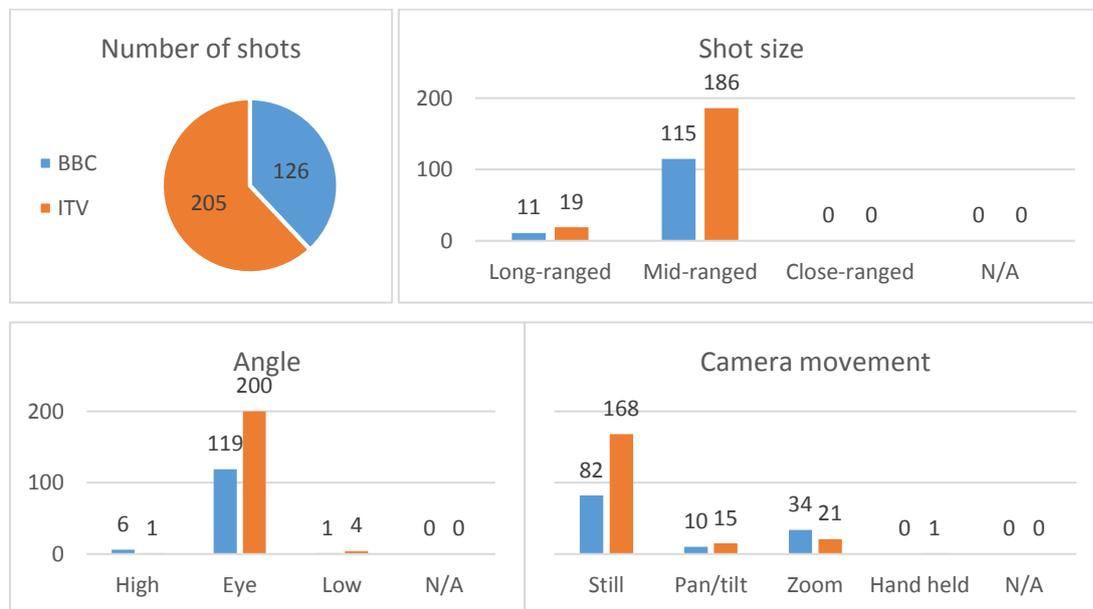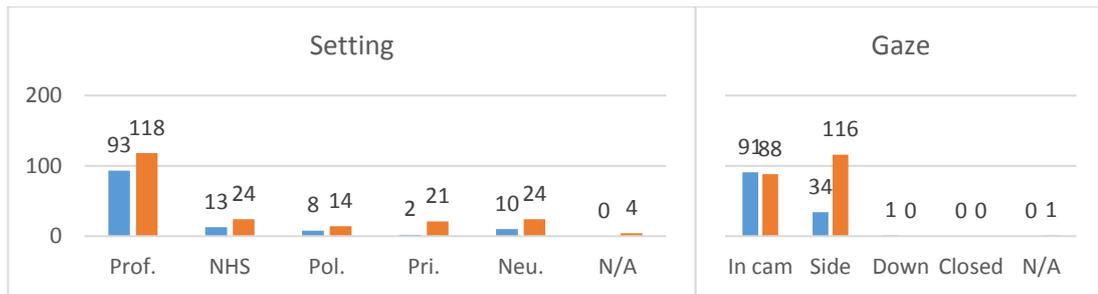
Figure 4.3 Overview of the visual statements about news workers.

Figure 4.3 shows a pattern of visual statements regarding news workers, which gives an indication of their influence on scandal storytelling. Both the BBC and ITV showed news workers in mid-ranged shots in the vast majority of instances, and these sizes account for 91.3 % of the BBC shots and 90.7 % of the ITV shots showing news workers. A small proportion of long shot sizes are also present, whilst none of the channels showed news workers in close-ranged shots at any point. The proportion of shots in professional settings account for 73.8 % of the BBC shots and 57.6 % of the ITV shots showing news workers. Furthermore, news workers looked straight into the camera in 72.2 % of the BBC shots and 42.9 % of the ITV shots. The news workers were thus mainly placed at a mid-ranged distance from the viewer, which along with the settings suggests a professional relation (Kepplinger, 1982; Kress & van Leeuwen, 1996; Lury, 2005). This chimes well with the tendency of broadcast journalists to think of themselves as impartial observers who convey neutral facts to their audience (Gans, 1980; Schlesinger, 1987; Schudson, 2001; Schudson & Anderson, 2009).

Both channels' use of camera angle relied on eye-level shots, which constitute 94.4 % of the BBC shots and 97.6 % of the ITV shots. Also, both channels used still camera, which was present in 65.1 % of the BBC shots and 82.0 % of the ITV shots. Along with camera movements and gaze, this suggests a tendency to invite the audience to interact with the news workers on equal terms (Larsen et al., 2004; Mandell & Shaw, 1973; McCain et al., 1977). This shows that the tendency of journalists to engage actively with the audience through narrative strategies was also present in TV news where it influenced visual statements (Bird & Dardenne, 2009; Wahl-Jorgensen, 2013; Zelizer, 1990). By engaging directly with the audience, the news workers constructed a bond between themselves and the public, thereby forming an 'us' against which a 'they' could be defined (Brookes, Lewis, & Wahl-Jorgensen, 2004; Dekavalla, 2012; J. Lewis, Wahl-Jorgensen, & Inthorn, 2004; 2005).

4.2.3 News workers and power

The news workers' role in the scandal storytelling was exceptional since they both told the story and appeared in it. This gave them a very high degree of influence on the narrative strategies and the way in which the scandal story was told. The shots in which the news workers appeared were encoded in a way that encouraged trust and engagement. This would place the news workers in a key position, where they formed the scandal storytelling and could make discursive statements on both the events and the other social actors involved. This was demonstrated when news workers placed the blame in the activations phase of the scandal, as discussed in section 7.5 and seen in figure 7.8. As argued by Toolan (2012), storytelling is a bid for power, and by drawing on ideas of journalistic impartiality as well as engaging interaction, the news workers placed themselves in a position where they could scandalise the NHS and construct the concepts of healthcare and deviance.

4.3 Authorities

Authorities held a central place in the Mid Staffordshire scandal narrative. The four different subgroups of politicians, NHS managers, NHS regulatory officials and NHS staff were involved in the narrative at different levels. The politicians, NHS managers and NHS regulators that appeared in the coverage held leading positions, while the NHS staff were not formally managing the institution. Even so, all of the subgroups represent powerful institutions in the form of the government, the parliament and the NHS. As such, the authorities mainly appeared in accountability interviews (Montgomery, 2008), which aimed to engage with them critically and hold them responsible.

4.3.1 Verbal statements by authorities

The breakdown of how many shots each subgroup spoke over appears as below:
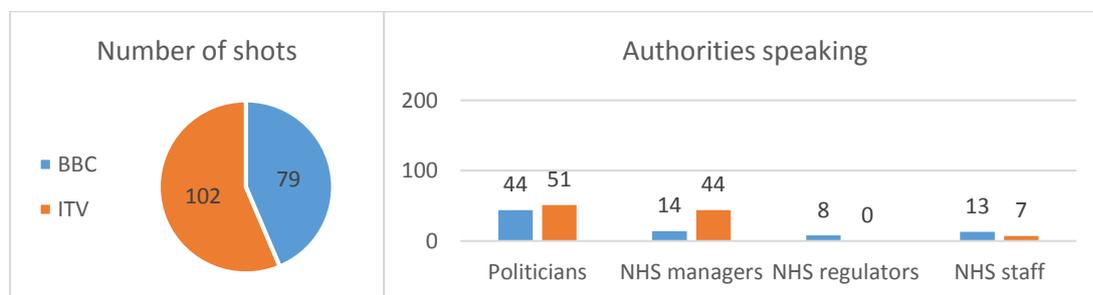
Figure 4.4 Overview of the number of shots each subgroup of authorities was speaking over.

Politicians account for roughly the same amount of shots on both channels, 55.7 % of the BBC shots and 50 % of the ITV shots, which is a high proportion compared to the other

subgroups of authorities. In terms of NHS managers, there is a substantial difference between the BBC and ITV. This subgroup spoke over 17.7 % of the BBC shots spoken over by authorities and 43.1 % of the ITV shots. NHS regulators account for 10.1 % of the BBC shots spoken over by an authority whilst ITV did not have any. NHS staff, in comparison, spoke over 16.5 % of the BBC shots and 6.9 % of the ITV shots. These numbers indicate a tendency at both stations to let politicians speak the most, but while the BBC prioritised NHS regulators and staff over managers, ITV did the opposite.

4.3.2 Visual statements about authorities

Visually, authorities appeared differently than news workers, victims, experts and the public. They were shown substantially more than they were heard, particularly in the BBC coverage where the ratio was almost 3:1. Even if the authorities were heard and shown relatively often in the scandal storytelling, in most instances the shots were spoken over by other actors, which suggests that authorities did not control the storytelling as such. Broken down in detail, the visual statements of authorities appears thus:
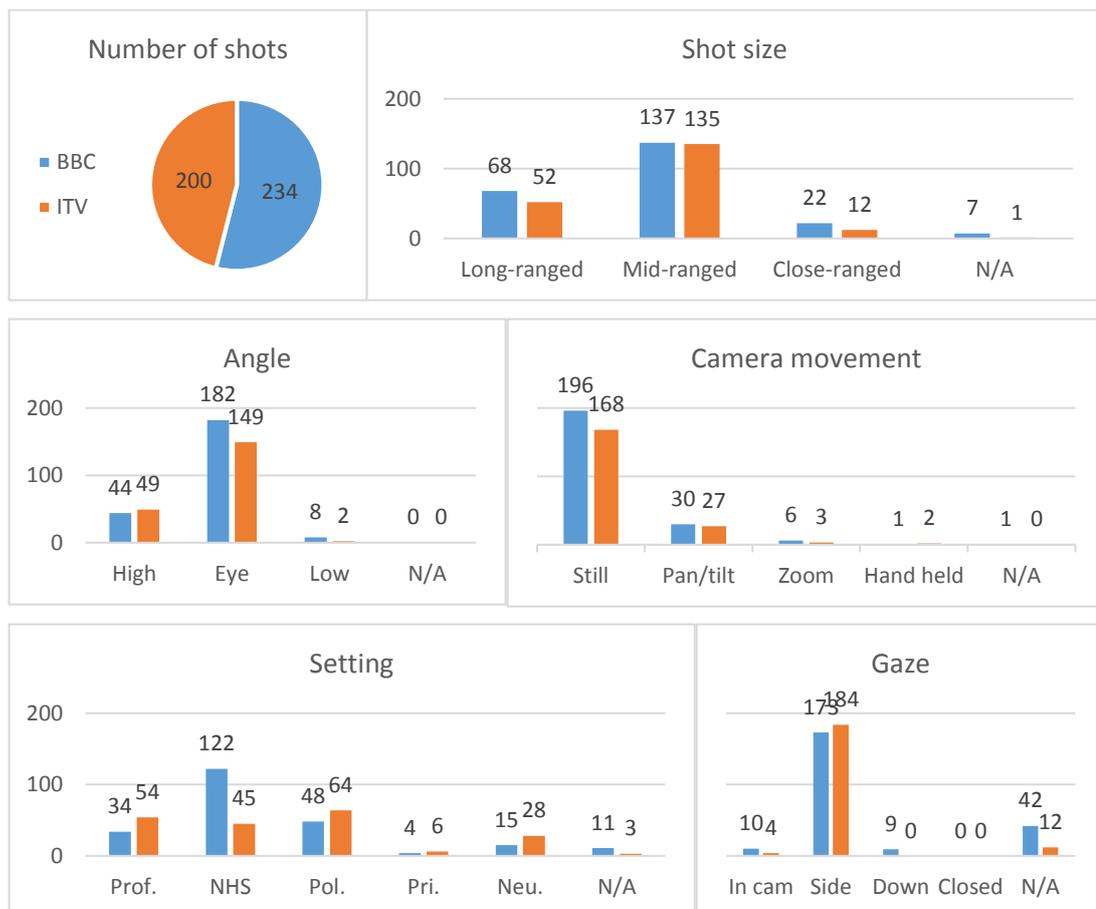
Figure 4.5 Overview of the visual statements about authorities.

Authorities were mainly filmed in mid-ranged shots, which account for 58.5 % of the BBC and 67.5 % of the ITV shots. However, a substantial proportion of the shots showing authorities – 29.1 % of the BBC shots and 26.0 % of the ITV shots – were filmed in long-ranged sizes. According to some media scholars, long-ranged shot sizes can point to social distance and remoteness (Kepplinger, 1982; Kress & van Leeuwen, 1996; Lury, 2005). This visual distance seems to be linked to the tendency of authorities to speak in accountability interviews (Montgomery, 2008), which invite the audience to maintain a critical distance rather than identify with the interviewee. This tendency also seemed to guide the direction of the authorities' gaze, which was to the side in the case of 73.9 % of the BBC shots and 92.0 % of the ITV shots, and indeterminable in 17.9 % of the BBC shots and 6.0 % of the ITV shots. This indicates an overall lack of direct authority engagement with the viewers throughout the scandal storytelling. Furthermore, the settings in which authorities were filmed show a preference for professional, NHS or political settings, which combined account for 87.2 % of the BBC shots and 81.5 % of the ITV shots, while private and neutral settings only account for 8.1 % of the BBC shots and 17.0 % of the ITV shots. In terms of movement, still camera was the most common, accounting for 83.8 % of BBC shots and 84.0 % of ITV shots. The frequent use of long-ranged shot sizes, side or indeterminable gaze, NHS or professional settings and still cameras made the authorities appear differently than the other social actors. These visual statements would support the aim of accountability interviews by inviting the audience to distance themselves from the authorities instead of engaging directly with them.

However, according to works on visual representation, figures of authority would be expected to be filmed in low camera angles which suggest a position of superiority (Kress & van Leeuwen, 1996; Larsen et al., 2004; Mandell & Shaw, 1973; McCain et al., 1977). That was not the case in the Mid Staffordshire hospital scandal coverage, where the most prevalent angle after eye-level was a high angle, which accounts for 18.8 % of the BBC shots and 24.5 % of the ITV shots. Visual statements are polysemic and their meanings depend on the contexts of encoding and decoding (Hall, 1973; 1980), but it appears that the scandal coverage often placed the viewer in a position distanced away from and above the authorities of the stories. This is discussed further in sections 7.5, 8.2, 9.3 and 10.2.

4.3.3. Authorities and power

The BBC's and ITV's discursive statements about authorities were relatively close to each other. Authorities appear to have had a relatively high level of access to the scandal

storytelling, which would confirm findings of radical media researchers (Chibnall, 1977; Glasgow University Media Group, 1976; 1980; Hall, Critcher, Jefferson, Clarke, & Roberts, 1979). Although access to the narrative does indicate a certain influence on the construction of healthcare and deviance, the form of that access did play in as well. Since authorities mainly appeared in accountability interviews, they were not necessarily free to decide the discursive statements and narrative strategies. This was for example see in the trial by media of David Nicholson discussed further in section 8.3. Furthermore, the visual statements suggest a distance between audience and authorities that was not present to the same extent between audience and victims. This distance suggests a degree of othering, where the audience were not invited to identify with the authorities, thereby constructing a distinction between the public on the one side and the authorities on the other (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004; 2005). The authorities were thus able to make verbal statements, but the news workers appear to have remained in control over the storytelling and the identification of villains, victims and heroes.

4.4 Victims

The victims consisted of two subgroups: victims and their relatives. Chermak (1995; 1998) and Reiner et al. (2003; Reiner, 2001) described how victims and their relatives were also a key part of crime news narratives, and the findings here suggest that the same can be said of scandal. However, compared to the news workers the victims did not make verbal statements in nearly as many shots, which indicates a lesser degree of control over the storytelling and the discursive statements about other social actors.

4.4.1 Verbal statements by victims

The proportion of shots spoken over by both subgroups of victims show that some were more present than others, as illustrated by the figure below:
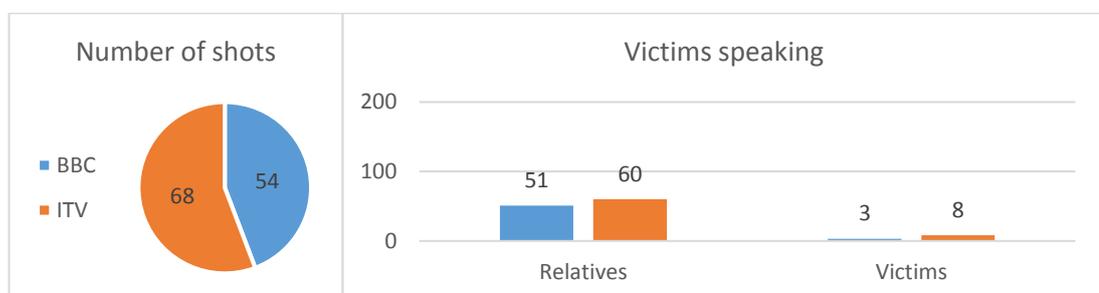
Figure 4.6 Overview of the number of shots each subgroup of victims was speaking over.

Figure 4.6 illustrates how the BBC and ITV had similar patterns when it came to victims speaking. The relatives of patients who suffered as a result of hospital failings was by far the most prominent subgroup, speaking over 94.4 % of the BBC shots and 88.2 % of the ITV shots. In comparison, the directly affected victims were relatively absent, speaking over just 5.6 % of the BBC shots and 11.8 % of the ITV shots. A simple, if disturbing, explanation for this reliance on relatives is that many of the victims had died as a result of the failings, which left only their relatives to tell the story. However, as examined further in section 7.4, another reason for the prominence of victim's families is the fact that they were relatively well organised in the campaign group Cure the NHS (CTNHS), who could supply interviewees and case studies to the news workers.

4.4.2 Visual statements about victims

The visual statements about victims differ from those about other social actors. Victims were mostly shown in connection with interviews or, in the case of the victimised patients, through photographs. Following Montgomery's (2008) typology of news interviews, interviews with victims belong in the experiential category, as also confirmed by the news workers themselves as discussed in section 6.2. This means that the victims were a part of a narrative strategy to make the storytelling emotionally engaging (Boyce, 2007; Seale, 2002). What can be observed regarding both subgroups of victims was that they were shown substantially more often than they were heard. This indicates that shots showing victims were often spoken over by other social actors, which predominantly meant the news workers. A more detailed breakdown of the visual statements about the victims can be seen in the figure below:
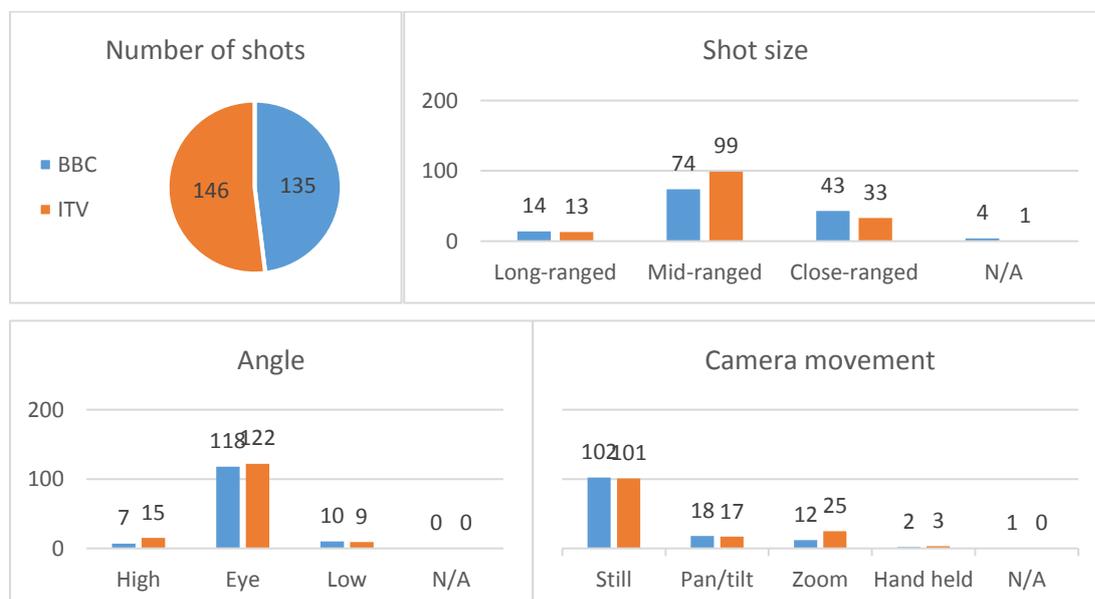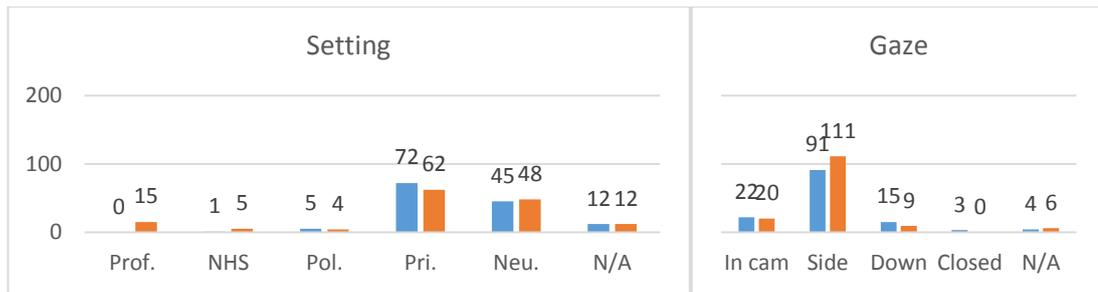
Figure 4.7 Overview of the visual statements about victims.

Most of the shots showing victims, 54.8 % in the case of the BBC and 67.8 % in the case of ITV, showed the victims in mid-ranged shots, which according to Orlebar (2013) and Boyd et al. (2008) is the most common in TV interviews. However, of all the groups of social actors, victims had the highest proportion of close-ranged shots, which constitute 31.9 % of the BBC shots and 22.6 % of the ITV shots. The exact meaning of close-ranged shots depends on the context of the image (Kress & van Leeuwen, 1996; Lury, 2005), but the difference in the shot sizes demonstrates a distinction in how the groups of social actors were shown visually. Also, the most common setting of shots showing victims, 53.3 % for BBC and 42.5 % for ITV, was private settings. A smaller but still substantial proportion of shots, 34.1 % for the BBC and 32.9 % for ITV, were set in neutral settings. The tendency of both channels to show victims in mid-ranged or close-ranged shots and in private or neutral settings indicates that in the case of the Mid Staffordshire hospital scandal coverage, experiential interviews (Montgomery, 2007; 2008) were filmed in a way that underlined their emotional character. This would visually place the victims in a key position in the scandal storytelling, as Greer (2007) also found with regards to crime victims. As discussed in section 7.3, the discursive statements about the scandal victims here can be read as an invitation for the audience to sympathise with the suffering of the victims and re-calibrate their moral compasses (Katz, 1987; Peelo, 2006). This would place the victims in a key position in the scandal storytelling, although the remits of this position were still defined by the news workers who decided the interview type and spoke over many of the shots featuring victims.

To some extent, the visual statements about the victims appear to encourage direct interaction. Compared to the other groups of social actors the victims looked directly into the camera relatively often, in 16.3 % of BBC shots showing victims and 13.7 % of ITV shots. In most cases this can be explained by the tendency of both channels to show family photos of victimised patients. Even so, the most common direction of gaze was to the side, 67.4 % for the BBC and 76.0 % for ITV. This indicates that the victims engaged more with

the news workers than the viewers, which would correspond with the notion of the news workers as the primary storytellers (Bird & Dardenne, 2009; Wahl-Jorgensen, 2013; Zelizer, 1990). The use of camera angles and movements seems to have followed TV news standards as described by Orlebar (2013) and Boyd et al. (2008). Thus, 87.4 % of the BBC shots and 83.6 % of the ITV shots showed the victims at eye level. This indicates that they appeared as more equal to the audience than the authorities. Meanwhile, 75.6 % of the BBC shots and 69.2 % of the ITV shots were still, inviting the audience to take a less interactive role (Kipper, 1986; Lury, 2005).

4.4.3 Victims and power

The victims largely appear in the same way in the BBC and ITV discursive statements. The emotional character of experiential interviews (Montgomery, 2008) was stressed by the visual statements, which appear to have invited the audience to cheer for the victims and identify with their loss (Butler & Drakeford, 2008; Peelo, 2006). This is for example seen in the interview with Julie Bailey from CTNHS in section 7.3 and figures 7.5 and 7.6. These visual statements added weight to the victims' accounts, although the news workers spoke over many of the shots showing victims. The victims were thus placed in a powerful relation to other social actors in the scandal storytelling, and would have a degree of influence on the narrative strategies and the construction of deviance and healthcare, although they still had to rely on news workers for access to the storytelling.

4.5 Experts

The experts did not feature much in the coverage of the Mid Staffordshire hospital scandal. This group consisted of the four subgroups: independents, interest groups, report authors and unions. These all contributed with expert statements in order to add disinterested analysis to the storytelling, in accordance with the format of expert interviews (Montgomery, 2008). Both the BBC and ITV dedicated roughly the same amount of attention to experts, and they appeared in fewer shots than news workers, victims and authorities.

4.5.1 Verbal statements by experts

The breakdown of experts speaking appears in the figure below:
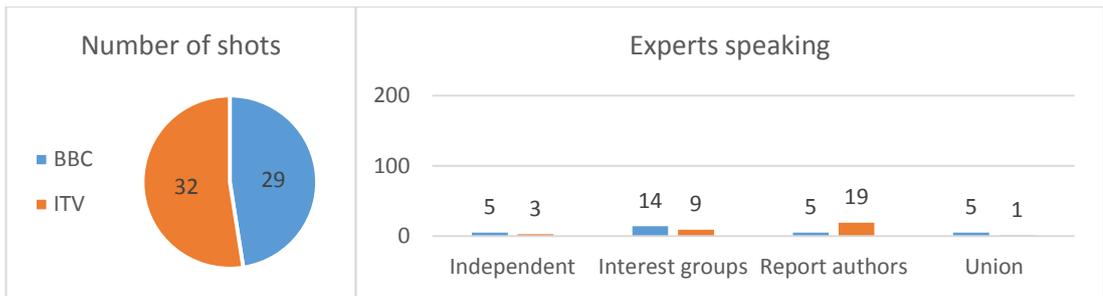
Figure 4.8 Overview of the number of shots each subgroup of experts was speaking over.

Both the BBC and ITV had relatively few shots with independent experts making verbal statements. However, with regards to interest groups and report authors speaking there are noticeable differences between the two channels, although the number of shots is too small to justify percentages. While the BBC had representatives from interest groups speaking over 14 of the shots compared to ITV's nine, ITV had report authors speaking over 19 compared to the BBC's five. The unions did not speak over many shots on either channel, only accounting for five of the BBC shots and one of the ITV shots, which appears to contradict Karpf's (1988) finding that health news is heavily influenced by medical organisations.

4.5.2 Visual statements about experts

In terms of visual statements, experts were also not shown much. They were mostly seen in interview situations or, in the case of report authors, presenting their reports to an audience. In the BBC shots, the experts were heard more than they were seen. This appears to resemble the pattern of the news workers, but it can more likely be explained by the BBC practice of sometimes cutting into expert interviews in a way that let the interviewee speak over a different shot first. Meanwhile, the experts were seen more than they were heard in the ITV shots, much like the victims, authorities and the public. A more detailed overview of the visual statements is seen below:
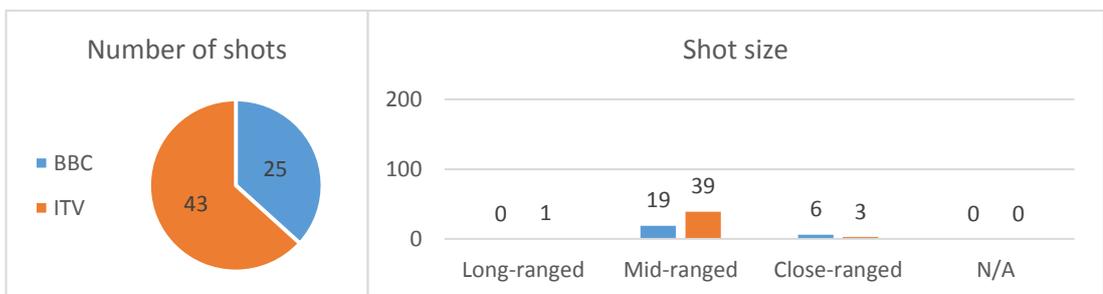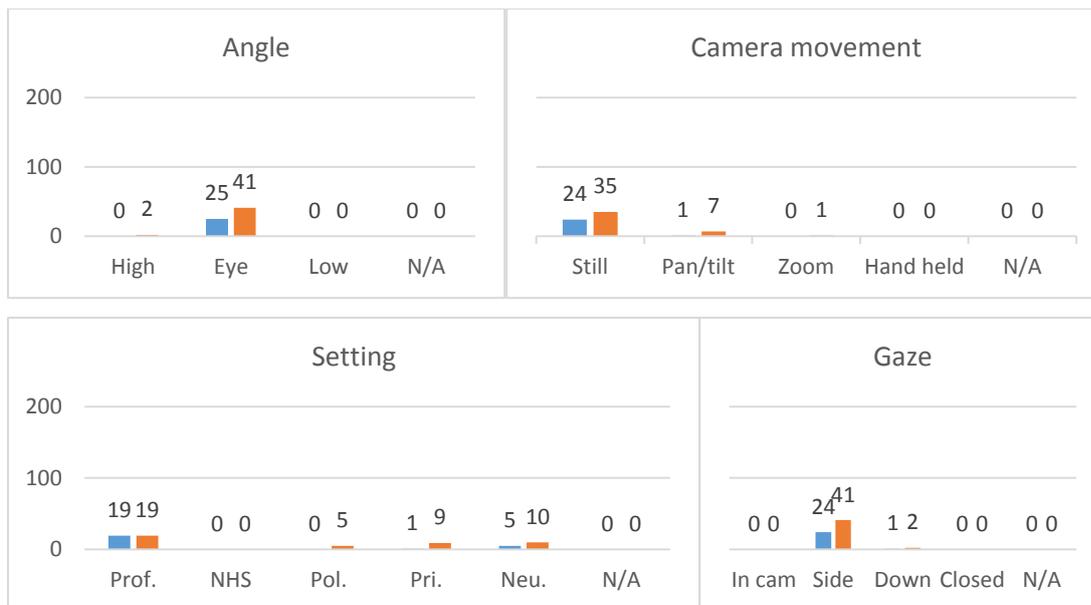
Figure 4.9 Overview of the visual statements about experts.

Experts were mainly filmed in mid-ranged shots, which is also defined as the general standard in TV news interviews (Boyd et al., 2008; Orlebar, 2013). This shot size accounts for 19 of the BBC shots showing experts and 39 of the ITV shots, and most of the shots were set in professional or neutral settings. These visual statements supported the function of expert interviews to add neutral and disinterested information to news storytelling (Montgomery, 2008). However, nine of the ITV shots showed experts in private settings, which appears to contradict the overall tendency somewhat.

Both channels used camera angles, movements and gaze in much the same way in the shots showing experts, adhering to TV news conventions where mid-ranged, eye-level and still shots where the people portrayed look to the side are the norm (Boyd et al., 2008; Orlebar, 2008; 2013). Compared to the other groups of social actors, the choice of angles, movements and gaze appears relatively uniform. Experts seem to be the most unambiguous group in terms of visual statements, and the findings here suggest that they were mainly portrayed as professional actors who did not interact directly with the audience.

4.5.3 Experts and power

The rarity of experts in the coverage contradicted other studies on health news, which have found it to be very reliant on them to add information to the stories (Amend & Secko, 2012; McGrath & Kapadia, 2009; Tanner, 2004). The coverage of the Mid Staffordshire hospital scandal relied much more on authorities and victims, which sets it apart from more

science-related health news in terms of discursive statements and narrative strategies. The experts thus appear to have had a somewhat limited influence on health news when it came to the Mid Staffordshire hospital scandal, as also discussed in section 9.3. When the experts did have access to the storytelling they appeared as neutral and professional, which gave their words a certain weight in the construction of healthcare and deviance. This is demonstrated in the appearance of Bruce Keogh, who investigated 14 hospital trusts in the wake of the Mid Staffordshire hospital scandal, in the amplification phase as discussed in section 9.3 and seen in figure 9.7. However, the lack of opportunities to be heard and seen suggests that their contribution was almost negligible.

4.6 Whistle-blowers

Whistle-blowers were an ambiguous group who shared characteristics with authorities, victims and experts alike. As parts of the scandalised institutions they formally belonged to the authorities, but at the same time they mostly appeared in experiential interviews whilst also adding expert knowledge to the stories. However, as Butler and Drakeford (2008) noted, characters who fall between categories can play an important role in the overall narrative. Whistle-blowers appeared relatively rarely, only speaking over 11 BBC shots and 10 ITV shots. Each channel thus featured whistle-blowers in roughly the same amount of shots, indicating that they gave them the same level of priority.

4.6.1 Verbal statements by whistle-blowers

Figure 4.10 below shows how many shots each sub-group of whistle-blowers spoke over.
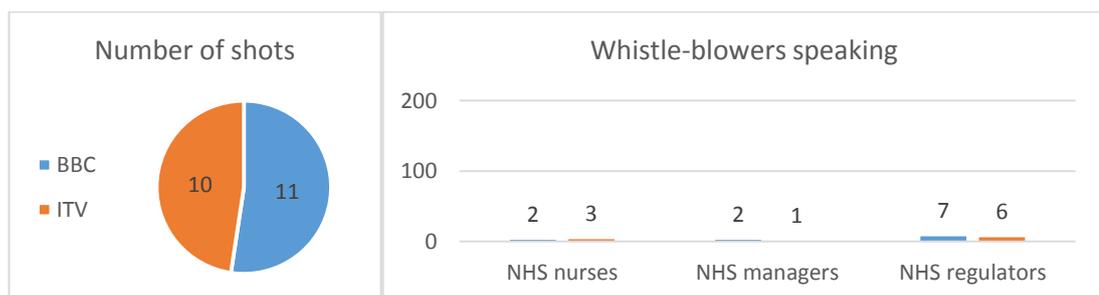
Figure 4.10 Overview of the number of shots whistle-blowers were speaking over.

The distribution of sub-groups was very similar for both channels, with NHS regulator whistle-blowers being the most prominent, speaking over seven BBC shots and six ITV shots. Along with the two BBC shots and one ITV shot spoken over by NHS managers, this indicates a reliance on whistle-blowers in the higher end of the NHS hierarchy. In the case of the BBC, the reliance on NHS regulators as whistle-blowers is related to the coverage of

the CQC sub-scandal discussed in section 9.2, whilst for the ITV it is more linked to the failings at Stafford Hospital discussed in section 7.6. In the cases of NHS nurses and managers, the whistle-blowers in question were mostly the same few individuals on both channels. This can reflect the tricky nature of external whistleblowing, where whistle-blowers are often cautious about engaging with the media, as described by van Es and Smit (2003), and Liebes and Blum-Kulka (2004). Although the whistle-blowers making verbal statements primarily came from the managerial level of the NHS, they appeared in experiential interviews relaying their personal stories (Montgomery, 2008), which distinguish them from other NHS authorities. As such, the whistle-blowers mainly added emotional value to the scandal storytelling, although their inside accounts also contained expert information. They were not, however, held accountable for any failings even though they did belong to the scandalised institutions.

4.6.2 Visual statements about whistle-blowers

In terms of visual statements, whistle-blowers were seen in almost twice as many shots as they were heard in on both channels. This shows a tendency of news workers to make verbal statements in shots showing whistle-blowers, meaning that they would often speak on their behalf. A more detailed overview of the visual statements is seen in figure 4.11 below:

	Setting						Gaze			
	Prof.	NHS	Pol.	Pri.	Neu.	N/A	In cam	Side	Down	Closed	N/A
	0 0	0 1	4 0	9 18	5 2	0 0	0 0	12 20	6 1	0 0	0 0
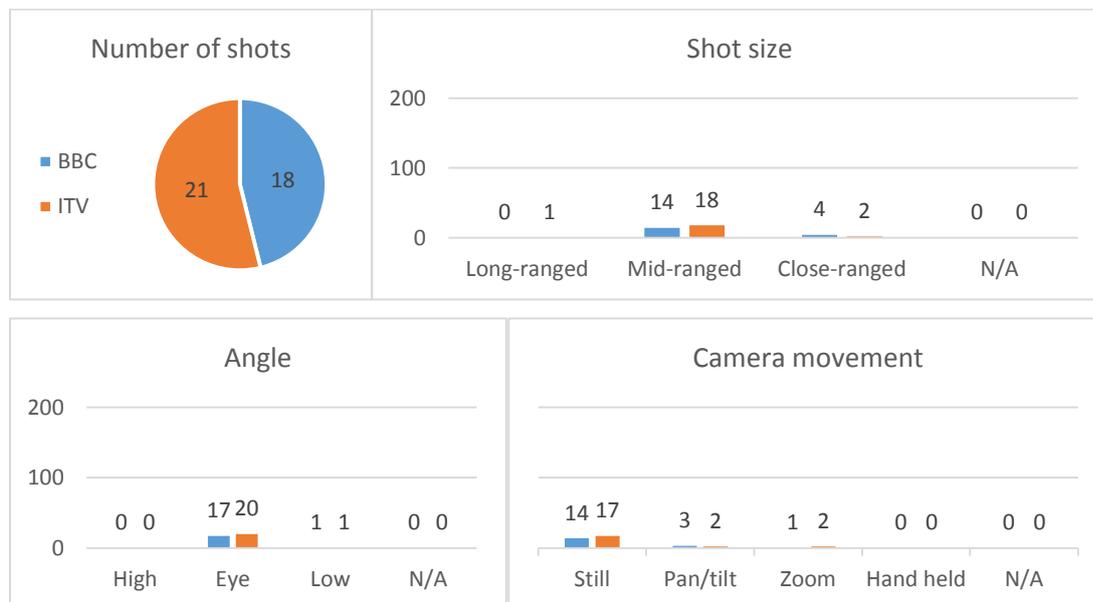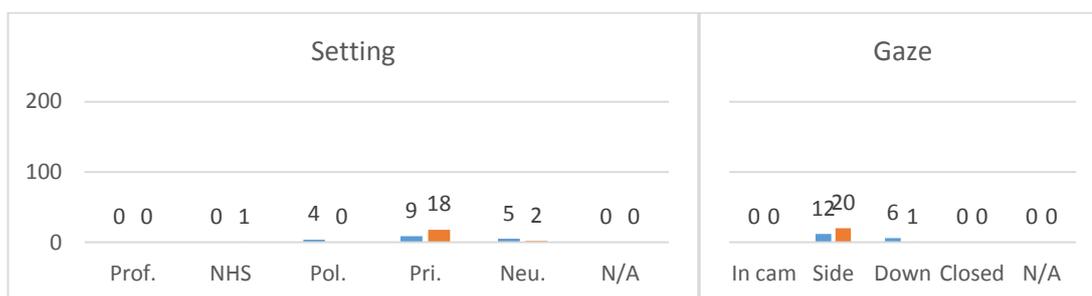
Figure 4.11 Overview of the visual statements about whistle-blowers.

Most of the shots showing whistle-blowers, 14 of the BBC shots and 18 of the ITV shots, were filmed in mid-ranged sizes, although there were more close-ranged shots than long-ranged ones on both channels. Practically all the shots were filmed at eye-level with a still camera and the actors looking to the side or down. Nine of the BBC shots and 18 of the ITV shots were filmed in private settings. Whilst most of the shots followed common TV news conventions (Bignell, 2002; Boyd et al., 2008; Orlebar, 2013), there were some differences that call for attention. The presence of close-ranged and zooming shots combined with the proportion of shots set in private settings made the whistle-blowers appear similar to the victims in terms of visual statements. This would invite the audience to cheer for and identify with the whistle-blowers (Butler & Drakeford, 2008), which reflects the studies of Wahl-Jorgensen and Hunt (2012) and Thorsen et al. (2013) who found that whistle-blowers often appear as heroic individuals in news narratives.

4.6.3 Whistle-blowers and power

Whistle-blowers did not appear much in the scandal storytelling, but nevertheless their appearance suggests that they did play an important part. According to research on whistleblowing, the relationship between media and whistle-blowers serves to confirm the journalistic self-image of the watch-dog (Calland & Dehn, 2004a; van Es & Smit, 2003; Wahl-Jorgensen & Hunt, 2012). However, the discursive statements about whistle-blowers suggest a more complex relationship. Whistle-blowers mainly came from the higher end of the NHS hierarchy, but – unlike the authorities group – they added emotional value and expert insight to the scandal storytelling through experiential interviews. This was supported by visual statements encouraging identification, as illustrated by the interview with Helene Donnelly, a Stafford nurse and whistle-blower, discussed in section 8.4 and seen in figure 8.8. At the same time, however, news workers often spoke on behalf of the whistle-blowers, thereby maintaining control over the narrative strategies. In the

scandalisation of the NHS and the construction of healthcare and deviance, the whistle-blowers thus appear to play an ambiguous role combining characteristics from several of the other social actors. This indicates that the whistle-blowers might have had more influence on the scandal storytelling than their relatively low presence suggests, although this requires a more detailed qualitative analysis which is undertaken in sections 6.4, 7.6, 8.4 and 9.2.

4.7 The public

The public was mostly characterised by its absence in the coverage of the Mid Staffordshire hospital scandal. As conceptualised in this analysis, the public consisted of three sub-groups in the form of members of the public, patients who were not affected directly by failings and accidental passers-by. Whilst the BBC had very few verbal statements made by the public, ITV had none at all. The almost complete absence of the public seems to confirm the argument of media scholars that in news the attitudes and opinions of the public are mostly inferred by journalists (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004; 2005).

4.7.1 Verbal statements by the public

The few instances of shots spoken over by the public can be illustrated thus:
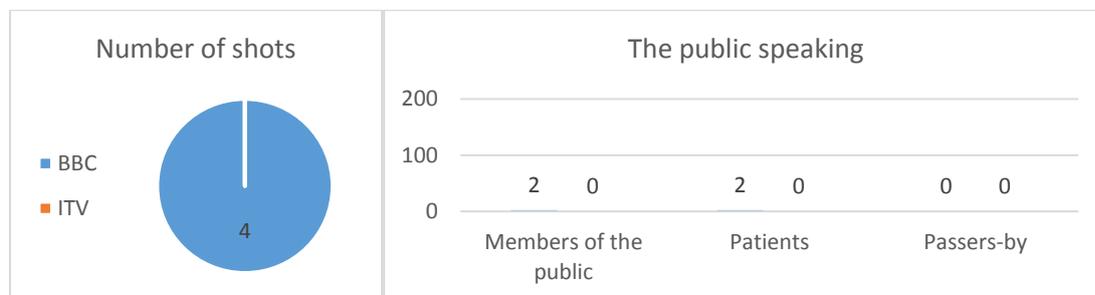
Figure 4.12 Overview of the number of shots each subgroup of the public was speaking over.

Given the small number of shots where the public made verbal statements, any calculation of percentages here is needless. The BBC shots with the public speaking over them includes two patients, one of which was only heard in the background. The members of the public speaking over two shots both participated in a vox-pop, which according to Montgomery (2008) is a form of experiential interview. Vox-pops have also been described by Bennett et al. (2004), Lewis et al. (2005) and Loviglio (2002) as a journalistic tool that allows news workers to fit the opinion of the public into a pre-defined frame. According to these researchers, vox-pops are neither spontaneous nor representative and mainly serve to

underpin the points made by journalists, and as such it can be questioned whether the public had any say at any point in the scandal storytelling. It thus appears that the public was generally not speaking for itself but rather constructed by the news workers, as also argued by Dayan (2001), Dekavalla (2012) and Lewis et al. (2004; 2005).

4.7.2 Visual statements about the public

Visually, the public was much more present. The public often appeared coincidentally in the background of shots, and as such, it differs from the other groups in its lack of active verbal or visual engagement with the scandal storytelling. The breakdown of the visual statements about the public appears as follows:
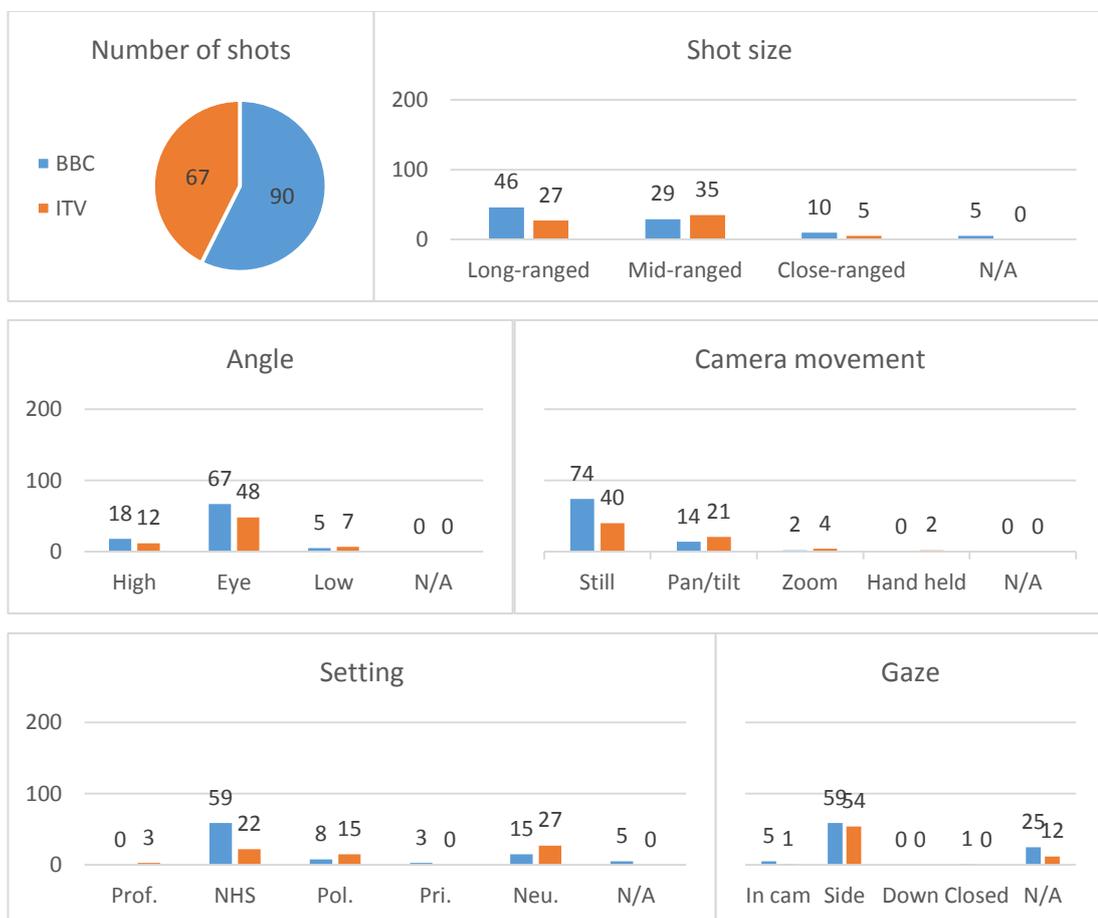
Figure 4.13 Overview of the visual statements about the public.

In terms of size, most of the shots showing the public were either long-ranged, which account for 51.1 % of the BBC shots and 40.3 % of the ITV shots, or mid-ranged, which account for 32.2 % of the BBC shots and 52.2 % of the ITV shots. 82.2 % of the BBC shots showing the public and 59.7 % of the ITV shots were still. Most of them were set in NHS or neutral settings, since many of the people filmed were either hospital patients or

accidental passers-by. The NHS functioned as the setting for 65.6 % of the BBC shots and

32.8 % of the ITV shots, while neutral settings account for 16.7 % of the BBC shots and 40.3

% of the ITV shots. The public's direction of gaze was predominantly to the side, which

corresponds with most other groups of social actors in the scandal coverage and complies

with standard TV news conventions (Boyd et al., 2008; Orlebar, 2013). 65.6 % of the BBC

shots showing the public featured side gaze, while 80.6 % of the ITV shots did. However, in

a substantial proportion of shots, 27.8 % of the BBC shots and 17.9 % of the ITV shots, the

direction of the public's gaze was not clear. This can largely be explained by the tendency

to show the public in the background of long-ranged shots, whilst also indicating a lack of

direct engagement. These tendencies regarding visual statements suggest that the public

appeared more in the role of accidental extras than that of active participants. The many

long-ranged and high-angled shots often placed them away from and below the audience,

which in combination with gazes that were either to the side or indeterminable would not

encourage audience interaction or identification (Kepplinger, 1982; Kipper, 1986; Kress &

van Leeuwen, 1996; Larsen et al., 2004; Lury, 2005).

4.7.3 The public and power

These findings seem to confirm previous research arguing that the public and its opinions

are largely constructed by news workers who tend to make inferences on behalf of the

public rather than engage with it directly (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et

al., 2004). This practice is linked to the construction of an 'us', which reaffirms the media's

democratic legitimacy and role as the representatives of the public (Bennett et al., 2004;

Billig, 1995; Hajkowski, 2010; Seaton, 2007). As also discussed in section 10.5, the public as

a social actor was almost completely absent in the scandal storytelling: it made preciously

few verbal statements, and did as such not have much influence the construction of

healthcare and deviance. Instead, the public appears to have been conceptualised by news

workers as a group that other social actors could interact with, which means that the public

of the scandal storytelling was constructed as an audience rather than an active

participant, as examined further in section 5.4.

4.8 No actors

The category of no actors included shots with no or unknown speakers, and shots of non-

human objects such as buildings, hospital equipment, everyday objects, posters or

graphics. In regards to speaking, no BBC shots and only five ITV shots had unknown or no

actors making verbal statements. The ITV shots in question include three shots with no one

speaking and two shots with unknown speakers. This shows a clear tendency not to let images speak for themselves, and throughout the scandal storytelling the verbal statements suggested certain readings of the visual statements, much like captions for news photographs (Hall, 1973). Both verbal and visual discursive statements were crucial to TV news storytelling, and in this study it appears that none of them stood on their own, except in the three ITV examples mentioned above.

4.8.1 Visual statements about objects

Visually, the shots with no social actors showed a range of different objects. Some of them, such as hospital signs, buildings and equipment, were linked to the NHS, while others such as homes, workplaces or everyday objects, were linked to private settings. Also, some of the shots without actors were graphics with visual or textual illustrations of certain points. In general, shots showing no actors were common in both the BBC and ITV's coverage and were about as frequent as shots showing authorities as well as, in the case of ITV, news workers. As such, shots showing inanimate objects were a central part of the storytelling. Broken down in detail the visual statements about non-human objects appear thus:
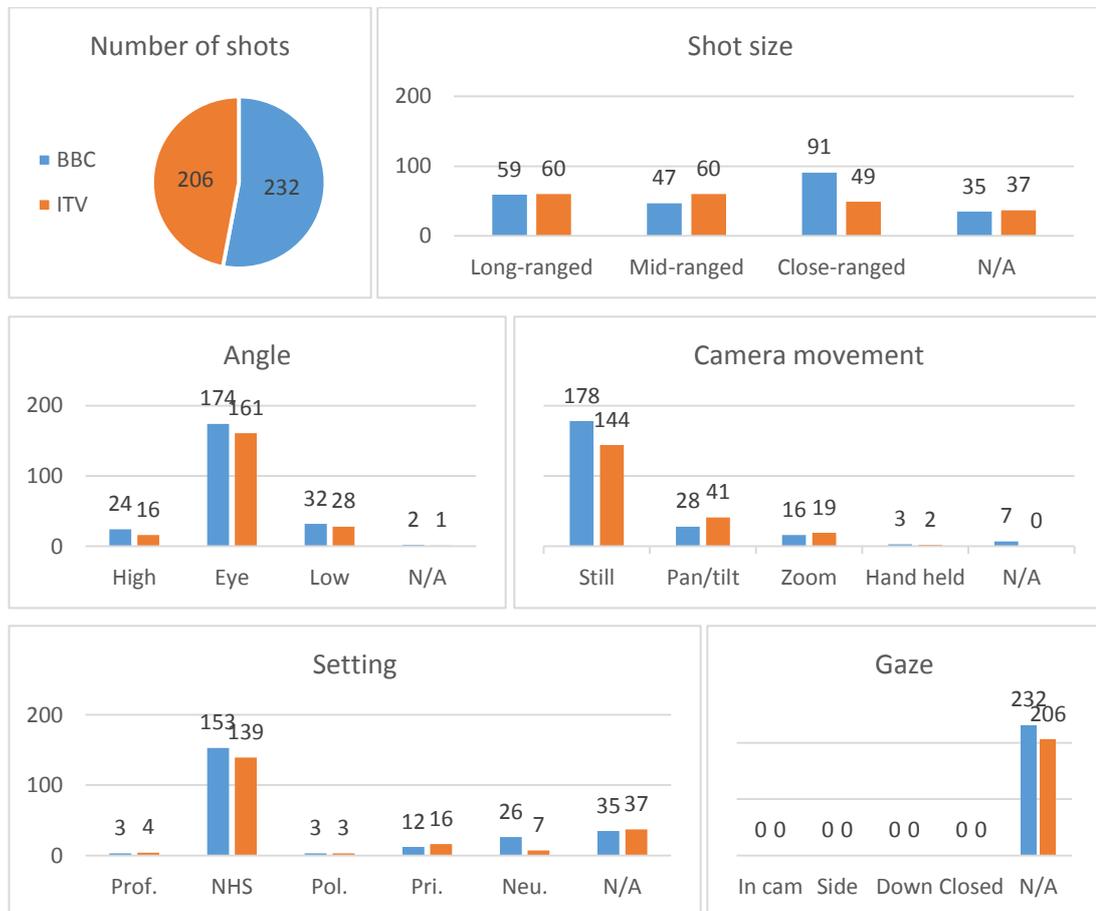
Figure 4.14 Overview of the visual statements about non-human actors.

The shots showing no actors were the most diverse in terms of shot sizes. There was an almost even distribution across long-ranged, mid-ranged and close-ranged shots, which was not the case with any of the shots showing human social actors. Thus, long-ranged shots account for 25.4 % of the BBC shots and 29.1 % of the ITV shots, mid-ranged shots account for 20.3 % of the BBC shots and 29.1 % of the ITV shots and close-ranged shots account for 39.2 % of the BBC shots and 23.8 % of the ITV shots. The shot sizes used for showing objects did not seem to imply social distance, but rather reflect the nature of the motifs, so that larger objects were filmed in long-ranged shots and smaller objects were filmed at closer range. Also, 15.1 % of the BBC shots and 18.0 % of the ITV shots were indeterminable in terms of shot size, which is a relatively high proportion. However, this can be explained by the frequency of graphics, which usually did not have a particular shot size. The most common camera angle was eye level, used for 75.0 % of the BBC shots showing no actors and 78.2 % of the ITV shots, which confirms the notion of eye-level angle shots as the default choice in TV news (Boyd et al., 2008; Orlebar, 2013). Regarding camera movements, the most frequent was still shots, which account for 76.7 % of the BBC shots and 69.9 % of the ITV shots. As could be expected for shots of non-human objects, no direction of gaze was observable. In terms of shot sizes, angles and camera movements, the visual statements about non-human objects seem to depend on the size and nature of the objects rather than any social relation between the object and the viewer.

A relatively high proportion of shots – 15.1 % for the BBC and 18.0 % for the ITV – did not have a specific setting. These shots would to a large extent have been the graphics. However, the shots with no actors were predominantly set in NHS settings, which account for 65.9 % of the BBC shots and 67.5 % of the ITV shots. This can be related to the difficulties of filming in hospital settings as discussed in section 6.2. At the same time, hospital settings were also NHS institutional settings, which indicates that shots of NHS buildings and equipment might have been used to represent the institution as a whole. This would, however, depend on the accompanying verbal statements and the interplay between the verbal and the visual as examined further in section 5.3.

4.8.2 Objects, symbols and power

The BBC and ITV had very similar patterns with regards to shots without human actors. On both channels, very few shots were not spoken over. This means that images very rarely spoke for themselves but relied on verbal statements to add meaning to them. The BBC and ITV shots only showing objects were composed in a variety of ways depending on both

the objects themselves and TV news conventions. However, the predominance of NHS settings suggests that at least some of the filmed objects symbolised institutions or individuals that could not be filmed directly. This seems for example to have been the case in the scandal's accountability phase when the responsibility was placed locally, as discussed in section 10.3 and seen in figures 10.6 and 10.7. The prevalence of NHS objects and settings could thus reflect the tendency of health news to focus on crises and scandals in health services (Entwistle & Sheldon, 1999; Harrabin, Coote, & Allen, 2003).

4.9 Conclusion

Drawing on the theoretical and conceptual framework described in chapter 2 and the ECA described in chapter 3, this quantitative description of the discursive statements offers an initial insight into the way in which power relations and social actors were constructed in the scandal storytelling. It is noteworthy that the BBC and ITV to a large extent followed the same patterns regarding who spoke and who was shown. This indicates that news workers from both channels shared ideas about TV health news and how the scandal story should be told.

Regarding the TV health news, its discursive statements about social actors and the power relations between them reveal several patterns. News workers spoke over more shots than all other social actors combined, which gave them a substantial degree of power over the storytelling and the narrative strategies. The visual statements constructed the news workers as impartial and professional, although they also engaged directly with the audience, thereby emphasising their position as the central storytellers (Bird & Dardenne, 2009; Wahl-Jorgensen, 2013; Zelizer, 1990). Victims and authorities were both verbally and visually relatively prominent in the coverage of both the BBC and ITV, but whereas victims mainly appeared in experiential interviews adding emotional value to the narrative, authorities appeared, in accountability interviews, to be held responsible (Clayman, 1988; Ekström & Lundell, 2011; Montgomery, 2006; 2007; 2008). These different interview types were connected with different visual statements. Whereas victims were often shown in close shot sizes, in private settings looking into the camera, authorities were shown in longer shot sizes in NHS or professional settings looking to the side. Such visual statements would invite the audience to identify more with the victims and to be critical of the authorities. However, both victims and authorities had relatively high access to the storytelling, which gave them some degree of influence on the narrative strategies. The experts had less access to the storytelling, and the public had hardly any, which indicates

that neither group had much influence. The experts appeared even more professional and neutral than the news workers, which corresponds with the function of expert interviews (Montgomery, 2007; 2008). Meanwhile, members of the public appeared absent or distant, leaving it to the news workers to infer their thoughts and opinions (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004). Whistle-blowers were an ambiguous group, which shared characteristics with authorities as well as victims and experts. Although they did not appear much on either of the two channels, the verbal and visual statements imply a complex relationship with the other social actors of the scandal storytelling. Finally, at least some of the shots of objects appear to have symbolised attributes of individual or institutional social actors.

The discursive statements examined above were expressions of the power relations involved with constructing healthcare and deviance in the context of the Mid Staffordshire hospital scandal. From the quantitative description of the discursive statements, it appears that some social actors had more influence on the scandal storytelling than others. In particular, the relations between news workers and other groups of social actors were marked by an unequal power balance. The news workers formulated the majority of the verbal statements as well as all of the visual ones and constructed a coherent narrative to scandalise the NHS (see chapters 7-10). Also, regarding interview types, the news workers decided who were interviewed in which ways. However, in this construction process the news workers had to negotiate with the other social actors who thereby gained influence. As demonstrated above, the main groups of actors who were allowed to contribute were victims and authorities. Although their initial positions in the storytelling were decided by the news workers, their engagement in the verbal and visual statements gave them a high degree of influence. By the same token, experts, the public and objects appear to have had less influence on the construction of healthcare and deviance because of their limited level of access. Judging by the amount of discursive statements featuring whistle-blowers, they did not have a significant amount of influence either, but the ambiguity with which they appeared suggests that their role might have been more complex than some of the other less featured social actors. The competing discursive statements of the different social actors had to be negotiated as the storytelling and the scandal processes went along, but the power relations between the actors means that some discursive statements were more valid than other. In this constant process of negotiation the news workers appear to have had the upper hand, but in order to examine this in detail a more in-depth qualitative analysis is required.

As such, these quantitative findings are only one part of the Ethnographic Content Analysis (ECA) framework described by Altheide (1987), informed here by Critical Discourse Analysis (CDA) and Multimodal Discourse Analysis (MDA). These findings provide a useful foundation for describing the discursive statements about social actors and the power relations between them, but to get a fuller understanding of the coverage it is necessary to put these findings in context. Therefore, the following chapters contain a qualitative examination of the narrative strategies, power relations, social actors, discursive statements and scandal processes in the TV health news coverage of the Mid Staffordshire hospital scandal.

Chapter 5. Encoding TV News

The coverage of the Mid Staffordshire hospital scandal examined in this study was created in the context of TV news production. In other words, the heavily coded TV news described by Bignell (2002) was the result of an equally heavy encoding process as argued by Hall (1980). As demonstrated in chapter 4, the power relations between social actors show a power imbalance in favour of the news workers regarding the storytelling and its construction of healthcare and deviance. Drawing on the approach developed in chapter 2, this chapter therefore examines the general traits of TV news, the way in which the interviewed news workers engaged with news storytelling and the power relations involved. This was done to address to the research question:

- How was TV health news constructed in the context of journalistic conventions, professional decisions and organisational structures?

To examine this question, this chapter is based on the in-depth interviews described in section 3.2, where news workers in the form of producers, camerapersons and journalists, including health correspondents, political correspondents and general reporters were interviewed about their work on TV news in general and the Mid Staffordshire hospital scandal in particular. Since TV news was described by the interviewees as having its own nature, this is discussed first, followed by a closer examination the process of encoding TV news, from selecting and allocating stories to interviewing sources, gathering images and editing. After examining the relations between news workers and the public, the conclusion sums up and discusses the main findings of this chapter.

5.1 The nature of TV news

TV news was described by the interviewees as both similar to and different from other forms of news. The similarities include news as storytelling and professional values such as impartiality and a sense of being a fourth estate, whose task it is to serve the public and hold the powerful to account (Chalaby, 1998; McNair, 2009; Schultz, 1998a). The differences include the central role of visual and the role of regulatory frameworks (Barnett, 2011; Boyd et al., 2008; Curran & Seaton, 2010; Dahlgren, 1995; Orlebar, 2013; Tracey, 1998).

5.1.1 Visual storytelling

The concept of journalists as storytellers who employ narrative strategies to tell engaging stories (Bird & Dardenne, 1988; 2009; Wahl-Jorgensen, 2013; Zelizer, 1990) and construct

social actors, as discussed in section 4.2, was not unfamiliar to the interviewed journalists. However, some journalists explained that they strove to tell the stories *through* sources and case studies to make them more engaging. This was described by both BBC News and ITN journalists, even if the latter tended to present it as a particular ITV phenomenon:

> "ITV News is very, very good and has always been very, very good at telling the story from the person. (…) I would call them people stories, we're very good at reaching out into people's homes and telling stories that everybody can identify with or (…) have a relationship with" (General reporter, ITN).

Even if stories were to some extent told through other social actors, the journalists described how they made sure to maintain control over the storytelling. This control was demonstrated in various ways, including the news workers' power to make editorial decisions regarding the particular discursive statements.

Images were in particular described as a key factor in the storytelling. Several interviewees explained how visuals were the fundamental component of TV news that functioned independently from verbal statements:

> "(…) you're basically telling that story without using any words, so it's like 'where am I? What are they doing? What are they looking at? How are they feeling?" (Cameraperson, BBC News).

Several interviewees even described how the ideal news report could tell the story without words, some inferring that many viewers do not engage with the words as they watch TV whilst performing other tasks. Also, as described below in section 5.3, editing news reports began with the images, confirming the central position of visual storytelling in TV news.

Another way in which TV news storytelling rely on visuals is the use of gaze. As described in chapter 4, journalists in the scandal coverage tended to look directly into the camera, whereas interviewees would look to the side (Bignell, 2002; Orlebar, 2013). According to Kress and van Leeuwen (1996), a direct gaze implies a 'demand' that is used by the journalists to engage the viewers and take control of the storytelling, which was confirmed by the news workers themselves:

> "That's a convention of TV news, I couldn't actually tell you what the rationale is, I would say it's because we are telling the story so we're connecting directly to the viewer, but the people we're interviewing are expressing their opinions or takes on

it, so we're not looking for that same direct connection" (Health correspondent, BBC News).

The conventions regarding gaze and other visual devices seem to be somewhat unconscious in the day-to-day routine of making TV news, but when asked directly the interviewees all rationalised the practices in the same way. This visual perspective has not been described in previous research on news storytelling such as that of Bird and Dardenne (1988; 2009), Zelizer (1990) or Wahl-Jorgensen (2013), who focus on narrative strategies in written journalism. Presumably, this absence is linked the scholarly focus on newspapers and online news (Cushion, 2012) combined with the tendency exclude camerapersons in TV news ethnographies (Born, 2005; Burns, 1977; Harrison, 2000; Schlesinger, 1987). This exclusion of visual storytelling in TV news is arguably unfortunate since the findings here suggest that the images are at least as important as the words in the construction of TV news. This central place of the visuals also influenced the narrative strategies and the scandal processes in the case study used here, as analysed further in chapters 7-10.

5.1.2 Impartial or emotional storytellers?

Although the interviewed news workers often referred to their work as storytelling, they also defended traditional journalistic values. They described their storytelling as based on facts and impartiality, which confirms research on the journalistic self-image as objective and neutral observers (Gans, 1980; Tuchman, 1972). This also influenced the way in which the news workers were constructed in the discursive statements of the Mid Staffordshire hospital scandal coverage (see section 4.2), and some news workers would describe how they strived to

> "(…) tell the story completely factually and don't exaggerate. I mean, all we can do is tell other people's stories" (General reporter, ITN).

However, the interviewed news workers rarely used the term 'objectivity' but rather preferred to talk about 'impartiality' and 'accuracy'. This choice of words demonstrates a particular way of thinking about news that was closely linked to the format of TV and its regulation. In accordance with the notion of Public Service Broadcasting (Tracey, 1998), TV news is meant to be balanced and fair and the notion of impartiality lies at the heart of TV news production.

Even so, much research has shown that 'objectivity' and 'impartiality' are slippery concepts that serve to connect news workers through a shared sense of professionalism (Schudson,

2001; Schudson & Anderson, 2009; Wahl-Jorgensen, Berry, Garcia-Blanco, Bennett, & Cable, 2016). In practice, news contains certain biases or angles which construct reality in a certain light, whether intentional or not (Cushion, Kilby, Thomas, Morani, & Sambrook, 2016; Glasgow University Media Group, 1976; 1980; Schlesinger, 1987). However, when asked about the angle of their reports, the interviewed news workers professed that angles as such are not a part of TV news because of the adherence to impartiality:

> "(…) angle is (…) a term I would associate more with newspapers who want to pursue a particular agenda, and we obviously have a statutory duty to be balanced" (Political correspondent, ITN).

This view was emphasised even more clearly by BBC news workers, who, apart from Ofcom regulations, would refer to the BBC royal charter and editorial guidelines. Thus, the interviewed news workers often stressed their role as impartial storytellers in contrast to newspaper journalists, which indicates that TV news workers see their work as more professional.

In relation to the idea of impartiality, the notion of the media as the fourth estate, speaking for the public and holding the powerful to account (Chalaby, 1998; McNair, 2009; Schultz, 1998a), was a key element in many of the interviewees' self-perception:

> "That's the whole reason we get up in the morning and do what we do is holding people to account. What happens then with that exposure and that pressure and what changes are made, it's not quite for me to say. It's not my role, my role is just to hold up a mirror to what's happening and try and tell people in a very clear, very concise, way what's going on, and what's gone wrong" (General reporter, ITN).

This image of the news workers as holding up a mirror to society without making value judgements confirms journalism's self-perception as an impartial fourth estate (Gans, 1980; Schudson, 2001; Schudson & Anderson, 2009; Tuchman, 1972). This became particularly clear in the process of scandalising the NHS, where powerful individuals and institutions were indeed held to account as the Mid Staffordshire hospital scandal moved through different scandal processes as examined in chapters 7-10. Many of the interviewees here thus saw themselves as a professional collective of truth-speakers (Gans, 1980; Schudson, 2001; Schudson & Anderson, 2009) rather than a group of social actors who participated actively in the construction of healthcare and deviance.

However, some of the interviewees made allowances for a slightly different view, which put emphasis on the emotional aspects of storytelling:

> "I don't mean it shouldn't be factual and accurate, but I think TV news is essentially an emotional experience (…). TV news is about pictures, pictures don't go through the rational centres of your brain, they go straight to the emotional centres of your brain" (Health editor, ITN).

Whilst recognising the journalistic adherence to facts and accuracy, this was a divergence from the strictly fact-based view on TV news expressed above. Some TV news workers had a more holistic perspective and acknowledged the irrational elements of news storytelling, which shows that professional values such as impartiality can be subject to some degree of negotiation. However, the power relations associated with this negotiation were not directly reflected upon by the interviewees, who tended to refer to facts and impartiality as constant values.

5.1.3 Relations with the press

The TV news workers identified with journalism and its ideals in a broader sense, but they also distanced themselves from other journalist cultures, particularly that of the press. As such, newspaper journalism seems to have been a constant point of reference for the TV news workers:

> "Obviously newspapers have a different, you know, role here (…), they have leader columns in which they say 'no this person is to blame or that person is to blame and they should take the rap', but that's because they're different organisations" (Political correspondent, BBC News).

The adjective 'tabloid' was used several times in a slightly derogatory way to describe both newspapers and some TV channels. 'Tabloid' seemed to be connected with sensationalism, emotionality and low quality. This perception of the differences between print and broadcast journalism is linked to the notion of impartiality, and several of the interviewees stressed that their organisations did not campaign in the way that newspapers did, although this can be debated in the case of the Mid Staffordshire hospital scandal and the NHS Chief Executives David Nicholson's 'trial by media' examined in section 8.3.

Nevertheless, many of the interviewed news workers acknowledged the key role of newspapers as a source of stories:

> "TV news does tend to follow the printed journalism. And there's a reason for this, and it's a good one. TV news is expensive to do because it's people heavy, and it's equipment heavy, and all that sort of thing. What TV news doesn't have is a strong network" (Producer, ITN).

In general, TV news workers were of the belief that newspaper journalists are simultaneously partisan and unethical as well as independent and investigative. Few of the interviewees had first-hand knowledge of newspaper work, and the ambiguous relationship with newspaper journalism seems to stem from a need to balance a sense of distinction with a set of shared professional values. In terms of power relations, TV news workers tended to place themselves above other journalists, which, if their self-perception is to be believed, would give their discursive statements more weight when it came to constructing healthcare and deviance.

5.2 BBC News and ITN

The construction of the TV coverage of the Mid Staffordshire hospital scandal took place in a context of two different news organisations. The BBC and ITV have different histories and traditions (Crisell, 2002; Curran & Seaton, 2010; Scannell & Cardiff, 1991), which influenced the encoding practices and, by extension, the ways in which they constructed narrative strategies, power, social actors, discursive statements and scandal processes in the coverage of the Mid Staffordshire hospital scandal.

5.2.1 Size, regulation and style

The main difference between the BBC and ITV is their relative sizes. In 2014 the BBC had a revenue of £5,066m and the equivalent of 18,974 fulltime employees (BBC, 2015), while ITV had a revenue of £2,956m and the equivalent of 4,559 fulltime employees (ITV, 2015). Both organisations are organised with a national centre and a number of regional newsrooms, but overall the BBC is a much bigger organisation than ITV. This is connected to history and the fact that the BBC is funded by the licence fee while ITV is a commercial organisation (Briggs, 1985; Crisell, 2002; Curran & Seaton, 2010; Harrison, 2000; Scannell & Cardiff, 1991).

This difference in size is also reflected in the sizes of the channels' respective news divisions, BBC News and ITN. To describe this difference, several of the news workers interviewed turned to the same naval metaphor:

> "(…) the BBC, if you are thinking in naval terms, is like this huge aircraft carrier that
> has all these amazing resources at its disposal and firepower to sort of smash
> anybody. And what ITN has, for example, they're like a very fast frigate with, you
> know, some sort of powerful weaponry and it might not be as big and as powerful
> but they can be quicker and more manoeuvrable and there's a smaller chain of
> command and they can make decisions quicker" (Cameraperson, BBC News).

The exact same metaphor was used by news workers from both organisations, which
suggests that it resonated with both BBC and ITV identities. Also, the metaphor appears to
have been passed down from senior to junior news workers, which points to a degree of
continuity in the self-perceptions of the two organisations, as also described by Harrison
(2000).

Some of the differences between the channels were explained as a result of regulatory
frameworks. While the BBC is regulated by its Royal Charter, Ofcom and a detailed set of
editorial guidelines (BBC, 2014), some ITN news workers saw ITV as a more independent
and unconstrained organisation:

> "I think we as broadcasters cover things very differently from each other a lot of
> the time. I think as an independent commercial broadcaster, we probably have an
> easier role because we don't have all the restrictions that the Beeb have" (General
> reporter, ITN).

This comment described the BBC as more scrutinised, both by regulators such as Ofcom,
but also by society in general. Being paid for by the licence fee was generally seen by news
workers from both organisations as carrying a larger responsibility than being funded
commercially. The comment also alluded to the idea of ITV as smaller and more adaptable
and, in a sense, more experimental and bold than its larger competitor. This boldness was
described by some interviewees as giving a more light-hearted news style in ITN compared
to a more serious and unexciting style in BBC News.

5.2.2 Converging news styles

Although the interviewed news workers mostly agreed on the differences between the BBC
and ITV, there also seem to have been a common understanding that the storytelling of the
two organisations is becoming less differentiated. This reflects the findings of Cushion and
Lewis (2009), Livingston (2011) and Robinson (2011) that deregulation and the arrival of
the 24-hour news cycle has a profound impact on the way terrestrial TV news is produced

and structured. Several of the interviewees expressed how the storytelling of the two channels is becoming increasingly similar:

> "(…) ten, twenty years ago (…) there was a more adventurous writing style at ITN, and a more adventurous picture style. And it's difficult now because I genuinely think the differences between bulletins has got a lot smaller, even over the time that I've been there" (General correspondent, ITN).

According to the interviewees, BBC News is now using a more emotive style of storytelling, whilst ITN is becoming more serious. This convergence seems to reflect an overall move towards emotional storytelling combined with a move to avoid the label 'tabloid', which is generally thought of in negative terms (Bromley, 1998). These observations can also explain the finding in chapter 4 that the BBC and ITV coverage of the Mid Staffordshire hospital scandal resembled each other relatively closely.

In terms of filming, some interviewees would refer to the same perception of BBC as traditional and slightly dull and ITV as more adventurous and engaging. However, several of the interviewed camerapersons had a different view, explaining differences with individual differences regarding narrative strategies:

> "(…) every cameraman is so different, you know, I'm sure, maybe historically there was a BBC style or an ITN style but I think now people move around that much and there's that many freelancers who work for both companies (…). But I don't think there really is a difference, I mean, it really is down to the individual cameraman on a particular story" (Cameraperson, BBC News).

Camerapersons are able to transfer their skills directly from one organisation to the other. This is connected to the move towards a more fluid journalistic work market characterised by multiskilling and freelancing as described in previous studies (Cottle & Ashton, 1999; Lee-Wright, 2008; Wallace, 2013; Williams, Wardle, & Wahl-Jorgensen, 2011). The movement of employees between organisations brings the storytelling of the organisations closer to each other, which can explain why the BBC and ITV constructed narrative strategies, power relations, social actors and scandal processes in similar ways in their scandal storytelling.

5.3 Encoding news reports

TV news making can be regarded as an encoding process, where media texts are inscribed with layers of meanings to be decoded by the audience (Hall, 1980). Focusing only on the encoding part of this process, TV news organisations have traditionally tended to be structured around input and output and be rather hierarchical in terms of work division (Born, 2005; Ericson et al., 1987; Harrison, 2000; Schlesinger, 1987). However, the interviewees in this study described the processes of encoding the story of the Mid Staffordshire hospital scandal, from selection to interviewing, filming and editing as less top-down and more open to negotiations of power relations between social actors.

5.3.1 Selecting, allocating and preparing

BBC News and ITN have similar structures when it comes to selecting which news stories go into the programmes. Both organisations have editorial meetings, where it is decided which stories to cover when. In terms of input, the two news organisations' input desks usually get the same material, such as the inquiry reports on the Mid Staffordshire hospital scandal examined in chapter 7, which often results in them covering the same stories. TV news is thus less setting trends than following them, which affects the decisions on which stories to cover and how the news reports are encoded. In terms of power relations, none of the news workers interviewed for this study were present at these meetings and they therefore had little concrete insight to the process and the criteria more senior social actors used for making decisions:

> "I suppose initially there is (…) something, an issue that deserves national attention, drawing attention to something that isn't in the public eye at the moment. One of the most important considerations is: is it new, are we adding anything exclusive or, you know, different, what new elements can we give?" (Health editor, ITN).

In general, the interviewees were not very conscious about specific news values, and would ascribe the term 'newsworthy' to specific elements of stories rather than general principles as exemplified by the decision to mention NHS managers' salaries described in section 7.5. Such elements include the availability of visuals, access to case studies and whether other news organisations are covering the story. These findings seem to confirm Bednarek and Caple's (2012a; 2012b; 2014; Caple & Bednarek, 2013) argument that news values are not necessarily inherent characteristics of the events themselves, but can be constructed as part of the encoding process.

After stories are selected, they are handed to other social actors in the form of specialist teams or general reporters. These news workers can then begin the work of researching the background of the stories, contacting potential interviewees and distributing work to correspondents, reporters and camerapersons. As Ericson et al. (1987) also pointed out, the allocation of journalists often happens on a basis of who is available at the time and where in the country people are placed; the latter appears to have been particularly relevant in the case of the Mid Staffordshire hospital scandal as examined in section 6.2. The way in which camerapersons are allocated differs from that of journalists. Camerapersons do not have specialisms and work with different journalists on different sorts of stories:

> "(…) the way that camera crews are assigned is different to the way that journalists are assigned. So in a way it's a bit like a taxi rank (…), initially my deployers are resource organisers who sit on a desk, they get given the journalism assignments and they assign camera crews accordingly (…). Probably 60 per cent of camera crews are assigned for BBC news stories by availability and probably 40 per cent are assigned by request" (Cameraperson, BBC News).

BBC News in particular has some ongoing cooperation based on good working relationships. However, it seems that journalists are in a position where they can request specific camerapersons, whereas the opposite is not the case, which puts the journalists in a superior position when negotiating the allocation of work. Since ITN has fewer camerapersons employed there appears to be less of this ongoing cooperation and the camerapersons there need to be even more flexible in terms of stories and working collaborations.

When the work has been allocated, it is up to the individual journalists and camerapersons to prepare for their stories. The interviewed journalists all stressed that they do not begin to write their scripts at this point. Boyd et al. (2008) and Orlebar (2013) describe how TV news is structured around images, and the interviews conducted here confirm that. Rather than writing scripts, the journalists research the background of the story to get the facts and figures right. This research might be done on the road towards the location or from the newsroom and it draws on material provided by involved parties or previous journalistic work:

"(…) my kind of starting point for that is often, this might sound a bit stupid, but the BBC website (…), those reports are quite good at distilling a story down into the kind of important element, because they've kind of been through the filtering process of journalism" (Political correspondent, BBC News).

The reasoning for using internal sources for research draws on notions of journalistic professionalism, which seems to reflect the idea of journalists as a collective of truth-speakers bound together by common practices (Gans, 1980; Schudson, 2001; Schudson & Anderson, 2009). However, internal sources for research also ensured continuity in the construction of narrative strategies and social actors, thereby confirming and reproducing discursive statements and power relations. This process can explain some of the continuity in the scandal processes examined in chapters 7-10.

The preparations of camerapersons follows a similar pattern, but are often more practical in nature. They focus on bringing the right equipment, such as camera lenses, lights and microphones. Some planning of images does take place, but this was described as difficult because the camerapersons often do not know the location beforehand, which can be particularly troublesome in locations like Staffordshire which are relatively far away from the news organisations' headquarters. So in terms of preparation, the overall scandal storytelling could be partially constructed beforehand, but because the script depends on the images and the images depend on the location, the actual discursive statements are not laid down until the edit stage.

5.3.2 Interviewing

Interviews play a key role in TV news (Clayman, 1988; Ekström & Lundell, 2011; Montgomery, 2007; 2008), and the social actors used as sources can have a profound impact on the storytelling (Ericson et al., 1988; Hall et al., 1979). Once the stories relating to the Mid Staffordshire hospital scandal had been decided upon and set in motion, the work of setting up and conducting interviews began. This is a collaborative effort where editors, producers, journalists and camerapersons work together to get the necessary material for the story:

"(…) we start phoning people to get the interviews set up and get the filming opportunities set up and then once we've established, you know, we've got an interview with somebody at 10 o'clock, we'll let the news desk know, there's an

assignments person on the news desk, an assistant news editor who looks at the assignment of camera crews" (Political correspondent, ITN).

Whilst being collaborative, this process is also hierarchically structured, with editors at the top, journalists in the middle and camerapersons at the bottom of the pyramid; a finding which confirms Harrison's (2000) observations from the 1990s regarding the power relations between social actors in TV news organisations. However, when it comes to conducting the interviews, a task that used to be delegated only to journalists (Schlesinger, 1987), other news workers such as camerapersons are playing an increasingly important role. As one BBC News cameraperson explained:

> "But to be honest that's changing as well, I'm finding myself more and more conducting interviews as well as filming them. And I think that's something that will happen more and more" (Cameraperson, BBC News).

At other times, interviews are conducted by producers, other journalists (e.g. from the regional newsrooms) or even presenters, which means that often the news workers making the final edit of a report are not the ones who have produced all the material. To some degree, this practice blurs the hierarchical lines of the news organisations and means that the power relations between journalists, camerapersons and prodicers become more equal.

In connection with interviews, a sequence of establishing shots are filmed, which were described as introducing the interviewee and their role in the story to the viewers. The composition of these visual statements influences the appearance of the social actors, as described in chapter 4. These shots can show an interviewee at their work, in their home or walking down the street. Likewise, a number of shots are filmed after the interviews to prepare for the editing process. Interviews are not used in their entirety, but have to be amended to fit the storytelling and time format of TV news. To facilitate this process, a series of shots are filmed immediately after the interview itself is finished:

> "(…) afterwards the cameraman will move around to different positions and record the (…) editing shots that might help us put together two different parts of what an interviewee says (…), it's not uncommon for an interviewee to make two good points, but in the middle there might be a little bit waffle" (Political correspondent, ITN).

The editing shots can include shots of the interviewer listening, the interviewee listening, the interviewer and interviewee talking, or hands and other objects. Also, the news worker can repeat the questions to the camera. These visual statements provide the news workers with material that allow for modifying the verbal statements of the interviewees. The outcome of this modification cannot deviate completely from the original statements, but the power balance between interviewees and news workers is still uneven in terms of influence on the news storytelling, which became apparent throughout the coverage of the Mid Staffordshire hospital scandal.

5.3.3 Filming

Since visuals are crucial for TV news storytelling, the power to decide what is filmed in which ways is a crucial factor. Once arriving on the location of a story, such as an NHS or private setting, the journalist and cameraperson usually split up and collect material independently of one another, unless they are doing interviews or pieces to camera (PTCs). So, whilst the journalists ask for information or introduce themselves to interviewees, the camerapersons will walk around with the camera and collect shots.

As described previously by Ericson et al. (1987), journalists and camerapersons have relatively free hands to decide what to film on location. Sometimes the producer might have a say as well, but this appears to be rare. Both at BBC News and ITN, the power relation between journalists and camerapersons depend on factors such as story, location and individuals:

> "(…) it's a combination, and different reporters and camera crews work differently each time. I'm fairly prescriptive. I enjoy that side of the job, I like the creating, the film part of it" (Political correspondent, ITN).

> "(…) we have some incredibly kind of talented and creative cameramen. And they will just bring their own thoughts to the party and, you know, it depends, the stories we cover are so completely diverse (…)" (Political correspondent, BBC News).

The journalists' involvement in deciding the shots can be placed on a scale that span from prescriptive to relaxed. Their positions are not linked to their organisations, and different approaches are found at BBC News as well as ITN. Both Schlesinger (1987) and Harrison (2000) describe the power relation between TV journalists and camerapersons as a rigid hierarchy, but according to the news workers interviewed here the relation is negotiated

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on a daily basis and the outcome is not always given in advance. Because of this negotiation, camerapersons prefer to work with journalists in the relaxed end of the scale. In general, the camerapersons estimated that their influence on the images is higher than the journalists (and previous TV news ethnographies) do. Often, the camerapersons would estimate that they decide most of the shots, and they stressed the amount of freedom and flexibility they have.

The power to decide what to film and what constitutes a good shot can be a point of debate among camerapersons and journalists. This process does not appear to have been described in previous TV news ethnographies, which tend to focus almost exclusively on journalists (Born, 2005; Burns, 1977; Epstein, 1974; Ericson et al., 1987; Gans, 1980; Golding & Elliott, 1979; Harrison, 2000; Schlesinger, 1987). These conflicts were very rarely mentioned by the interviewed journalists, while the camerapersons had more to say. For example, one interviewee described how personality could be a part of such clashes:

> "I remember once there was a reporter who none of us liked very much, she was quite difficult to work with. And I remember her saying, 'I want this massive great zoom-in to me.' And it's just not the thing you do. (…) I just said 'I'm not doing that, I think it doesn't look right.' So I did say it quite politely but, I'll just try and come up with a better idea that they accept. But sometimes they're absolutely insistent and you go 'okay, okay I'll do it'" (Cameraperson, BBC News).

If journalists and camerapersons are head to head, the journalist usually have the final say. One cameraperson explained this with the journalist having their name on the report, rather than official hierarchical relations. The outcomes of such conflicts, and the negotiation of shots in general, are also linked to experience and status. In general, conflicts seems to be the exception, and most of the collaboration regarding filming was described as relatively frictionless. This is probably linked to the constant time pressure of TV news workers, which leaves little time for sorting out differences.

The interviewed camerapersons described good filming in terms of visual storytelling and sequencing shots so they follow a pace of long-ranged over mid-ranged to close-ranged shots. This is seen as mimicking the experience of moving closer towards something. The same reasoning is behind decisions to use camera movements, which were described as both techniques to make otherwise dull shots more interesting and as a way of capturing several elements in the same shot. The general rule seems to be that the camera imitates

the human body:

> "(…) if [the camera movement] replicates the human experience, to me [it] is
> acceptable" (Cameraperson, ITN).

One type of camera movement that does not live up to this requirement is the zoom, which was criticised by most camerapersons as clichéd and old-fashioned. Several of the interviewed camerapersons noted how the human eye does not zoom, which makes the move unwarranted in news filming. Camerapersons often come from technical backgrounds, and in lieu of formal training they are trained through informal peer networks. In this informal training process, good filming is recognised and applauded while bad filming, such as over-using zoom, is ridiculed:

> "(…) we used to have a crew room where a lot of cameramen would sit when they
> were on standby. And when we watched the news, you know, there was always
> much ribbing and laughter if there was a great zoom. So you learn from that, you
> do, when you're quite junior and there's all these old guys going 'oh that looks
> terrible and oh'. So you learn what's acceptable, really" (Cameraperson, BBC
> News).

The visual encoding of TV news coverage of the Mid Staffordshire hospital scandal was thus the result of complex and shifting power relations between social actors on several levels. Camerapersons, journalists, producers and editors all have a degree of influence on the visual statements, although the camerapersons appear to have more influence than previously acknowledged. Also, different news workers can have different professional values, which contradicts Hall's (1980) argument that news messages are encoded with a uniform message. What unites the news workers is the concept of news storytelling, although the specific form of the storytelling is a result of constant negotiation of power relations.

5.3.4 Video editing and script writing

Video editing is the pivotal stage of encoding TV news. After the material for a story is gathered in the input phase, the laborious process of putting it together to form a coherent narrative is done in the output phase. As previous TV news ethnographies by e.g. Schlesinger (1987), Ericson et al. (1987), Harrison (2000) and Born (2005) found, producing TV news is a highly complex and collaborative process. However, none of these studies give much attention to how news reports are put together once the stories have been selected,

the interviews conducted and the images gathered. This process is therefore examined

further below in the context of the Mid Staffordshire hospital scandal coverage.

Video editing was described as time-consuming work, with one interviewee estimating

around one hour of editing per minute that goes into a news report. The scripts are written

simultaneously, often with the video editor and the journalist sitting physically next to each

other to align the visual and verbal statements. Sometimes the video editor will be a

specialist based at the BBC or ITV headquarters, but at other times the cameraperson will

do the editing on location in the back of an edit van. All interviewed news workers

described how images and scripts are carefully fitted to each other, with the images serving

as the starting point:

> "I would rough out a structure and discuss that with the camera[person] and rough
>
> that structure out, knowing what pictures we've got (…). And I would be rewriting
>
> constantly and recording track and then [the cameraperson] would edit pictures to
>
> that bit of voiceover" (Health correspondent, BBC News).

> "(…) we tend to do it sequentially, so we will write a few words, edit some of the
>
> pictures, write some more words, edit some more of the pictures" (Political
>
> correspondent, ITN).

The overall outline of a news report is constructed with input from a variety of news

workers, but it is the video editor and the journalist who make this outline manifest. Like

the other stages of encoding news reports, editing is a collaborative process which is

mostly relatively frictionless, but in case of conflict the journalist have the final say.

The first elements to be laid down are usually the interviews, which were described as

relatively simple to edit. The importance of sources in the news process has been examined

thoroughly in a number of studies (Ericson et al., 1988; Glasgow University Media Group,

1976; 1980; Hall et al., 1979; Montgomery, 2008), which found that they have a profound

impact on news storytelling. However, none of them examine how the editing process

allows news workers to amend interviews to make them fit the news storytelling. This

process of encoding interviews had a crucial impact on the different verbal and visual

appearances of different social actors in the Mid Staffordshire hospital scandal, as

described in chapter 4, as well as the construction of the scandal processes examined in

chapters 7-10. In the edit, verbal statements are split up or joined together. These

techniques can also alter the context of interviews by adding shots of interviewees,

journalists or objects which were not filmed during the interview itself. This practice makes the power relations between interviewees and news workers uneven since news workers without exception have the final say regarding which interview parts are used and how they are constructed.

Script writing is done by journalists, although camerapersons can sometimes make suggestions. The specific choice of words depends on a number of factors, including the nature of the story, the individual journalists, the images and the interviews. One key factor is the nature of the images and whether or not they make the story captivating. If the images do not tell a strong enough story, the script has to step in. Also, in the case of the Mid Staffordshire hospital scandal, interviewees can influence the news workers' choice of words:

> "(…) once you've spoken to a patient or done an interview with somebody affected, anybody would feel a certain emotion the experience that person have had. Whether you agree with them or not, you can see somebody who's distressed, and it just makes you write it in a different way" (Health correspondent, BBC News).

Emotional interviews can spill over into the script and influence the choice of words and expressions, which is at odds with the journalistic self-understanding of being neutral and impartial. Tuchman's (1972) concept of objectivity as a 'strategic ritual', which is echoed by other news media scholars (Chalaby, 1998; Gans, 1980; Schudson & Anderson, 2009), thus seems to be subject to negotiation in the way it was described by some of the interviewed TV news workers. As explained above, the TV news workers generally preferred the term impartiality over objectivity, but they would at times use emotional narrative strategies, which can arguably be seen as partisan.

Lawyers and editors are the final people to influence the encoding of TV news reports. Sometimes scripts for stories that can pose a risk are passed by a media lawyer, which means that they can influence the discursive statements from a legal perspective. The last person to see the product before it is broadcast is usually the overall programme editor, whom Schlesinger (1987: 146) called 'God of the day'. Often, the stories go through without further changes, but sometimes there are objections:

> "(…) one editor might feel a particular way I've phrased something is fine, the next editor might just want a slight change or just to freshen the story up" (Health correspondent, BBC News).

> "(…) they might have a discussion and then agree that the reporter was right or the
> programme editor was right, or have a fist fight over or whatever they do.
> Sometimes they will change it, but it's not automatic" (Cameraperson, ITN).

Even though the structures of both BBC News and ITN are hierarchical and the programme editors did have the final say, decisions are subject to negotiation, and several interviewees described the responsible journalist as the main actor in this process. However, there is a number of other social actors involved in the editing and script writing that form the output phase of TV news. Camerapersons, video editors, journalists, sources, producers, programme editors and lawyers are all parts of the collaborative process of encoding the discursive statements in TV news, thereby engaging in a complex and shifting negotiation of power where each group influences different parts of the news storytelling.

5.3.5 Changing encoding practices

The process of encoding TV news has undergone changes in recent years. Whilst Schlesinger's (1987) descriptions of TV news production in the 1970s are still relevant when it comes to organisational hierarchies and professional identities, many things have changed in this study, not least because of technological advances and the internet. Some changes, such as different filming and writing styles as well changes in the way news reports were structured, were merely described as trends:

> "(…) like everything else in life [TV news] goes through fads. So you'll find that for,
> you know, a couple of years every piece you do starts with a graphics sequence, or,
> treated pictures, pictures which have had maybe the colour drained out of them or
> maybe a vignette board put around them or something like that. Because everyone
> is doing that so that's what we're going to do" (Health editor, ITN).

Some TV news conventions seem to be fairly constant while others are more open to interpretation and change. TV news storytelling is thus not as a static practice, and the narrative strategies described in historical studies (Wahl-Jorgensen, 2013; Zelizer, 1990) differ from the practices examined in the scandal coverage engaged with here. Seeing news as storytelling is a useful approach (1988; Bird & Dardenne, 2009), but it needs to be examined in the contexts of time, place and medium.

A different, and perhaps more profound, type of change is that brought about by technological advances in the past couple of decades. In 2003, McNair noted the changes newspaper journalism had undergone since a study he conducted in 1993 (McNair, 2003),

and Cottle and Ashton (1999), Williams et al.'s (2011) and Wallace (2013) all describe how multiskilling and user generated content (UGC) have a profound impact on BBC journalism. In terms of the news workers interviewed for this study, technological changes and multiskilling appear to have affected camerapersons the most. Both BBC News and ITN camerapersons mentioned multiskilling as an increasing part of their work, some of them referring to themselves as 'shoot-edits' to underline that they both film and edit news footage. This development was regarded by some with a degree of scepticism:

> "Multiskilling can lead to a degradation in quality, I've got ex-editors who become cameramen because it's a way of working. You can just learn how to shoot well enough, and a lot of the editing is done by cameramen who've learned to edit because that's the system. And they're okay, but they're not necessarily the best editors. However, it's the reality, it saves an enormous amount of money and there isn't really an alternative" (Cameraperson, ITN).

The introduction of multiskilling has also led to fewer jobs since camerapersons and video editors are increasingly performing the same tasks. Curiously, the term 'camera crew' is still widely used to describe camerapersons, even though the 'crews' only consist of one person. Sound technicians, as described by Epstein (1974) and Schlesinger (1987), have all but disappeared from both news channels since audio technology is now integrated in the cameras. The changing practices of encoding TV news suggest that the power relations involved in the processes are changing as well. In a sense, multiskilling gives camerapersons more influence on the encoding process, but on the other hand it also means that they are becoming fewer in numbers. These changes indicate that traditional professional hierarchies are dissolving, which can also influence the construction of institutional scandal, healthcare and deviance.

5.4 Public and Audience

For many of the interviewees, the thought of the public and the audience was central to their work. Several of them described the relationship between the public and the media as changing, but they still maintained the central role of TV news. Although the public as a social actor was practically absent in the coverage of the Mid Staffordshire hospital scandal as demonstrated in section 4.7, it still plays a significant role in the mind of the news workers. As such, the interviewees here demonstrated an awareness of the ambiguous roles of the public as an electorate to be informed, consumers to sell a product to and participants to engage with.

5.4.1 The public as electorate

The view that the public is an entity that the media are obligated to inform was often expressed in the interviews. Many of the interviewed news workers thought of themselves as watchdogs, a notion intrinsically linked to the professional identity of journalism according to Chalaby (1998), McNair (2009) and Schultz (1998b). In this view, the media as a democratic institution is responsibility for informing the public:

> "(…) we try our best to put forward a truthful picture representing the different views of the people involved. So we also try and not to make it bland and leave the public completely uninformed, we like to put it some context for the public" (Health correspondent, BBC News).

Talking about 'the public' as a single entity is often linked to the role of the news media to inform this entity, thereby making it function as an electorate. This gives news workers the legitimacy to tell stories which is seen as serving a vital democratic function. To ensure that the public is properly informed, several of the interviewees also stressed the importance of truthfulness, which is related to the journalistic ideal of objectivity (Gans, 1980; Tuchman, 1972). Engaging storytelling and truthful information of the public are thus not seen as mutually exclusive, but a part of the democratic responsibility of TV journalism. At the same time, many of the interviewees made inferences regarding what sort of information this public is asking for, which means that they constructed the public as a part of encoding their news stories (Dayan, 2001; Dekavalla, 2012; Lewis et al., 2004).

Some interviewees also saw TV news as representing the views of the public to the people in power. These news workers described their role as a two-way mediation between the electorate and the elected, thereby serving the function of a fourth estate, connecting the other three estates of nobility, clergy and commoners (Hampton, 2010; McNair, 2009; Schultz, 1998a). In this view, the media as a democratic institution represents the people:

> "(…) the media represents the voice of the people if you like, or the viewing glass, the eye glass of the people" (Cameraperson, ITN).

Like the perspective of the media informing the public, the view of them representing the public gives the media and its news stories democratic legitimacy. This perspective also includes the construction of the public, or 'the people', as a single entity whose characteristics and opinions are inferred by the news workers (Brookes et al., 2004; Lewis et al., 2004; 2005; Wahl-Jorgensen, 2002). Thus, the public and its opinion are not only

constructed in the news reports themselves as demonstrated in section 4.7, but also during the encoding process as a single entity that the news workers relate themselves to. Thereby, the power relation between news workers and the public is uneven, as the news workers assume the democratic legitimacy to speak to and for the public, as it can happen in connection with the scandalisation of the NHS and the construction of healthcare and deviance.

5.4.2 The public as consumers

The concept of the public as consumers was common among the interviewees as well. This tendency points to a market-driven view of TV news with an emphasis on selling a product. Previous research has primarily focused on the tendency to regard the public as consumers in commercial TV news (Cushion & Lewis, 2009; Lewis et al., 2005), but in this study, it was expressed by news workers from BBC News as well:

> "(…) the idea of having one broadcaster tell you what your news is once in an evening is an incredibly old-fashioned concept, and it is one that is challenged by the new internet output. Who quite rightly, you know, provide, you know, the consumer with news in whatever format in whatever framework they want at all times" (Political correspondent, BBC News).

Although the BBC and ITV have different funding models, relying on licence fees and advertisement respectively, news workers from both organisations made references to the public as consumers. In this view, TV news, whether BBC or ITV productions, is only one of several available goods in the news marketplace, and the manufacturers have to compete for the favour of the public.

Whilst many of the news workers saw their role as holding powerful people to account, they seemed less concerned with being held to account themselves. Some mentioned the regulatory frameworks, such as Ofcom and, in the case of the BBC, the royal charter and editorial guidelines. This view reflects the thinking behind the concept of public service, where accountability is a central part of the funding model for some broadcast organisations (Barnett, 2011; Curran & Seaton, 2010; Cushion, 2009; Dahlgren, 1995; Tracey, 1998). Other interviewees, however, would describe accountability as a matter of products and consumers:

"(…) well, I'm accountable to the viewers, the public. If I fail to engage them and (…) viewership declines, I've failed and we don't have the money to do what we do and our role fizzles out and dies" (Political correspondent, ITN).

In this view, the audience can as consumers make informed choices regarding their news consumption, and if they are not engaged with the product they will turn elsewhere. The way to measure the success of TV news is therefore its popularity, which means the viewer ratings. Viewing the public as consumers changes the focus away from the news media as a democratic institution towards the media as an industry selling news and scandal as products. In this view, the public is still constructed as a single entity in the encoding process, but the focus is less on democratic legitimacy and more on economic legitimacy. The power relation between news workers and the public is still uneven; although consumeristic choice is seen as having a certain influence on the encoding, it is still the news workers who manage this influence in the name of the public.

5.4.3 The public as participants

In some instances, the public was also described as participants with whom the news workers interact through the screen. This view mirrors that taken by scholars such as Fiske (1987), Katz (1987) and Silverstone (1988) who analysed news culture and the way in which the audiences engage with news. Several of the interviewed news workers expressed a wish to engage with their audience through the choice of narrative strategies:

"So the first thing that we need to think about in order to make television connected to our viewer is to look at real people who can reflect the story" (Health producer, BBC News).

The emphasis on 'real people' and their stories was contrasted to people in authority, and, as demonstrated in chapters 4 and 7-10, the discursive statements constructed the authorities and victims in the Mid Staffordshire hospital scandal in very different ways. Also, seeing the public as participants shows an empathic approach where news workers put themselves in the place of the viewer and ask the viewer to put themselves in the place of the 'real people' on screen. This points to a perspective where news workers emphasise a sense of common identification:

"Telling it as I would call them people stories, we're very good at, sort of, reaching out into people's homes and telling stories that everybody can identify with or (…) have a relationship with" (General reporter, ITN).

The idea of reaching into people's homes and engaging with them sees the media as facilitators of human contact. Thereby, a shared identity between public, news sources and news workers is constructed, forming a shared sense of an 'us' (Brookes et al., 2004; Dekavalla, 2012; Lewis et al., 2004).

In many ways, the different ways news workers construct the public overlap. It is entirely viable to regard the public as an electorate, consumers and participants at the same time, which was indeed often the case with the interviewed news workers from both channels. What all the news workers who commented on the public and the audience had in common, though, was a lack of concrete support for their inferences. They related to a journalistic construction of the public rather than the public themselves; a tendency also observed in the work of Schlesinger (1987). This constructed public is basically a national public, which is linked to the argument of Billig (1995), Bennett et al. (2004; Bennett, 1993) and Seaton (2007) that the news media build and reinforce national identity. A natural part of constructing a national 'us' is constructing a 'them', or the Other (Billig, 1995; Hall & Gieben, 1992; Hall et al., 2013), which is examined in more detail in chapters 7-10 regarding the Mid Staffordshire hospital scandal. However, this mechanism seems less prominent in the self-awareness of the interviewed news workers who rarely formulated their relationship with the public in so many words:

> "I wouldn't discuss it in a kind of abstract, high-minded philosophical way, I don't think there's anything wrong with doing that, it's just, that's not how day to day news works" (Political correspondent, ITN).

On a day-to-day basis, the routinised work processes of the interviewed news workers and the constant time pressures they experience leaves little time for conscious reflection over the relationship between the news media and the public. Any construction of 'us' and 'them' thus seems to be more linked to storytelling and an intuitive need for heroes, victims and villains (Bird & Dardenne, 2009; Toolan, 2012) than any deliberate attempt to construct a shared identity through othering.

5.5 Conclusion

To understand the narrative strategies and scandal processes in the coverage of the Mid Staffordshire hospital scandal, it is important to understand how the process of encoding TV news works. The encoding of news reports and discursive statements is the result of

social actors collaborating on many different levels, which makes it a complex process of decision-making and negotiations of power.

Visual statements and storytelling were described as central elements in TV news. This view was shared by news workers at both BBC News and ITN, which shows a shared sense of professional identity among TV news workers. The emphasis on visual storytelling means that camerapersons have more influence on the encoding process than previous news ethnographies acknowledge (Born, 2005; Burns, 1977; Epstein, 1974; Ericson et al., 1987; Gans, 1980; Golding & Elliott, 1979; Harrison, 2000; Schlesinger, 1987). The findings here show that only focusing on one group of news workers in a highly complex and collaborative encoding process risks becoming too narrow and simplistic. Like journalists, producers and editors, camerapersons play a central role in encoding news stories, including processes of allocating, preparing, interviewing, filming and editing. Although there still is a clear sense of organisational hierarchies, the power relations between different groups of news workers are also based on negotiation, personal relations and professionalism.

Notions of impartial and emotional storytelling as narrative strategies are balanced throughout the encoding process as examined further in chapter 6. Journalists and camerapersons from both organisations all recognised the emphasis on impartiality, but at the same time considered emotional storytelling to be crucial, which corresponds with previous research findings (Bird & Dardenne, 2009; Wahl-Jorgensen, 2013). Newsworthiness is constructed as a part of the encoding process (Bednarek & Caple, 2012a; 2012b; 2014) through a collaborative effort by the involved news workers. Stories are selected, interviews conducted, footage filmed and reports edited with both concepts in mind, leading to a constant negotiation between the need to inform and the need to entertain. This is also reflected in the view of the public and audience, whom the news workers construct as an electorate needing neutral facts and consumers or participants needing engaging stories. Along with newsworthiness, the audience is thus constructed in the encoding process, leaving its attitudes and opinions to be inferred by other social actors such as the news workers (Brookes et al., 2004; Dekavalla, 2012; Lewis et al., 2004).

One part of the encoding process that has been overlooked in previous research on TV news is the video editing. In this process, news workers amend interviews, fit shots together, write scripts and employ different narrative strategies to create a coherent narrative. In the case of the Mid Staffordshire hospital scandal, the editing process was a

key stage in the storytelling, where narrative strategies, power relations between social actors, discursive statements and scandal processes were finally constructed. The whole encoding process involves a number of social actors at different levels, which makes it a much more collaborative and complex process where the programme editor is not necessarily an omnipotent 'God of the day' (Schlesinger, 1987: 146).

Encoding TV news and the construction of healthcare and deviance in the process of scandalising the NHS thus drew on storytelling and a complex structure of power relations between social actors. Although there are hierarchical structures in both BBC News and ITN, these appear less clear in the actual process of TV news production and decisions are generally open to negotiation. However, where the power relations between news workers can be fluid and ambiguous, the relation between news workers on the one side and sources and the public on the other is clearer. Drawing on the theoretical and conceptual framework outlined in chapter 2, this chapter demonstrates that it was the news workers who, in the process of selecting, interviewing, filming and not least editing, determined how to construct narrative strategies, power relations, social actors, discursive statements and scandal processes. The TV coverage of the Mid Staffordshire hospital scandal was produced in a general context of TV news, but more specifically it was constructed in the context of health news. Having examined the general context of TV news encoding, I will therefore focus on the encoding of TV health news in the following chapter.

Chapter 6. TV Health News

The BBC and ITV both scandalised the NHS and constructed healthcare and deviance in the context of health news. Health news is a specialism in its own right, and there is a distinct professional identity among the news workers working with it (Entwistle & Sheldon, 1999; Hinnant, Jenkins, & Subramanian, 2015; Seale, 2002; 2004). However, the coverage of the Mid Staffordshire hospital scandal also involved political specialists, which means that it was covered from the perspectives of both health news and political health news. The process of encoding TV health news was thus set in a general context of TV news production (Bignell, 2002; Hall, 1980) described in chapter 5, but also had characteristics of its own. Using the conceptual framework developed in chapter 2, I therefore examine narrative strategies, social actors, power and the encoding of discursive statements in health news storytelling to address the research question:

- How was TV health news constructed in the context of journalistic conventions, professional decisions and organisational structures?

Like the previous chapter, this one is based on the in-depth interviews with news workers described in section 3.2, but focusing specifically on the statements regarding health news. Firstly, I examine the categorisation of health news and political health news, after which the two different specialisms are discussed in more detail. Then the particular challenges of filming health news and the interviewees' thoughts on covering the NHS and NHS scandals are examined before I sum up and discuss the findings in the conclusion.

6.1 Categorising health news

When health news stories are selected at the editorial meetings at BBC News and ITN in the process described in section 5.3, they are categorised as either health news or political health news. Health news has been heavily criticised for misrepresenting research, cures and healthcare institutions (Amend & Secko, 2012; Harrabin et al., 2003; Karpf, 1988; McDaid, 2004; McGrath & Kapadia, 2009), but since health news is not necessarily a self-evident category it is relevant here to engage with how it is constructed by the people working with it. Particularly in the light of the coverage of the Mid Staffordshire hospital scandal processes, the question of which social actors had influence on the narrative strategies and discursive statements at which points had a profound effect on whether the storytelling was essentially emotional or neutral (see chapters 8 and 9).

6.1.1 Selecting health news stories

Regarding the origins of health news stories, interviewees from both organisations described how they mainly rely on external sources. None of the news workers interviewed participated directly in the selection process, but some still had some insight to where stories came from:

> "(…) the producers down in London will get absolutely bombarded through all different sources, be it Department of Health, NHS England, Royal College of GPs, RCN [the Royal College of Nursing], whoever it is will send their press release and say 'my story is very important'. On any given day there can be over a dozen stories where somebody's telling us their story is very important" (Health producer, BBC News).

Health news stories can come from public institutions, such as the government or the NHS, but also from interest organisations such as unions who try to influence the news agenda. In some instances, health news is sent by the organisations' regional newsrooms to the national headquarters, but the regional newsrooms will usually have got the stories from external parties as well. Some interviewees, mainly from ITN, described how senior correspondents occasionally find stories themselves, but this seems to be the exception rather than the rule. This confirms the picture from other studies which found that health journalists see themselves as interpreters and facilitators of information from other sources rather than investigative journalists who find information themselves (Friedman, Tanner, & Rose, 2014; Hinnant et al., 2015; Tanner, 2004).

The decision on which stories to tell is linked to power relations between different social actors in the news organisations. At both BBC News and ITN the daily editorial meetings will select which stories to cover, but according to interviewees from both organisations, the specialist health and political teams are asked for input and can influence the selection:

> "(…) in terms of decisions on the day, that's the sort of pre-planning decision being made by the specialist health team, decisions on the day are made by a combination of the assignment editor in that health team, the bulletin editors and the news desk assignment editor" (Health correspondent, BBC News).

The specialist teams can feed back to the editorial team and argue for or against particular health news stories and the need to cover them. Health news was described by the interviewees as particularly demanding in terms of background knowledge. Although

health journalists rarely receive any formal medical training (Amend & Secko, 2012; McGrath & Kapadia, 2009), their professional insight into health and healthcare issues still means that they have a relatively high degree of editorial influence. In terms of health news, newsworthiness thus appears to be negotiated between news workers at different hierarchical levels of the organisations on a story-by-story basis as a part of the general encoding of news reports (Bednarek & Caple, 2012b; 2014; Caple & Bednarek, 2013).

6.1.2 Allocating health news stories

Once health news stories have been selected, they are allocated to specialist teams and correspondents as also described in previous studies on TV news (Ericson et al., 1987; Harrison, 2000). In the case of the Mid Staffordshire hospital scandal, this categorisation of stories would have a significant impact on the construction of narrative strategies, specific discursive statements and scandal processes since different specialists had different encoding practices. This difference was described by several of the interviewees as a determining factor in how stories were categorised:

> "(…) if we had had the choice of a medical correspondent or a political correspondent, we would have thought about what way we wanted to cover it, whether we wanted to do it from a medical point of view or a political point of view. (…) [A] medical correspondent would still have to reflect the politics and a political correspondent still has to reflect the, you know, some of the statistics behind this, as I did. So they're not mutually exclusive" (Political correspondent, ITN).

Although there is a certain overlap between the two specialisms, there also is a clear distinction between them and a clear set of expectations regarding which narrative strategies they employ in their news storytelling. Consequently, health news stories can be told in an emotional or neutral manner depending on their editorial categorisation and the professional outlook of the correspondent who is handed the story.

However, the decision on how health stories are categorised is not always a result of deliberate choices or power relations. Several interviewees explained how stories are sometimes sent to either health or political specialists based on availability rather than expertise. This confirms findings of previous TV news ethnographies that availability is an important factor in how particular news stories are categorised (Born, 2005; Ericson et al., 1987; Harrison, 2000; Schlesinger, 1987). Regarding availability, there appears to be a

difference between weekdays and weekends. Interviewees from both BBC News and ITN described how there are fewer news workers in the newsrooms during weekends, which influences the categorising of health news stories:

> "I ended up doing it simply because I was a political specialist, it was a story with a political angle, obviously, with the Health Secretary. If I'm honest had this been during the week it would have almost certainly fallen in the laps of one of the health specialists" (Political correspondent, BBC News).

> "(…) we don't have a health correspondent on the weekend. [On] the weekend the only specialist is the political correspondent. And then we have several general reporters as well. So whatever the most obvious political story is goes to the political correspondent (…)" (Political correspondent, ITN).

There would thus be an element of arbitrariness in the way that health news stories were categorised in the coverage of the Mid Staffordshire hospital scandal, particularly if they broke on weekends. Selecting and allocating health news stories is formally a top-down process, but in practice specialists have a certain influence on the selection and allocation of stories, although this depends on their experience and professional status. In terms of power relations between social actors, general reporters mostly have to accept what is given to them whilst senior correspondents and editors have more influence on which stories they cover. Regarding the construction of healthcare and deviance, programme editors and senior health and political correspondents appear to have had a significant influence from an early point. Even so, the selection and allocation also depend on external factors such as the general news flow, the size of the organisation's specialist teams (see below) and which day of the week a story is covered.

6.2 Health specialists

Both BBC News and ITN have specialist teams dedicated to cover health news, who, as demonstrated in chapter 7, are also the first port of call when it comes to institutional scandal in the healthcare sector. The health teams work from the central newsrooms of the two organisations, unlike the political specialists who have their own base (see below). None of the interviewed health specialists had received any formal medical training but relied on their experience and understanding of news, which reflects previous research findings (Harrabin et al., 2003; McDaid, 2004; McGrath & Kapadia, 2009). The encoding of health news is thus rooted more in journalistic professionalism than in medical

professionalism, which is reflected in the narrative strategies and power relations involved in the process.

6.2.1 Health team structures

The different sizes of the organisations means that their specialist health teams are engaging different numbers of people. Whilst the BBC News health team consists of around 10 specialist correspondents, producers and editors, ITN's team has two members. On neither of the two channels are camerapersons a part of the specialist teams, but rather allocated on a story-by-story basis. The relatively large BBC News health team has a clear hierarchy with demarcations between correspondents, producers and editors as well as the more loosely connected general reporters and camerapersons. This division resembles other specialist news teams as described by scholars such as Schlesinger (1987), Ericson et al. (1987) and Born (2005). Meanwhile, the smaller number of ITN health specialists means that they have a more flat structure:

> "BBC, God knows how many people they have working there, but obviously ITV only [has] two people. (…) [A]t ITV the only expectation is for the health editor to do health news, and so they could be on air, you know, twice a week, but working there four days a week and therefore the other days they're actually proactively looking for stories" (Health editor, ITN).

The relatively smaller size of the ITN health team means that there are more fluid boundaries between different roles than in the BBC News health team structure, which was also observed by Harrison (2000) in relation to specialist teams in general. The ITN programme editor is still on top, but at ITN the title health editor appears to be more honorary, which means that they often cover stories themselves. Likewise, ITN producers are not specialised to the same degree as their BBC counterparts, and will work on different kinds of stories. ITN producers also appear to be more equal to the health editor than is the case at BBC News. The informal structure at ITN is also reflected in the more relaxed attitude towards titles:

> "(…) to be honest that's just a title (…), basically ITV has a tradition of specialist editors, (…) it doesn't really indicate any greater or lesser responsibility, it's just ITV" (Health editor, ITN).

In both organisations' specialist health teams, the programme editors thus rank the highest, but below this level BBC News is more hierarchically organised with producers, correspondents and general reporters, while ITN's structure is more informal.

When it comes to influencing the selection of stories, the health teams are usually only involved after incoming stories have been through an initial selection process by the programme editors. However, it is still up to the teams to test the stories, which gives them a certain influence on the selection process:

> "I tend not to sift. My first contact will either be somebody will ring us up and say 'tomorrow this is on the diary, look at it.' And that's the important thing. They may well have given something a cursory look and say 'that's definitely a dominate story' but then it's up to us to test the robust nature of it (…), I tend to be the second level, it's already been sifted and they just want us to look for further into something" (Health producer, BBC News).

The specialist health teams are thus involved at the second level in the selection process, but they do possess an expertise that allows them to reject or amend health news stories. Which specific health correspondent or general reporter gets handed a story depends on several factors. Some interviewees described how health stories deemed to be high priority, such as the publication of reports on the failings at Stafford Hospital as examined in chapters 7 and 8, are handed to senior specialist correspondents or correspondents who have covered the story before. Others described how geography and availability often play a role as well, as in the example examined further in section 10.4:

> "(…) we could get the good case study of the nice Christine Dalziel in Stafford, I could get to her more easily than my colleagues in London. Sometimes (…) it might be that kind of, you know, I've been doing the story therefore I should carry on doing the story. Sometimes it might just be that (…) I'm the only health correspondent with a pulse" (Health correspondent, BBC News).

According to some BBC News interviewees, a relatively high proportion of the Mid Staffordshire hospital scandal coverage was done by news workers from Salford simply because this is closer to Stafford than London is. The health teams thus function as organisations within the organisations and have some degree of autonomy. However, the differences in size and structure between the two organisations' health teams makes BBC News' health team more hierarchical than ITN's. The power relations between social actors

in the two health teams thus differ in terms of rigidity, although there still seems to be a shared sense of professionalism that involves certain views on the nature of health news and which narrative strategies to employ.

6.2.2 The nature of health news

Many of the interviewees described health news as a distinctive form of news that is more sensitive and emotive in nature than most other forms of news, which directly influenced the scandal storytelling as examined further in chapters 7 and 10. The differences are also reflected in the ways in which discursive statements are constructed and combined. Interviewees stressed the obligation of health news to inform the public about research, cures and healthcare institutions, which supports Hinnant et al.'s (2015) finding that most health journalists perceive themselves as interpreters and facilitators of health information. However, another element that several of the interviewed news workers stressed was the central place of the human story in health news:

> "(…) when you're reporting on a health story you might be reporting on something really quite difficult, that's been personally difficult for somebody or that is a huge worry for numbers of people in the audience, so the tone is perhaps a bit different. I was going to say it might be more sensitive, but I don't mean the political writing isn't sensitive, it's just, I think maybe you have to particularly sensitive and careful for health reports" (Health correspondent, BBC News).

If TV news in general is an emotional form of storytelling as argued in section 5.1, TV health news is even more so. This perspective has been overlooked in much of the research on health news, which tends to focus on whether it is factually correct or not (Amend & Secko, 2012; Harrabin et al., 2003; McDaid, 2004; McGrath & Kapadia, 2009), although Seale (2002) and Boyce (2007) mention the emotional side of the coverage of victims. The sensitive nature of health news influences how health specialists think of themselves and their work, which in turn affects their storytelling and the narrative strategies they employ.

Although health news storytelling is constructed to engage with the audience emotionally, the health specialists interviewed had no substantial evidence of the effect but referred to assumptions. This reflects previous research findings that journalists tend to construct the public and its attitudes, and incorporate these constructions into their storytelling (Brookes et al., 2004; J. Lewis et al., 2004; 2005; Wahl-Jorgensen, 2002). Some of the interviewees, however, were aware of this tendency:

> "(…) to be honest, as journalists we're always making guesses and assumptions and presumptions about what we think the public will be interested in. (…) [A] a lot of is just guesswork in terms of what we think, what we presume the public are interested in. (…) [T]o be completely frank you look at audience figures for things like *24 Hours in A&E* and *One Born Every Minute*, and, you know, health documentaries and *Extraordinary Bodies* or whatever it is" (Health editor, ITN).

Some news workers thus acknowledged that their perceptions of the public's interest in health are built on assumptions, which can be based on the ratings of documentaries and drama-documentaries, rather than ratings of the news itself. This suggests that the conflation between fiction and crime news described by e.g. Hartley (1982) and Rowe (2013) also applies to health news, which would affect the construction of scandal processes, narrative strategies and the allocation of roles such as victims, villains and heroes. Thus, emotional storytelling is the most prominent feature of health news, and to ensure this element, health specialists draw on several narrative strategies borrowed from documentaries and TV dramas. The emotional nature of health news can add understanding to the clash of the 'two cultures' (Seale, 2002: 52) of medicine and journalism. When it comes to storytelling and power relations, the news workers, and to some extent their case studies, would thus have a significant influence on the storytelling, the scandalisation of the NHS and the construction of healthcare and deviance.

However, the nature of health news and the role of health specialists was described by several interviewees as being in a process of change, bringing it closer to political news and specialists. Instead of just covering medical research and cures, health news was described as becoming increasingly politicised, not least because of the coverage of the NHS and institutional scandals in the organisation:

> "(…) for a long time the health correspondent was seen as somebody who did stuff about smoking and, you know, obesity and we still do a lot of that. But the political correspondents would pick up things about the Department of Health and at the NHS and that was probably always an uneasy split because things would fall one way and not the other" (Health editor, ITN).

That health and political news were described as increasingly overlapping points to a politicisation of health in the news media. This development appears to be recent, and is not described in Seale's overviews of health news from the early 2000s (Seale, 2002; 2004).

This also appears to coincide with a politicisation of the NHS itself, where it is increasingly used as a weapon in political arguments (Dixon & Alvarez-Rosete, 2008; Entwistle & Sheldon, 1999). This indicates a new form of negotiation of power relations between media and political actors regarding the construction of healthcare and deviance in connection with the NHS and institutional scandal.

6.2.3 Health news interviews

The emotional nature of health news (Boyce, 2007; Seale, 2002) also affects the interviews in terms of who functions as sources and how they are interviewed. Following Montgomery's (2007; 2008) typology of broadcast news interviews, this means a reliance on experiential interviews at the expense of expert, affiliated and accountability interviews. According to Montgomery, experiential interviews are characterised by being personal stories and experiences, whereas accountability interviews are critical questionings of official sources, affiliated interviews are interviews between news workers, and expert interviews are neutral analyses by experts. Also, as demonstrated in chapter 4, each interview type was associated with particular verbal and visual discursive statements. Experiential interviews are often highly emotive since the interviewee functions as an observer, victim or survivor of the events in focus. Among the interviewed news workers, the use of experiential interviews was explained as an emphasis on case studies:

> "It's much more likely in a health piece to involve somebody from, I mean, sort of a normal person if you like, (…) a patient or a patient's family. Somebody the audience can perhaps relate to a little bit more" (Health correspondent, BBC News).

This use of experiential interviews could be observed in the construction of the victims of the Mid Staffordshire hospital scandal and their relatives where the audience was invited to participate in the scandalisation of the NHS as mediated witnesses (Peelo, 2006), as examined further in section 7.3. In general, the use of case studies was described as related to the particularly emotional nature of health news. The availability of case studies was also described as a determining factor in terms of selecting health news stories, which means that it was one of the factors in the construction of newsworthiness. This suggests a shift in power relations where personal accounts influence news storytelling more than official versions; a tendency also observed in other genres such as crime news (Reiner et al., 2003; Reiner, 2001).

In the Mid Staffordshire hospital scandal, experiential interviews were found to have a particular visual style, as demonstrated in detail in chapter 4. Visual statements, such as shot sizes, camera movements, settings and gaze, are used to accentuate the emotional nature of the interviews. For example, although the choice of setting is often dictated by practicalities as discussed in section 7.3, it can also be a deliberate choice to engage with emotional narrative strategies:

> "(…) you would introduce [the case studies] by showing them in their home setting, so the viewer can get, sort of, an idea of the struggles they have and connect with their home. (…) [I]t makes perfect sense to then also interview them in their home" (Cameraperson, ITN).

Examples of this practice were present throughout the coverage of the Mid Staffordshire hospital scandal, such as the interviews with the Cure the NHS (CTNHS) campaigner Julie Bailey who was predominantly interviewed in her home or the local café (see sections 7.3, 8.4, 10.4 and figures 7.5, 7.6, 8.7 and 10.12). Sometimes, the camerapersons will also react to expressions of emotions and adapt the visual statements to support the interviewee's verbal statements. For instance, the use of zoom, which is generally frowned upon by camerapersons as described in section 5.3, can sometimes be used to emphasise emotions in experiential interviews. In comparison, other interview types are filmed differently and with less emotional emphasis, which often means mid-ranged shot sizes, still cameras and professional or neutral settings (see chapter 4). These differences in the visual narrative strategies used for different types of interviews are not described by Montgomery (2007; 2008), whose approach to TV news focuses on spoken language. However, as argued above, the nature of TV news means that the visual strategies used for different interview types are an important part of TV news storytelling that should not be overlooked.

Expert interviews, characterised as informational and analytical interviews with external medical experts (Montgomery, 2007; 2008), have been described as a central part of health news (Amend & Secko, 2012; McGrath & Kapadia, 2009; Tanner, 2004). As demonstrated in section 4.5, expert interviews were relatively uniform in the way they were constructed in the Mid Staffordshire hospital scandal and tended to underscore the neutrality and disinterest of the expert. This was for example seen in the interview with Bruce Keogh shown in figure 9.7 and examined in section 9.3. However, as argued in chapter 4, expert interviews did not play a vital role in the coverage of the Mid Staffordshire hospital scandal.

Although the interviewed health news workers to some degree relied on medical experts for background knowledge, they tended to draw on their own experience and understanding of health and healthcare. This means that affiliated interviews with health correspondents were relatively prominent, such as those examined in section 9.2 in connection with the CQC sub-scandal. As specialists in their field, health editors and correspondents described how they would appear in the stories, offering their professional view:

> "(…) specialist editors within ITV are very much there to give added value and opinion and informed opinion and add context and analysis. So that's their role over and above reporting the news, so you would very often (…) do a report and then follow it with a live analysis of our own report" (Health editor, ITN).

As noted above, the role of health editors at ITN is comparable to that of health correspondents at BBC News since both groups are actively involved in constructing health news. Similar comments were given by news workers from BBC News, which suggests that specialist correspondents are the ones who most often give affiliated interviews. The above comment also confirms the analyses of Clayman (1988), Ekström and Lundell (2011) and Montgomery (2006) who argue that live interviews serve to construct journalists as neutral observers. Also, the affiliated interviews were described as an addition to the actual reporting where the specialist correspondents give their own evaluations after telling the stories. As such, affiliated interviews with health specialists were described as another form of expert interview, which is reflected in the way they were constructed.

6.2.4 Filming health news

Visual storytelling is central in health news as it is in TV news in general, although it poses certain challenges. Camerapersons are not parts of the specialist teams, and they can be sent to work on stories with health specialists as well as political specialists or general reporters, and the visual narrative strategies and discursive statements depend on the category of news. TV health news was generally described as a difficult category to film for, one interviewee using the term 'picture poor'. According to the news workers, the lack of suitable visuals is related to the fact that NHS hospitals are often very careful with the privacy of their patients and staff. If the news workers are denied access, they have to come up with alternative ways of obtaining shots. Often, this involves shots of hospital exteriors that can be filmed from a location that is not on the hospital's ground, which also explains the emphasis on NHS related buildings and objects in the coverage of the Mid

Staffordshire hospital scandal described in section 4.8. According to several interviewees, these conditions influence the visual storytelling:

> "(…) hospitals are very rarely picture rich, I'm looking to tell the story with my pictures, you know, in an ideal world you could almost turn the sound down and get an idea of what was going on with the pictures that I'm showing you. Hospitals are a different case because of course hospitals are about sick people, and what can't you show in most news reports about hospitals? People!" (Cameraperson, BBC News).

As Orlebar (2013) and Boyd et al. (2008) noted, the setting of a TV news report influences the storytelling, and having difficulties accessing key locations can be a cause of frustration among news workers. When news workers do get access and manage to film, a further obstacle is that of anonymity, and some camerapersons described how they film objects such as heart monitors with the background out of focus, which makes the patients unrecognisable. This way of filming objects rather than patients appeared on several occasions in the coverage of the Mid Staffordshire hospital scandal where generic hospital scenes were used, as section 10.5 and figure 10.14 illustrate.

Strategies for working around the lack of suitable pictures include the use of camera techniques, library footage and graphics. As an example of camera techniques, the use of zooms can add a degree of movement to otherwise static and unexciting images:

> "(…) if I'm shooting a busy A&E I might do crash zooms a lot more to make it feel like it's a bit more, something's happening now and something is going on. Because (…) we tend to go in there at times when it's quiet, and the story dictates that we want to make A&E look really exciting" (Cameraperson, BBC News).

Although it is often regarded as problematic, zooming can thus be used to accentuate emotions, for example in experiential interviews, or to create movement and drama. This can for example be observed in the zooming in on photographs of victims examined further in section 7.3 and seen in figure 7.3.

Another way of working around the lack of visually engaging material is to use library footage or graphics. A BBC News cameraperson noted how library footage of hospitals is often filmed under better circumstances than they usually experience when filming at hospitals:

> "(…) if you ever come across (…) a piece from a hospital that looks really artistic, it's pre-filmed, it wasn't done on the day" (Cameraperson, BBC News).

Some interviewees described how they will make sure to get plenty of footage every time they enter a hospital so it can be used for another story. Graphics were also described as a way to circumvent a lack of suitable images. As described by Boyd et al. (2008), graphics function to convey complex information as well as placing the story in time and space, but according to the interviewees they can also serve as stand-ins in lieu of field footage. This visual narrative strategy was seen in a number of reports on the Mid Staffordshire hospital scandal, such as the one examined in section 9.3 and seen in figure 9.5. The difficulties involved in filming for TV health news do give authorities such as healthcare institutions some influence on health news storytelling and the construction of healthcare and deviance in the process of scandalising the NHS. To some degree, this forces news workers to negotiate access to settings and the construction of visual discursive statements, but since the news workers are ultimately the ones to decide on the narrative strategies, the power relation is still in their favour.

6.3 Political specialists

As demonstrated in section 4.2, a large proportion of the coverage of the Mid Staffordshire hospital scandal involved political correspondents. Also, since one of the key scandal processes examined here was the politicisation of institutional failings (see sections 8.2 and 10.4) the role of political correspondents as social actors is an important part of this study. Both the BBC News and the ITN political teams are based in Millbank, which is conveniently close to the British centres of power. The role of political specialists in constructing health news and the power relations between health and political correspondents have not been examined previously. So far, most research on health news has focused specifically on health journalists and whether their understanding of their area is adequate (Harrabin et al., 2003; McDaid, 2004; McGrath & Kapadia, 2009; Seale, 2002; 2004). However, the findings here show that encoding of TV health news is primarily negotiated between two groups of social actors who have slightly different approaches to narrative strategies, discursive statements and scandal processes, thereby constructing healthcare and deviance in slightly different ways.

6.3.1 Political team structures

The political teams are structured in much the same way at BBC News and ITN, although the BBC team is the biggest with around 10-12 specialists compared to ITN team which has

around six. Both political teams follow the hierarchical structure described in previous research (Born, 2005; Harrison, 2000; Schlesinger, 1987). As such, the ranking order consists of programme editors, specialist editors, producers, political correspondents, general reporters and camerapersons. The main task of the political teams is to cover obviously political news stories, but if a health news story is judged by the editorial teams to have political elements, the political specialists can be asked to assist with the coverage:

> "I am a political correspondent (…), it is my job to bring the political perspective to the story, that's what I'm there to do. I'm not a health reporter. So the health reporter will do (…) the health side of things. That's what they're experts in, they're knowledgeable (...). What I bring to the table is what the political world is saying about it" (Political correspondent, BBC News).

Health specialists are thus seen as mostly focused on practical health and healthcare as it is provided in hospitals and other institutions, while political specialists focus more on politics, policies and political social actors.

Whether a health story is covered by the health team, the political team or a combination of the two therefore depends on the decision of the programme editor of each channel. Several interviewees described how the political specialist teams stay in contact with the programme editor, and feed their expertise into the decision making process. When a story is handed to the political specialist team, it is then passed on to a specific political editor, correspondent or reporter:

> "(…) we have a political editor and if it's a big story of the day, a big political development, then he will end up doing it, possibly for the 6.30, definitely for News at Ten. Beyond that we have a vague allocation of specialties. These five other correspondents, the deputy political editor and then four political correspondents, and we all tend to do certain types of stories more than others" (Political correspondent, ITN).

The more important a story is deemed to be, the further up it goes in the internal hierarchy of the political teams. Furthermore, the political specialist team at ITN is big enough for the correspondents to have their own area of political expertise, even though these sub-specialisms are less formalised. The same structure of informal subdivisions in the political specialist team also seems to be present at BBC News. As in the case of the health teams, which particular specialist is handed any given story was also described as depending on

availability. Geography, on the other hand, appears to play less of a role, since both channels' political specialist teams are based in Millbank. Sometimes they draw on news workers from the regions, but mostly political elements of health stories are covered from a Westminster centred perspective.

The amount of health stories the political specialists cover vary over time, which to some extent depends on external factors:

> "(…) it goes up and down a bit, I mean around the time of the Mid Staffs inquiry obviously there was a lot more, and this inquiry there was a bit more. Now [February 2015] we're coming into a general election and Labour want to make the NHS their main campaigning issue, there is a bit more (…) political health coverage" (Political correspondent, ITN).

It thus appears that larger events, such as institutional scandals in the NHS, warrant more political coverage of health stories. This implies that political stories are generally constructed as more newsworthy than health stories, which suggests an uneven power relation between political and health correspondents. Regarding the construction of healthcare and deviance, the narrative strategies, discursive statements and scandal processes thus depended on the power relations and negotiations between several groups of news workers.

6.3.2 The nature of political health news

Political health news was described by the interviewees as different from health news as it relies more on impartiality as a narrative strategy. British journalists tend to construct impartiality by giving the two main political parties equal amounts of coverage, a rule that is particularly observed in political news (Cushion et al., 2016; Flood, Hutchings, Miazhevich, & Nickels, 2011; Wahl-Jorgensen et al., 2016). When the interviewed news workers talked about impartiality, they stressed its importance and referred to regulatory frameworks, which meant Ofcom and, in the case of the BBC, the royal charter and the editorial guidelines. However, the emphasis on politics, facts and impartiality was described by some interviewees as bringing with it a risk of over-complicating matters:

> "I think it is our task to make often quite complex stories accessible to the audience. And if you descend into Whitehall speak or even political speak there's a risk that you lose the audience. The great risk with Westminster is that we live in

this little bubble and we speak our own language and our own jargon, which we undoubtably have" (Political correspondent, BBC News).

The interviewed political specialists often regarded their area as highly complex and almost incomprehensible to outsiders. Therefore, their work is needed to simplify the news stories in order for the audience to understand them. Like their health specialist colleagues, the political specialists thus construct the public as part of their storytelling (Brookes et al., 2004; J. Lewis et al., 2004; 2005; Wahl-Jorgensen, 2002). However, rather than seeing the public as someone to engage with emotionally, the political specialists appear to regard it as an electorate that needs to be informed, as described in section 5.4. Thereby, the role of the news media as a fourth estate holding the powerful to account seems to be more prevalent among political specialists (Hampton, 2010; McNair, 2009; Schultz, 1998a).

Even so, political specialists conceded that they need to make the audience engage with their stories, but instead of relying on emotional storytelling they use analogies and metaphors. The choice of specific analogies and metaphors was described by the interviewees as a routinised way of deciding how to best condense a complex story and make it more engaging:

> "(…) with a political story you're after the politicians. So it's a harder story, it needs to be written perhaps in a different way in order to make it engaging. (…) [Y]ou often hear political correspondents using analogies or examples of things that are not political in order to convey a political message, and the writing can be (…) quite funny" (Health correspondent, BBC News).

The use of metaphors to make political health news engaging was present throughout the coverage of the Mid Staffordshire hospital scandal, such as the example examined in section 9.4 where a political correspondent used a military vocabulary and terms like 'NHS guns' to refer to the political battle over healthcare. Several interviewees also explained how their personal interests, such as sport, influence their choice of metaphors because they have an inside understanding of the vocabulary. Even if it appears to contradict the status of political news storytelling as strictly impartial and based on facts, the scripts were thus described as being more light-hearted.

A central topic of political health news coverage is the NHS. In general, there was an understanding among the interviewed news workers that the NHS is highly politicised and therefore particularly prone to political coverage:

"(…) there's a big difference between things affecting every day development in the health service. But having said that, [the NHS] is the most political of all the public services, so most things that become national stories nowadays might have a political element" (Political correspondent, ITN).

As examined further in chapter 8, the coverage of the Mid Staffordshire hospital scandal was a good example of this politicisation of the NHS. The more national and politicised a story is deemed to be, the more likely it is to be covered as political health news. However, as described above, the categories of health news and political health news are somewhat arbitrary, and sometimes the decision on how to cover a story is based on practicalities or coincidences. Thus, the construction of narrative strategies, discursive statements, scandal processes and power relations between social actors are configured differently in political health news coverage, which is particularly clear when it comes to the use of interview types and filming techniques.

6.3.3 Political health news interviews

The impartial storytelling in political health news means a heavier reliance on accountability interviews, which Montgomery (2007; 2008) defines as critical interviews where people in authority are held responsible for their decisions. This interview type focuses more on confrontation and critical questioning than the personal experiences and emotions of the experiential interviews, and in the Mid Staffordshire hospital scandal storytelling it was filmed in a particular way as demonstrated in chapter 4. The use of accountability interviews is found here to be closely linked to the idea of the media as the fourth estate and the news workers' construction of the public as an electorate:

"(…) if you substitute politician for anybody in authority, so they might be (…) a local politician, a council leader, they might be a hospital chief executive in the context of this sort of story, they might be somebody from the local railway company, but somebody in a position of authority. (…) [I]f you're speaking to somebody in authority it's because you're asking questions on behalf of the audience" (Political correspondent, BBC News).

This attitude seems to mark a critical approach to official sources, which reflects a liberal approach seeing journalists as watchdogs who provide the public with the information it needs to function as an electorate (Curran & Seaton, 2010; Hampton, 2010; McNair, 2009; Schultz, 1998a). Political health news interviews focus on the authorities and their ability –

or inability – to govern the NHS, which became particularly clear in the Mid Staffordshire hospital scandal and the construction of healthcare and deviance. This means that official social actors do have access to the news storytelling, but the format of the accountability interview shifts the power relation in favour of the news workers.

The nature of accountability interviews and their role as a narrative strategy also influences the involved visual statements. Filming the interviews themselves was described by the news workers as fairly standardised with mid-ranged shot sizes and neutral settings, which corresponds with the findings regarding the coverage of the Mid Staffordshire hospital scandal examined in section 4.3. However, the composition of setup shots is influenced by the objectives of accountability interviews. As described in section 5.3, TV news interviewees are often introduced with a shot or a short sequence, the so-called setup shots, which are typically filmed after the interview has taken place (Boyd et al., 2008; Orlebar, 2013). These shots serve to place them in the narrative structure of the news story, and according to one ITN political correspondent, the composition of these setup shots also depend on the kind of interview that is being conducted:

> "(…) with the case study you have them making a cup of tea or whatever, you would never do that with an official. They're there to be held to account. They're there representing an institution. So you don't want to be seen to be pallying up with them, to be filming them in a social setting, or them doing something" (Political correspondent, ITN).

This practice of using more formal setup shots for accountability interviews was observed at several points in the coverage of the Mid Staffordshire hospital scandal, such as the ITV interview with the NHS Chief Executive David Nicholson examined in section 8.3. In general, setup shots are decided upon by either the journalist or the cameraperson or the two together, but there seems to be a common understanding of how the shots should look. This might be linked to the shared professional identity of news workers and the conventions regarding news interviews (Harrison, 2000; Montgomery, 2008; Schlesinger, 1987).

As in health news, affiliated interviews are often used in political health news. In this interview type, journalists position themselves as neutral experts (Clayman, 1988; Ekström & Lundell, 2011; Montgomery, 2006), which was also the way in which some of the interviewed news workers thought of the practice:

> "(…) as a political correspondent you are expected to interpret events as well as just report them, it's a different role from being a reporter. You're supposed to analyse things and inject some commentary. Obviously not your own personal views but to put it in context to explain why it's happening" (Political correspondent, ITN).

Affiliated interviews were seen by the interviewed political specialists as allowing them to comment on and interpret events whilst maintaining the notion of journalistic impartiality described in previous literature (Cushion et al., 2016; Ekström & Lundell, 2011; Flood et al., 2011; Wahl-Jorgensen et al., 2016). Throughout the coverage of the Mid Staffordshire coverage, affiliated interviews positioned political correspondents as experts, as for example the comments from the BBC and ITV correspondents standing outside the Houses of Parliament examined in section 9.3. News workers thus use affiliated interviews as a narrative strategy where other social actors have little influence on the storytelling. By relying on accountability and affiliated interviews, political health news is constructed as more factual and impartial than health news, which tends to focus more on emotions and experiences. News workers and authorities thus negotiate the construction healthcare and deviance, but the power balance between the two groups is not equal since official sources are put in a defensive position whereas the news workers appear neutral as described in chapter 4.

6.3.4 Filming political health news

The role of visual storytelling in political health news is different than it is in health news. Images were still described as a central part, but the nature of political health news poses certain challenges. Camerapersons from BBC News and ITN generally described filming of political health news and its challenges in much the same way:

> "(…) in general (…) political stories are very, very boring and they tend to lack pictures. So what you tend to see a lot more of is live reports from political correspondents rather than packages. Obviously with health there's hospitals, there's doctors' surgeries, there's people's houses" (Cameraperson, BBC News).

> "(…) some stories are so dull that you really have to make an effort. Like, I mean, some of the stories from down at Millbank, you know, you think, 'okay it's another story about the future of the Labour party or something'. And it's basically a lot of

talking heads. And (…) it can be quite interesting, but visually it can be quite

boring" (Cameraperson, ITN).

As with health news, political health news is considered challenging in terms of getting suitable visuals. The problem is not so much in terms of access, but more related to the nature of the settings for political health news, which are not considered very engaging. This gives the camerapersons limited options in terms of constructing visual statements, and they have to fall back on routinised visual styles with Westminster scenes and 'talking heads'. In consequence, the camerapersons appear to have less influence on the news storytelling in political health news, since there is less room for creativity.

Filming for political health news is also restricted because of the impartiality requirements of TV news in general, and political news in particular. Political health news often contains footage from the House of Commons, which was described as having a special set of rules:

> "(…) that is footage that is done by special television service run within Parliament, it has very strict rules as to what it can film, how it films. We take that, it's what you call pool footage and all broadcasters have access to the same footage of the debate. And there is rules also, about how you can use it, you can't edit it to make it look different from the actual event" (Political correspondent, ITN).

This balancing of visual and verbal statements was seen in the discussion of the Keogh report in the House of Commons described in section 9.3 where Jeremy Hunt and Andy Burnham's appearances were carefully matched. The strict rules surrounding the use of Parliamentary footage means that news workers do not have complete control over the storytelling, but have to take political views into account. This means that although political health news focuses on holding authorities to account, the authorities also have a degree of influence on the storytelling and make sure that the narrative strategies are not favouring particular political views. This demonstrates that the notion of impartiality (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016) is conceptualised in a narrow Westminster-centred way that focuses on political parties. As such, filming political health news involves a number of challenges, which means that the news workers try to balance their self-perception as watchdogs with ideas about impartiality. The role of political specialists in health news coverage is presently under-researched, but it has proven particularly useful in understanding the construction of healthcare and deviance in the process of scandalising the NHS.

6.4 Covering the NHS

The NHS was described by many of the interviewees as a key subject of TV health news. News coverage has been found to have an impact health policy (Davidson et al., 2003), but healthcare institutions such as the NHS also tend to get critical news coverage, which can undermine public trust (Entwistle & Sheldon, 1999; Harrabin et al., 2003). Also, Seale (2002) found that the villains of health news storytelling are often bureaucracies and institutional actors. The role of the NHS in British society is found here to be a constant theme in TV health news, which means a constant balancing of appraisal and criticism as well as openness and whistleblowing.

6.4.1 Appraisal vs. criticism

The NHS is perceived to be highly politicised, as also demonstrated in the coverage of the Mid Staffordshire hospital scandal (see sections 8.2 and 10.4), and therefore one that requires careful balancing. In general, the interviewed news workers were very aware of the special status of the NHS and the challenges involved in covering it:

> "(…) the NHS is loved by millions of people in the country (…), and it's upheld as one of the great things in the UK, even though lots of things go wrong. (…) I think people are very proud of the NHS and this access that you have to healthcare" (Health correspondent, BBC News).

Some news workers described the NHS as a 'national treasure' and a particularly sensitive topic. In TV health news, the NHS thus serves as a pivotal centre around which news workers construct notions of healthcare and deviance. By being critical of such a central institution as the NHS, the news workers can position themselves as fourth estate which holds the powerful to account (Hampton, 2010; McNair, 2009; Schultz, 1998a). Meanwhile, the public is constructed and its attitudes and interests inferred by the news workers (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004; 2005; Wahl-Jorgensen, 2002), as discussed further in section 10.5. These two notions are linked together by the concept of the nation, whereby news workers construct a national identity where the interests of the people and the interests of the news media are aligned (Bennett, 1993; Billig, 1995; Conboy, 2006).

The special status of the NHS means that the news workers described it as a particularly sensitive issue to cover. On the one hand, they saw the NHS as having a special significance to the British public, which means that criticisms must be sensitive. On the other hand, this

special significance was seen as the exact reason why NHS failures, such as the Mid Staffordshire hospital scandal, are important to cover:

> "(…) there's a difficulty of looking like you're doing [the NHS] down, that's one of the main issues: looking like you're undermining (…) an institution that a lot of people hold very dear. But at the same time you have a responsibility to draw things to people's attention, to criticise and to expose. So yeah, that can be very difficult" (Health editor, ITN).

Previous research has found that the coverage of the NHS tends to focus on crises and failures, which is linked to a general tendency of falling trust in public healthcare institutions (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002). However, there has been little research on the ambivalence experienced by news workers covering the institution and how they reflect on their work. The findings here suggest that the news workers are aware of the difficulties of covering the NHS and feel a need to balance appraisal and criticism. However, although they acknowledged the implications of their work, many of the interviewees still maintained their role as impartial and neutral observers who are not responsible for scandalising the NHS:

> "(…) we're not campaigners, we're just reporting the news and it's not our job to fix the NHS. But it's our job to tell people and inform them about things that are going wrong. And so, if we had people saying 'oh', which I think we have had, 'you're making things far worse', (…) but you will also have people saying the opposite: 'this is a disgrace, the NHS has got to pull its socks up', and what you want is both sides saying that to you and then you know you're doing the story right" (Health correspondent, BBC News).

In this approach, the responsibility for any falling trust in healthcare institutions is solely placed with the scandalised institutions themselves, not the media who merely function as messengers. Also, if the public's responses are seen as divided, it is used to legitimise the approach from an impartiality point of view. Thereby, the news workers acknowledged that their coverage can lead to falling trust in the NHS, but they denied complicity by referring to the journalistic notions of neutrality and impartiality.

6.4.2 Openness and whistleblowing

Another issue that was mentioned in connection with covering the NHS was that of openness. Several of the news workers criticised the NHS for being too secretive and

closed. One example is the difficulty of accessing and filming in NHS institutions as described in section 6.2, which in the eyes of some news workers reflects a general reluctance to be open and transparent. Openness to the media was generally described as a way to ensure institutional accountability, whereby the role of the news media as watchdogs is reinforced (Hampton, 2010; McNair, 2009; Schultz, 1998a). Furthermore, some interviewees directly connected the lack of transparency with scandal:

> "I think yes, the more open and transparent you are the better you will end up being run, and the less likely you are to find yourself running into scandal, (…) because it changes the way in which people operate" (Political correspondent, BBC News).

In connection with the NHS, this notion implies that transparency is crucial in order to avoid mismanagement and scandal. Some interviewees noted that the PR department at Stafford Hospital changed its approach during the scandal, and saw the more accommodating and open attitude as a good way to manage the scandal. As such, the news workers seemed to assume that the media's interests coincide with the public's interests, thereby ignoring the concept of 'attack journalism' and the media agenda to find and expose scandals (Lloyd, 2004; Milne, 2005; Sabato, 1993).

As a part of this emphasis on openness, the NHS's treatment of whistle-blowers was scrutinised by several interviewees. As the findings in section 4.6 as well as previous research (Liebes & Blum-Kulka, 2004; van Es & Smit, 2003) show, the construction of whistle-blowers and the power relation between them and news workers is ambiguous, but the interviewed news workers mostly failed to recognise their own role in this:

> "(…) if you are a whistle-blower you are taking a tremendous risk with your career, with your life. You will have a life-changing, if not life-threatening series of events thrown at you and it's happened again and again in the health service. They should hang their heads in shame" (Producer, ITN).

As with the criticism of the NHS mentioned above, the interviewees tended to put the blame for mismanagement solely on the NHS as an institution, and they avoided taking responsibility by referring to standards of neutrality and impartiality. Using the word 'shame' clearly labels the NHS as an immoral and deviant institution, which deserves to be

criticised and condemned. As such, covering the NHS is recognised as a difficult balancing act, but the interviewees were convinced that their commitment to neutrality and impartiality ensures that they strike the right balance. The interviewees thus made a series of connections between themselves, the NHS, openness, scandal and whistle-blowers. This shows that health news storytelling involves complex power relations and negotiations between media and healthcare institutions, the 'two cultures' mentioned by Seale (2002), regarding the construction of healthcare and deviance.

6.5 Conclusion

As a subcategory of TV news, TV health news fits Bignell's (2002) observations that the format is heavily coded. The encoding of TV health news also has some specific characteristics that sets it aside from the general making of TV news (Friedman et al., 2014; Seale, 2002; 2004; Tanner, 2004; Wang & Gantz, 2010). However, the previous research on health news has tended to overlook the role of political specialists, who were found here to play a significant role in the construction of healthcare and deviance in the process of scandalising the NHS.

The categorising of TV health news influences the encoding of the stories, depending on the specialist teams and the power relations between the involved social actors. Both the health and political teams are hierarchically structured and larger at BBC News than at ITN, and in terms of narrative strategies health and political specialists differ significantly. Health news storytelling aims to engage the audience emotionally (Boyce, 2007; Seale, 2002) and mainly rely on experiential interviews and the involved discursive statements to encourage feelings of empathy and participation. Meanwhile, political health news storytelling mainly relies on accountability interviews with authorities and the involved discursive statements to encourage critical distance. Also, health news storytelling makes use of expert interviews, and in both specialisms affiliated interviews are a common way to position news workers as neutral experts. When covering a scandal like the Mid Staffordshire hospital scandal, the specialism of the news workers can therefore affect the storytelling and the narrative strategies. However, the categorisation is not necessarily a deliberate choice, and can also depend on external factors or coincidences.

The visual storytelling of health news is influenced by the categorisation of stories as well. Both categories are challenging in terms of obtaining engaging footage, but for different reasons. Whilst health news storytelling is restricted by access to healthcare institutions and social actors, political health news is simply seen as visually uninteresting. When it

comes to interviews, experiential and accountability interviews appear to follow different standards of filming as described in chapter 4. The verbal differences between the types is described by Montgomery (2007; 2008), but the visual side has not been examined previously. Thus, the news workers described how they deliberately use close-ranged shot sizes, zooming and settings to visually accentuate the emotional nature of experiential interviews. In accountability interviews, the visual narrative strategies are used to position the journalists as critical watchdogs who hold authorities to account (Hampton, 2010; McNair, 2009; Schultz, 1998a). Thereby, the power relation between news workers and other social actors generally favour the news workers by letting them decide the interview format and whether the interview encouraged feelings of sympathy or critical distance. As demonstrated in chapter 7-10, the categories of health and political health news directly affected the scandal processes and the way in which healthcare and deviance was constructed in the Mid Staffordshire hospital scandal.

The interviewees described the NHS as having a central place in health news coverage. Previous research has found that healthcare services get increasingly scandalised in the media, which risks undermining trust in these institutions (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002; 2004). This risk was acknowledged by the interviewees, but they saw journalistic notions of neutrality and impartiality as a way to avoid this. Thereby, the news workers reinforced the idea of themselves as a collective of truth-speakers linked together by common values and serving the public's interest (Gans, 1980; Schudson, 2001; Schudson & Anderson, 2009). This collective was juxtaposed with the NHS, which was seen as a closed and secretive institution. The closed nature of the NHS was in turn connected to mismanagement, scandals and the suppression of whistle-blowers. Thus, the news workers connected themselves to the public and NHS whistle-blowers, constructing a national 'us' that works for a functioning healthcare system and, by extension, a healthy nation.

Health and political specialists thus influence TV health news in different ways, focusing on emotional and impartial storytelling respectively. However, individual health reports can include both perspectives, which means that the two groups often have to negotiate the narrative strategies. By the same token, discursive statements are negotiated between a number of social actors including correspondents, camerapersons and sources. Thus, the construction of scandal processes in the coverage of the mid Staffordshire hospital scandal also depended on how news stories were categorised and which specialists did the

coverage. The power relation between health and political specialists is changing in favour of political coverage, partially because the NHS is increasingly politicised (Entwistle & Sheldon, 1999; Seale, 2002). In general, political health news seems to be regarded as more serious and newsworthy than health news, which means that the power relation is skewed in favour of political specialists. The coverage of the Mid Staffordshire hospital scandal is a good example of how this power relation works in practice, since the coverage became increasingly politicised as the scandal evolved. In order to examine the how the differences between health and political health news play out in practice, the following four chapters empirically examine the scandal processes to see how healthcare and deviance was constructed in the context of the Mid Staffordshire hospital scandal.

Chapter 7. Phases of the Mid Staffordshire Hospital Scandal: Scandal Hunting, Latent and Activations Phases

Greer and McLaughlin's (2016) model of mediatised institutional scandals moves through the six phases of scandal hunting; latency; activation; reactions; amplification; and accountability, as explained in more detail in section 2.5. Each of these phases has its own characteristics, which drive the scandal processes forward. This chapter and the three chapters following it use this model to examine the Mid Staffordshire hospital scandal and the different processes involved in detail, thereby addressing the research question:

- How did the TV news coverage construct scandal processes and narrative strategies to move the scandal through its different phases?

As described in chapter 3, the methods engaged to examine this question are Altheide's (1987) Ethnographic Content Analysis (ECA) combined with in-depth interviews with the news workers who created the reports. Each of the four chapters thus examines scandal processes and the involved narrative strategies, power relations, social actors and discursive statements in qualitative detail. This is done by starting with the latent and activations phases moving on to reactions, amplification and accountability. I have not included the scandal hunting phase in this study. It is entirely possible that scandal hunting was present at a local level and perhaps in newspaper coverage of the NHS, but since this study focuses on national TV news there was no mention of a scandal hunting phase in either the news reports or in the interviews.

Regarding the latent phase, it mostly served as leading up to the activations phase in the present case study, which is why the examinations of the two phases are combined in this chapter. In this chapter I therefore begin with an overview of the latent and activations phases of the Mid Staffordshire hospital scandal, moving on to examine the major themes of victims, death and suffering, local campaign groups, placing the blame and the whistle-blower hero before I conclude on the findings.

7.1 The latent and activations phases

The *latent* phase of the Mid Staffordshire scandal went back to the mid-2000s. The Mid Staffordshire General Hospitals NHS Trust (after 2008 called the Mid Staffordshire NHS Foundation Trust) ran two hospitals: Stafford Hospital and Cannock Chase Hospital. As other Trusts, the Mid Staffordshire General Hospitals NHS Trust was regularly inspected by the relevant regulators, such as the Healthcare Commission (HCC), but no alarming issues

were reported at the time. The first signs that the Trust might have some problems began to emerge in 2006. In February that year, a local newspaper, the Staffordshire Newsletter, ran a couple of articles suggesting that Stafford Hospital was in a 'squalid state' (Staffordshire Newsletter, 2006a; 2006b). In response the hospital management assured that any issues would be examined and dealt with, but they generally understood the hospital to be a well-functioning institution. At this point, no further action seems to have been taken by either the Trust or the media.

In the winter of 2007 a group of concerned patients and relatives from the local community formed the group 'Cure the NHS' (CTNHS). The group was started by Julie Bailey whose mother had died at Stafford Hospital, and it mainly consisted of patients' relatives (Bailey, 2012; Cure the NHS, 2015). In 2007, the extraordinary high mortality rates at the Mid Staffordshire General Hospitals NHS Trust also attracted the attention of the Healthcare Commission (HCC). To investigate the reasons for these rates, the HCC launched an investigation into the conditions at the Trust, which was conducted between April and October 2008 (The Mid Staffordshire NHS Foundation Trust Inquiry, 2010). As such, this phase fits Greer and McLaughlin's (2013; 2016) description of the latent phase very well with its elements of rumours, partial disclosures, allegations and denials.

The *activations* phase of the scandal was triggered in March 2009. Activations is deliberately put in the plural here, since the scandal over a four-year period was activated and reactivated several times by separate inquiries and reports. The first activation came when the HCC published its highly critical report on 17 March 2009. This report found that the Trust's over-mortality was a result of serious failings, which were described as a lack of basic care, staff shortages, a lack of efficient monitoring systems and wrong board priorities:

> "The clinical management of many patients admitted as emergencies fell short of an acceptable standard in at least one aspect of basic care. Some patients, who might have been expected to make a full recovery from their condition at the time of admission, did not have their condition adequately diagnosed or treated. Often, these shortcomings were not recognised and lessons were not learned" (The Healthcare Commission, 2009: 134).

As a result, the Trust's Chief Executive, Martin Yeates, and its Chairperson, Toni Brisby, resigned their posts immediately before the report was published. The Chief Executive of

the regional NHS authority, Cynthia Bower, remained in her position and was instated as head of the Care Quality Commission in April 2009 (Campbell, 2013). Thus, the HCC report brought the Mid Staffordshire NHS Foundation Trust to the media's attention, and both print and broadcast news covered the publication of the report and its findings.

However, people in the media and campaign groups argued for further investigation, and on 21 July 2009 the pressure led the then Labour Health Secretary, Andy Burnham, to set up an independent inquiry chaired by Robert Francis, QC. The independent inquiry's report was published on 24 February 2010, which reactivated the scandal (The Mid Staffordshire NHS Foundation Trust Inquiry, 2010). The independent report attracted renewed media and public attention, which again led to pressure for further investigation in the form of a public inquiry. The calls for a public inquiry were not heeded by Burnham who instead set up a new independent inquiry headed by Francis. The Conservative party made a public inquiry a part of its programme for the 2010 general elections, and after the Conservative and Liberal Democrat victory, the remits of Francis' second independent inquiry were changed so that it became public. The scandal processes of the activations phase thus largely fit the model of mediatised institutional scandal (Greer & McLaughlin, 2013; 2016) by bringing the failings into the realm of public knowledge, supporting the claims with substantial evidence and the inclusion of a public inquiry.

7.2 TV news coverage of the activations phase

National TV news did not cover the Mid Staffordshire hospital scandal in its latent phase, so this section only deals with the coverage of the activations phase. With the publication of two separate reports, the HCC and independent reports, the Mid Staffordshire hospital scandal was effectively activated twice in this period. According to Greer and McLaughlin, scandals are only activated when they reach the mainstream media:

> "Scandalous allegations circulating on social media – however credible they may seem and however visible and widely consumed by networks of diverse publics – still only gain mainstream authority and validation once appropriated and recirculated by corporate news media" (Greer & McLaughlin, 2016: 8).

This validation took place twice with the coverage of the publications of the HCC report on 17 March 2009 and the independent report on 24 February 2010. However, the coverage in this phase was generally sporadic and there were long periods when the scandal was not covered at all. In its activations phase, the scandal coverage can be illustrated thus:
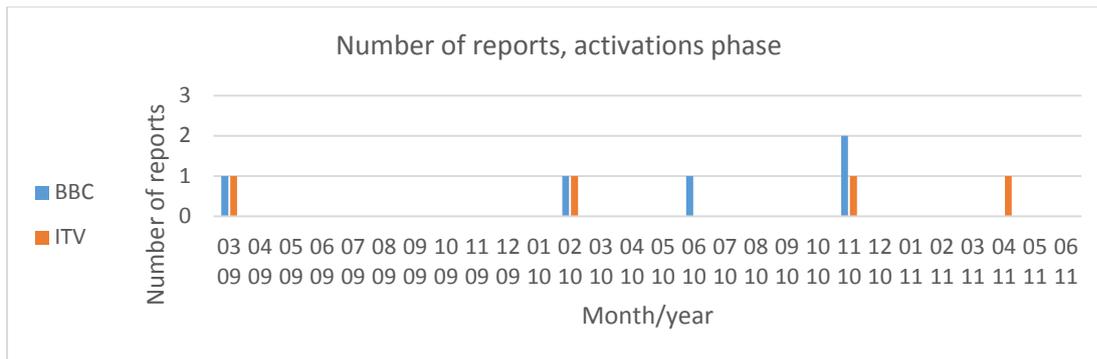
Figure 7.1 Overview of the number of news reports in the activations phase of the Mid Staffordshire hospital scandal on a monthly basis from March 2009 to June 2011. The publication of the HCC report was covered in March 2009 and the publication of the independent report was covered in February 2010.

As can be seen on figure 7.1, the distribution of the BBC's and ITV's coverage of the scandal resembled each other relatively closely, with the BBC broadcasting five reports and ITV four. This confirms the observation in chapter 4 that the BBC and ITV coverage followed a similar pattern. Both channels covered the initial two key events in this stage of the scandal, the publications of the HCC report and the independent report. The decision to cover the March 2009 story was described as straight-forward given the report findings:

> "It was obvious that the story needed to be covered because the tip-offs we'd had from the Healthcare Commission, and the background we knew about the hospital meant that we knew that things had been going very badly wrong at the hospital, and that this story was going to be very strong" (Health correspondent, BBC News).

Thus, the publication of the HCC report was seen as a strong story even before it happened, which corresponds with the construction of newsworthiness in the encoding of news described by Bednarek and Caple (2012b; 2014; Caple & Bednarek, 2013). The parallel coverage by the BBC and ITV also confirms the finding described in section 5.3 that TV news organisations rely on external parties, such as the HCC, for health news stories. With the publication of the independent report in February 2010, the scandal was re-activated and found to be newsworthy once again:

> "I think it's the old adage isn't it, dog bites man that's not news, man bites dog that's news. Anything that's that unusual, and I think the ferocity of the criticisms in the report, the way that Francis clearly, if you like, sided with the patients" (Health editor, ITN).

According to this comment, the gravity of the failings was once again constructed as newsworthy, only with more emphasis on the victims. This reflects research on crime news, which has previously found that the symbolic power of victims play an increasingly important part in how news is selected and constructed (Chermak, 1995; 1998; Greer, 2007; Reiner et al., 2003; Reiner, 2001). Apart from the key stories in March 2009 and February 2010, the BBC covered the discussion about the public inquiry in June 2010, and both channels covered the announcement of the inquiry in November 2010. Furthermore there was a BBC report on babies' deaths at Stafford Hospital in November 2010 and an ITV report on Cynthia Bower in April 2011. The BBC's five reports contained a total of 117 shots while the ITV's four reports contained 128 shots. The illustration below is an overview of how much the different groups of social actors described in chapter 4 appeared verbally and visually in the activations phase of the scandal:
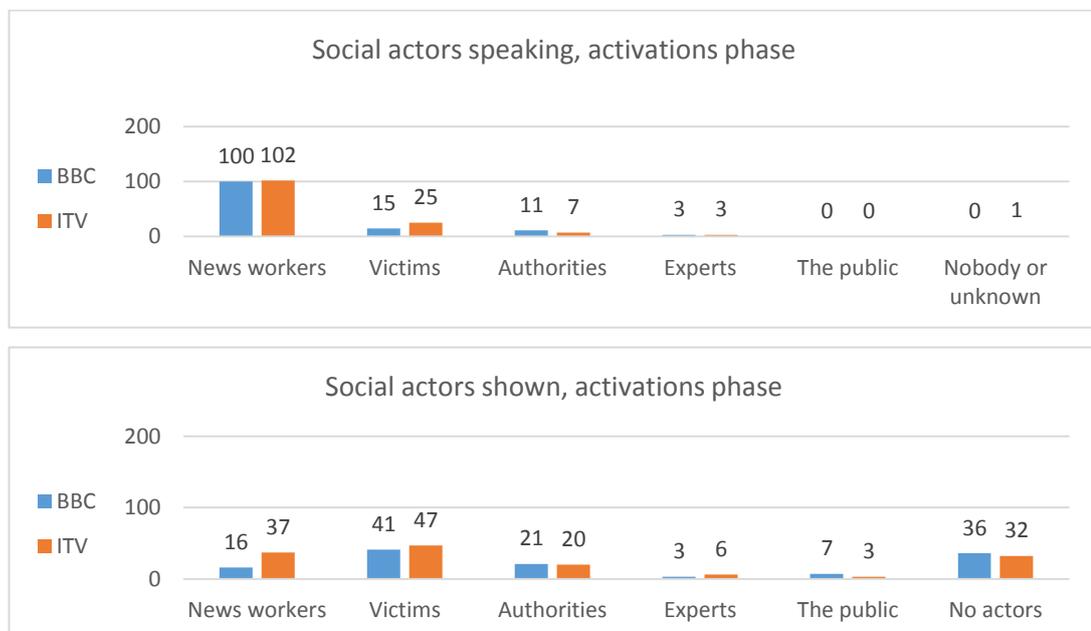
Figure 7.2 Overview of the number of shots each group of social actors was speaking over and shown in the activations phase of the scandal.

As seen in figure 7.2 the verbal and visual appearance of the news workers followed the overall pattern described in chapter 4, where they were found to be the most heard group but not the most shown. The victims appear to have been prominent at this stage, speaking over relatively many shots and being the most shown group. To examine the more specific meanings of these general impressions in more qualitative detail, this chapter now moves on to analyse the activations phase using the conceptual framework of narrative strategies, power, social actors, discursive statements and scandal processes described in chapter 2.

7.3 Victims, death and suffering

The storytelling in the activations phase of the Mid Staffordshire hospital scandal had the death and suffering of the powerless victims as the central theme. Butler and Drakeford (2005) described how scandals in the social sector contain heroes, villains and victims, which has also been described as a general structure in news storytelling (Bird & Dardenne, 2009; McRobbie & Thornton, 1995). In the activations phase of the Mid Staffordshire hospital scandal, the victims and their relations to other social actors were particularly important. Not only were they verbally and visually present in a large proportion of the discursive statements, they also functioned as the driving focus of the storytelling. Thus, when the scandal was activated on 17 March 2009, the presenters at both the BBC and ITV News at Ten both began their stories with the victims:

> "Good evening. More than 3,000 deaths at an NHS hospital in Stafford could be re-examined following a damning report into the standards of care. The Healthcare Commission found that appalling failures at Stafford Hospital had probably led to hundreds of deaths (…)" (BBC-01, 1).

> "Good evening. The appalling and potentially deadly care patients received in an NHS hospital was laid bare in a report published today. Dozens, possibly hundreds of patients at Stafford Hospital died as a result of the way they were treated. The Healthcare Commission said patients were left without food and water, some forced to drink from flower vases (…)" (ITV-01, 1).

Putting victims first is a common element in both crime news (Reiner et al., 2003; Reiner, 2001) and health news storytelling (see section 6.2). As Peelo (2006) argues, the focus on victims invites the audience to participate in the story as mediated witnesses. Constructing certain social actors as legitimate victims plays into the identification of social problems (Greer, 2007) and, as an emotional narrative strategy, it shifts the power relations by encouraging sympathy for the victims. This is particularly relevant in the case of mediatised institutional scandal, where the wrongdoers are powerful institutions whose authority can be undermined by the discursive statements of social actors, such as victims and news workers. The opening statements of the stories from March 2009 encouraged the witnessing of NHS failures, which had resulted in the death and suffering of innocent victims. From the outset, the discursive statements placed the institution in a position where it could be criticised by victims, whistle-blowers, the public and news workers alike. In terms of narrative strategies, this was a move towards a focus on empathy and personal

experiences, which in the activations phase of the scandal was a central element in the construction of healthcare and deviance.

7.3.1 Personalising victims

Several of both channels' reports from the activations phase featured photos of victims shortly after the introductions. This narrative strategy of personalisation established the victims as the starting point of the storytelling against which other social actors were compared. For example, both the BBC and ITV stories from 17 March 2009 included photos of some of the victims. In the BBC report, a series of family photos of victims was accompanied by the BBC News health reporter's comment:

> "These are the faces of just a few of those who suffered, say their relatives, or even
> died because of the failings at Stafford Hospital. Some of them were vulnerable and
> infirm, hoping for care and compassion from a place that's now accused of letting
> them down" (BBC-01, 2).
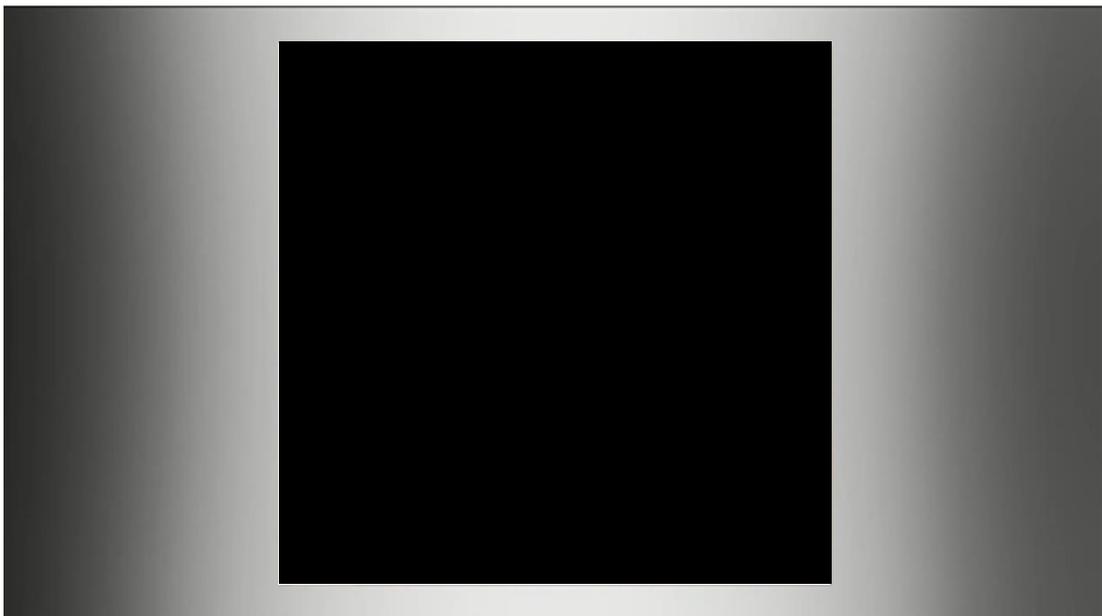
Figure 7.3 (BBC-01, 2) One of the family photos of victims from the first shot of the first package from the BBC's story from 17 March 2009. The shot had a slight zoom into the photo. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/00E54F75?bcast=31893143

In the ITV report, a shot zoomed from a billboard with photos of the relatives standing in front of it. The ITN general reporter's accompanying comment was:

"A collection of photographs of people who died before they should have done, in a place which should have saved them and the loved ones they left behind" (ITV-01, 7).
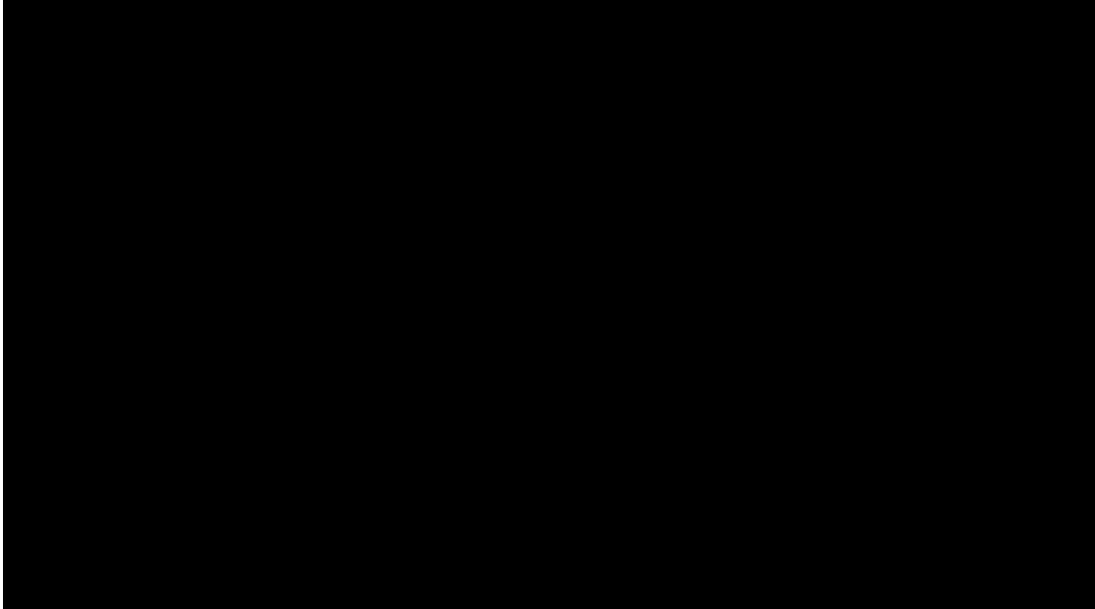
Figure 7.4 (ITV-01, 7) A shot showing family photos of victims from ITV's story on 17 March 2009. The shot zoomed out to show the victims' relatives who stood in front of the billboard. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/00E527E2?bcast=31893156

Even if the verbal statements did not mention any individual victims, the visual statements served to personalise the death and suffering. The victims shown were almost exclusively elderly people who fit Christie's description of 'ideal victims' who are seen as more deserving of sympathy and vindication (Christie, 1986; Smolej, 2010). The narrative strategies of personalising the victims and opening the reports with their images emphasised their status as 'ideal', and formed the basis of a juxtaposition of victims, audience and news workers on the one side and the local institution and its managers on the other.

As described in section 6.2, using the personal case study as an entry point to a news report was described by news workers as common practice in TV news, and particularly in health news (Boyd et al., 2008; Seale, 2002; Tanner, 2004). The use of zoom in both shots functioned as a way of emphasising this personalisation since the change in shot size indicated a change in social distance (Kepplinger, 1982; Kress & van Leeuwen, 1996; Lury, 2005). However, according to a news worker who worked the story above this was not the main purpose of the zoom:

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"(…) it's about adding movement to static pictures, I personally don't like it, but I didn't have any control over it. I specially don't like it because immediately afterwards there's another zoom" (Health correspondent, BBC).

According to this correspondent, the choice to use zoom was one of practicalities and making static images move. This corresponds with the findings in section 5.3 that visual statements are often created on the basis of routine and aesthetics rather than deliberately trying to convey social distance.

7.3.2 Mediated witnessing

Throughout the activations phase of the scandal, verbal statements describing the death and suffering of victims were combined with visual statements showing individual victims. Thus, accompanying photos of individual victims, BBC News and ITN news workers made comments like the following:

"Many patients there died unnecessarily because of catastrophic shortfalls" (BBC-02, 8).

"Some of the hundreds of people who died from sub-standard care" (BBC-03, 4).

"They went to hospital, vulnerable and in need of care. Instead they suffered appalling neglect and many of them died, victims of a catalogue of health care failures" (BBC-04, 2-5).

"These were lives that weren't saved so that money could be" (ITV-01, 17).

"Frank Robinson's son John died after being treated in accident and emergency at Stafford. He was injured in a bike accident and he died hours later" (ITV-02, 11-12).

"Somebody's husband, somebody's grandmother, somebody's baby. A few of the hundreds of patients who died unnecessarily at the Mid Staffordshire Hospital in the four years before 2009" (ITV-03, 2).

The victims were verbally constructed as both a group and as individuals, and the use of family photos, where it is customary to look straight into the camera, invited the viewer to connect with them, as described by Kress and van Leeuwen (1996). Also, the combined verbal and visual discursive statements described the victims as suffering and dying individuals in the hands of a powerful institution. Thus, the main narrative strategy of the activations phase was to combine verbal and visual statements to construct the victims as

personalised but powerless social actors, whose death and suffering was at the centre of the storytelling.

The stories of personalised and powerless victims invited the audience to function as mediated witnesses and empathise with the victims and their suffering (Peelo, 2006). This reflects the health perspective of the coverage at this stage, which focuses on personalised case studies as a narrative strategy as described in section 6.2. The descriptions of the victims as being powerless were emphasised by the fact that they rarely spoke for themselves. Of course, the majority of the featured victims had died as a result of the mistreatment and could therefore not speak, but the lack of first-hand accounts of the failings is striking given the emphasis on death and suffering. Although the victims themselves played a key role in the activations phase of the scandal they were spoken for by others, which put them in a disadvantaged position in terms of storytelling (Bird & Dardenne, 2009; Toolan, 2012). Thus, the construction of healthcare and deviance in the activations phase of the scandal allowed news workers to tell stories of powerless victims and invite the audience to witness the suffering, which at the same time gave the news workers the power to scandalise the NHS.

7.4 Local campaign groups

Alongside the victims themselves, their relatives also played a key role in the activations phase of the scandal. Members of the campaign groups Cure the NHS (CTNHS) were particularly central social actors in the process of scandalising the NHS, and their spokesperson Julie Bailey featured frequently. For instance, she was interviewed by the BBC as well as ITV when the scandal was first activated on 17 March 2009. In both interviews, Bailey talked about the treatment of her mother, who had died at Stafford hospital (Bailey, 2012).

As noted in section 4.4, victims and their relatives were often filmed in private settings, and their appearance in the activations phase confirms this impression. In the BBC interview, Bailey was filmed in the café she ran at the time and she made the following statement:

> "Confused patients just wandering around the ward half undressed, just eating with their fingers, drinking out of flower vases because they couldn't get fluids" (BBC-01, 17-18).
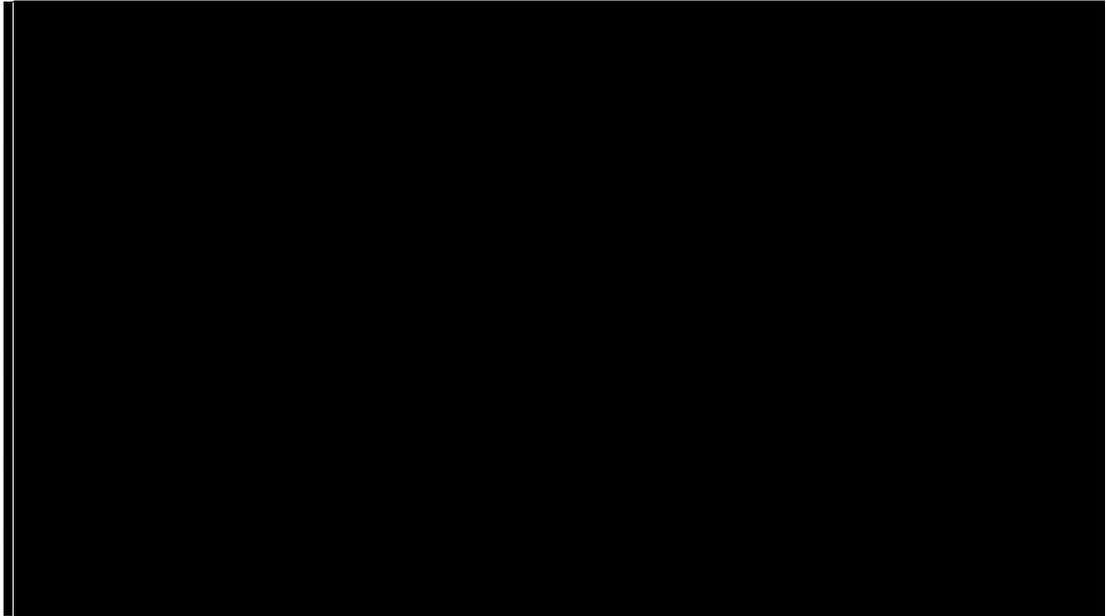
Figure 7.5 (BBC-01, 18) From the BBC interview with Julie Bailey on 17 March 2009. She was filmed in a close shot size in front of a billboard with photos of victims. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/00E54F75?bcast=31893143

In the ITV interview from the same day, Bailey was also filmed in the café, but she expressed herself in a different way than she did in the BBC interview:

> "There was no feeding of patients, there was no taking them to the toilet. It was just the patients struggling with the plastic film with their fingers, eating with their fingers, faeces coloured, covered fingers, drinking out of vases, drinking out of the sink. It was just chronic, you could hear patients crying, crying out in pain, crying because they'd wet themselves, just men, grown men, sobbing" (ITV-01, 8).
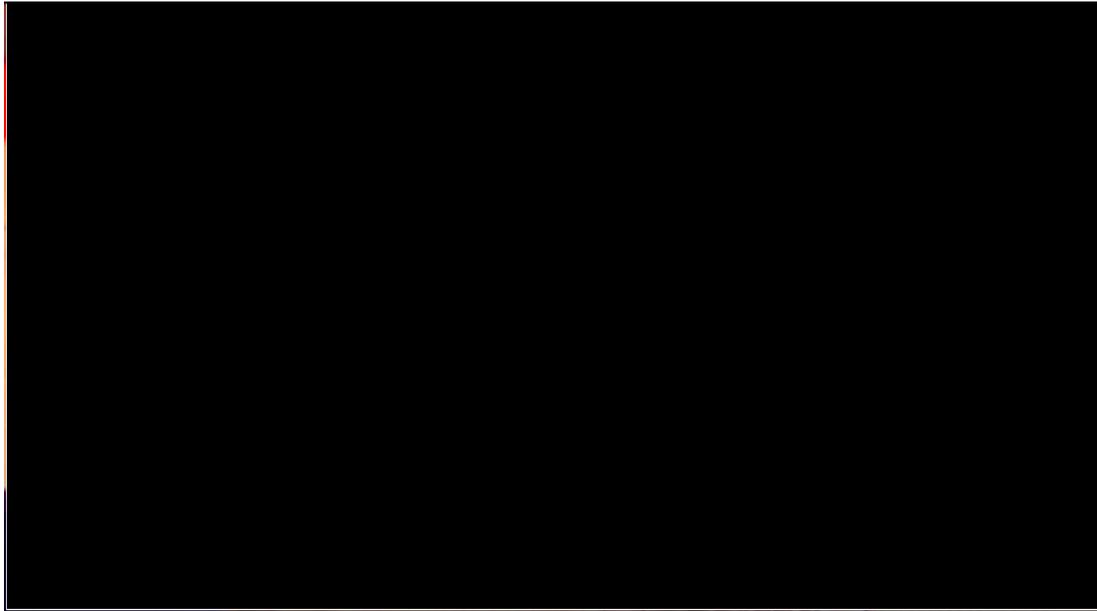
Figure 7.6 (ITV-01, 8) From the ITV interview with Julie Bailey on 17 March 2009. Bailey was filmed in a close-ranged shot size in front of a billboard with photos of victims. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/00E527E2?bcast=31893156

In terms of Bailey's verbal statements, the BBC interview was less detailed than the ITV one. Both depicted the conditions at the hospital as horrible and used drinking water out of flower vases as an example. However, in the ITV interview Bailey gave a more vivid description of her experiences, which reflects some of the interviewed news workers' comments that ITV has traditionally tended to lend itself more to emotional storytelling than the BBC (see section 5.2). The comments above were fairly typical of the interviews Bailey gave in the activations phase of the scandal. Both the BBC and ITV would often use Bailey as a case study, which was described by the interviewed news workers as a way of engaging the audience emotionally (see section 6.2). This places the interviews with Bailey and other relatives in the category of experiential interviews where the aim is not so much to provide neutral information as emotional accounts (Montgomery, 2007; 2008). In terms of visual statements, the two interviews above were very similar. Both had Bailey placed in front of a billboard with photos of victims, which created a visual link between her account and those directly affected. Both interviews also showed Bailey in a close-ranged shot size, which indicates close social distance (Kepplinger, 1982; Kress & van Leeuwen, 1996; Lury, 2005). However, during the interviews for this study two camerapersons from BBC News and ITN described how the setting influenced the choice of shot size:

> "I remember it was very tough for me in there because there were, I think, three
> other camera crews in there (…). So that's a lot of camera crews trying to film the
> same thing" (Cameraperson, BBC News).

> "It's a small café, and you're trying to have people going up against the wall when
> you interview them. So it was an awkward place to shoot in" (Cameraperson, ITN).

It thus appears that decisions to film interviewees like Bailey in close-ranged shots could be
a result of circumstances rather than a deliberate wish to make her appear socially close to
the viewer. This adds a perspective on the findings in section 4.4 that victims were
relatively often shown in close-ranged shot sizes. The vivid descriptions of the suffering
reinforced the personalisation of the victims and the invitation to the audience to
sympathise with them. Thereby, Julie Bailey's statements supported the narrative
strategies of the news workers, which means that their relation confirmed both parties'
power to construct healthcare and deviance.

7.4.1 Empowering the victims

Social actors from Cure the NHS (CTNHS) did not just appear as suffering victims of
institutional failings, giving experiential interviews and emotional accounts. In their
coverage of the opening of the public inquiry in June and November 2010, the BBC and ITV
reports described it as a victory for CTNHS. This was illustrated by the following
introduction made by a BBC News presenter on 8 November 2010:

> "A public inquiry has opened into serious failings at Stafford hospital after an
> official report found appalling standards of care had caused hundreds of avoidable
> deaths between the years 2005 and 2008 (…). Families have spent years fighting for
> today's public inquiry" (BBC-04, 1).

Later in this particular report, after two experiential interviews with relatives where they
relayed their experiences and emotions, three shots of protesting CTNHS members were
shown. Slightly huddled in the rain, they were protesting in favour of the public inquiry that
had just been announced.
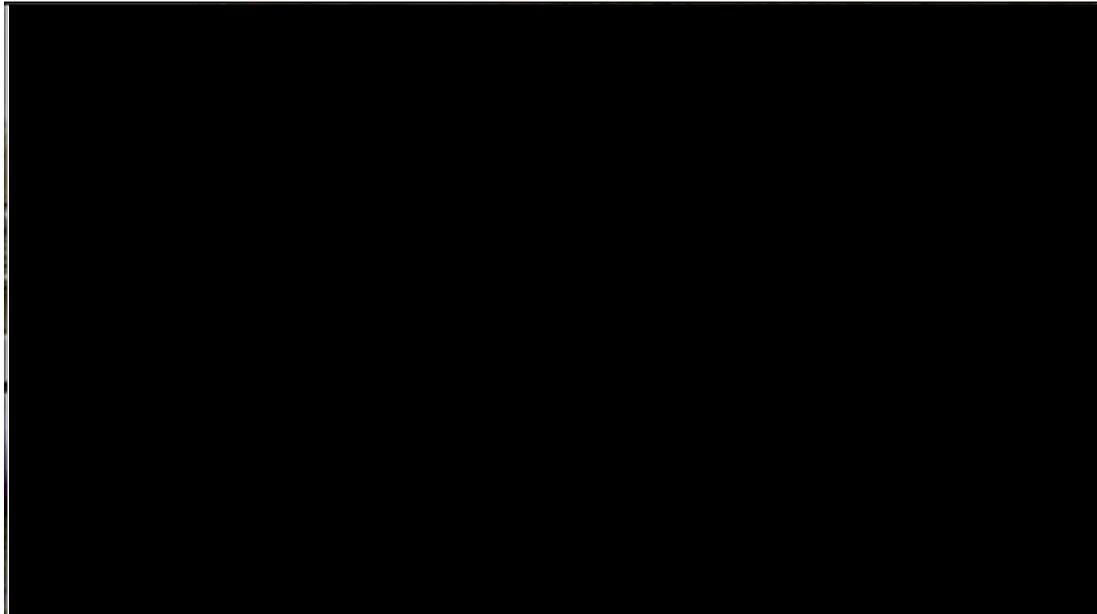
Figure 7.7 (BBC-04, 24) Shot from the BBC story 8 November 2010 showing members of CTNHS campaigning for a public inquiry into the failings at Stafford Hospital. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/017AB40F?bcast=55490946

These verbal and visual discursive statements constructed the CTNHS activists as empowered and capable of influencing the decision to establish the public inquiry. To some degree this challenged the overall construction of the victims and their relatives as powerless in the hands of the local institution. This adds a perspective to their appearance as victims by portraying them as lay heroes, which is increasingly common in health news (Seale, 2002). In the scandal storytelling, the campaigners were thus equipped with the power to influence the scandal processes, which gave them an influence beyond that of the suffering victims'. This influence, in turn, allowed them to identify how the problem of inadequate healthcare at the local hospital was best solved, namely through a public inquiry. Public inquiries have been found to be an increasingly central part of mediatised institutional scandals (Butler & Drakeford, 2005; Greer & McLaughlin, 2016), that allows the media and the state to blame institutional cultures for any failings. CTNHS could supply the news workers with emotional accounts whilst promoting a public inquiry. Thereby, CTNHS were not only personalised victims in the storytelling but could actively influence the scandal processes of politicisation and mediatisation (see sections 6.2 and 8.4) by playing on the state's motivation to shift responsibility and scandalise the NHS instead of its own political leadership.

7.4.2 Campaign groups as sources

Using social actors from CTNHS as key sources was a deliberate part of the news workers' narrative strategies in the activations phase of the scandal. As described in section 6.2, TV health news storytelling tends to rely on case studies and experiential interviews to engage the audience. Since the emotional impact of such interviews is seen as crucial, health specialists found Bailey a valuable source:

> "Julie Bailey was the obvious person and that's because she had the fortitude and the strength of character (…)" (Health producer, BBC News).

It transpired that Bailey was a good interviewee exactly because she as a result of her loss was capable of delivering the sort of discursive statements described above. By doing this, she would confirm the emotional imperative of health news and support the news workers' storytelling (Boyce, 2007; Seale, 2002). In addition to providing the news workers with statements herself, Bailey also facilitated contact to other sources:

> "Julie Bailey saved us, I mean, Julie was fantastic with the media. She really knew what the media wanted (…), getting people together for you so that you didn't have to go chasing them around the country (…). She arranged for several families to come to her café which had the wall of remembrance" (Health editor, ITN).

The 'wall of remembrance' referred to here was the billboard with pictures of victims mentioned above and seen on figure 7.5 and 7.6. According to the health editor's comment, Bailey was also valued because she made the news workers' lives easier, and could speed up the process of finding case studies in a time-pressed work process. Apparently, Bailey understood this mechanism, which gave her and CTNHS access to the storytelling. Contributing with strong verbal and visual statements allowed the campaign group to advance its own agenda and challenge medical and political authorities over the construction of healthcare and deviance. However, the statements from CTNHS were not necessarily taken at face value by the news workers, as a reflection from a BBC health correspondent who produced the report from 17 March 2009 demonstrated:

> "That piece implies kind of unquestioning acceptance of the accounts that the two, Julie Bailey and the other woman, gave. And I don't know if all the details of that were accurate. What she said about people drinking out of flower vases became part of the narrative of the story, that wasn't in the report. That was her account" (Health correspondent, BBC News).

Bailey's experience of the failings was used even though it could not be corroborated by other sources. This seems to contradict the notion of journalistic accuracy and impartiality as it has been described both in research (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016) and by the news workers themselves (see section 5.1). From this it follows that the need for discursive statements that fit an emotional narrative strategy can overshadow the need for impartiality in the activations phase of a scandal. The health correspondent quoted was not unaware of this, but in the production process the health news imperative of emotional storytelling still trumped professional values. This put Julie Bailey and CTNHS in a powerful position where their contributions to the health news storytelling provided crucial emotional value. However, although Julie Bailey and CTNHS had some influence on the scandal storytelling in the activations phase, their statements still had to support the narrative strategies (Bird & Dardenne, 2009), the experiential interview format (Montgomery, 2008) and the concept of newsworthiness (Bednarek & Caple, 2014; O'Neill & Harcup, 2009), all of which were constructed by the news workers.

7.5 Placing the blame

Whilst the main focus in the activations phase of the Mid Staffordshire hospital scandal was on the victims, supported by the discursive statements of CTNHS, the narrative strategy of allocating blame was also a central part of the scandal processes. The common narrative theme of villains (Bird & Dardenne, 2009) corresponds with Cohen (1972; 2011) and Young's (1971; 2011) demonstration of how news media tend to identify social problems and label certain individuals and groups as folk devils. This also happened in the Mid Staffordshire scandal's activations phase. For example, the second activation of the scandal with the publication of the independent report in February 2010 was introduced in the following way by a BBC presenter standing in a studio and an ITV presenter standing in front of Stafford Hospital:

> "Good evening. An independent report into standards of care at Stafford Hospital has revealed details of patients being routinely neglected while managers were preoccupied with cost cutting and with chasing targets. Andy Burnham, the Health Secretary, described the findings as a damning verdict, but he rejected an appeal from families and relatives for a full public inquiry (…)" (BBC-02, 1).

> "Good evening. From Stafford Hospital, condemned today over the death of hundreds of its patients. A hospital where managers put targets ahead of

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treatment. No one knows exactly how many patients died because of mistreatment by staff who didn't care, the hospital even tried to cover that up (…)" (ITV-02, 1).

Referring to the independent report, the death and suffering of the victims was still the main focus in these statements, but both introductions also touched upon the question of blame. The main blame was placed on the local institution and its managers, although the BBC also mentioned politicians and ITV mentioned the hospital staff. The accompanying visual statements had the BBC presenter standing in front of a screen with photos from Stafford Hospital while the ITV presenter stood in front of the hospital itself, both of which visually connected the failings to the local institution. The narrative strategies employed by news workers in the activations phase of the scandal thus placed the blame with institutional actors at the local level. Thereby, the Mid Staffordshire hospital scandal is a part of a pattern, where folk devils increasingly tend to be powerful individuals and institutions (Bird & Dardenne, 2009; deYoung, 2011; Flinders, 2012). This tendency has in turn been linked to a lack of trust in public institutions and decreasing deference to authorities (Butler & Drakeford, 2005; Cappella & Jamieson, 1997; Greer & McLaughlin, 2013; Sabato et al., 2000), which puts the identification of folk devils in the Mid Staffordshire hospital scandal in a wider context of societal fragmentation. By identifying the local institution and its managers as folk devils in the activations phase, the scandal storytelling is a part of the tendency of blaming social problems on powerful rather than marginalised social actors (deYoung, 2011; Hayle, 2013).

7.5.1 Scandalising the institution

In most of the reports from the activations phase the news workers placed the blame at the local institutional level, thereby scandalising Stafford Hospital. This is exemplified in a PTC from the ITV report on 24 February 2010 where a health editor was walking in the front of a billboard with photos of victims while commenting:

> "The first commandment of medicine is do no harm. But this wall in a Stafford café has become almost a shrine to people who received appalling treatment at their local hospital. That commandment was not only violated, it was trampled underfoot by a hospital that utterly failed its local community" (ITV-02, 16).
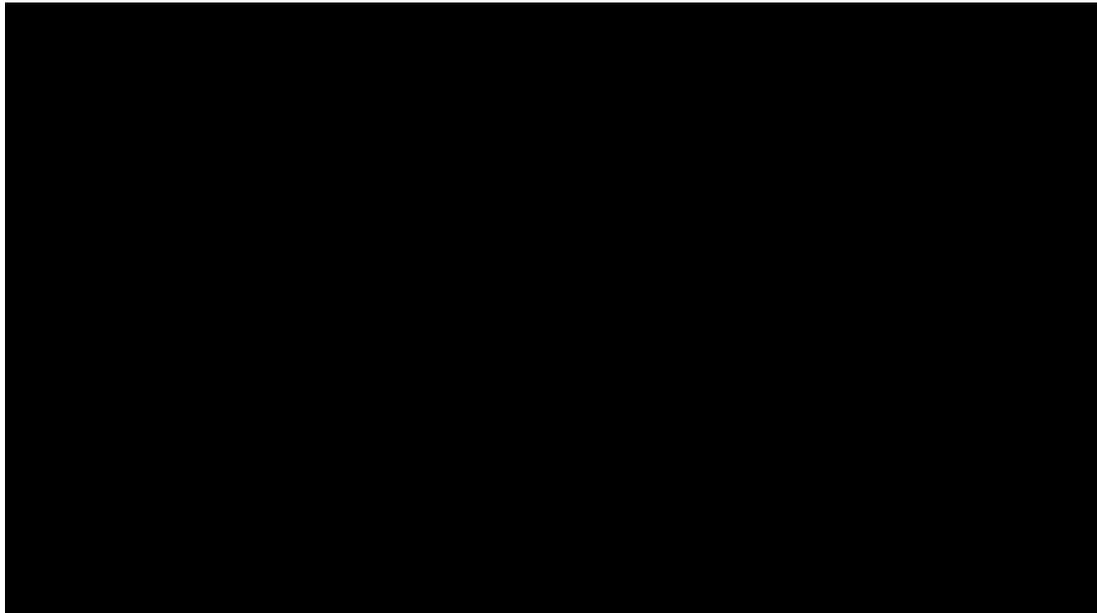
Figure 7.8 (ITV-02, 16) The ITN health editor giving a PTC in front of a billboard with photos of victims. Following his movement, the shot panned from left to right. The whole programme is available at BFI.

In the first part of this shot, the verbal statements confirmed the focus on death and suffering and the visual statements connected this with individual victims. Furthermore, the discursive statements drew on a religious terminology, which according to the health editor was chosen to emphasise the story's moral implications:

> "I chose the biblical language, I mean I don't know whether it was deliberately biblical, because I thought it was a moral outrage. I mean, people would have been morally outraged (…)" (Health editor, ITN).

Religion and religious morality are powerful means of constructing social cohesion and legitimacy (Durkheim, 2008 [1912]; Smith & Alexander, 1996) and drawing on religious narrative strategies therefore reinforced the news worker's distinction between good healthcare and institutional deviance. This allowed news workers to invite the audience to sympathise with the victims and share the sense of moral outrage. The scandal storytelling was thus constructed in a way that united the public behind the victims against immoral behaviour. In the verbal statements accompanying the shot, this immoral behaviour was clearly identified as coming from the local institution and there was no mention of either individual social actors or the NHS as a whole. Hence, the comment constructed a juxtaposition between what Stafford Hospital was supposed to do and what it did, which according to Butler and Drakeford (2005) is what makes health scandals particularly effective. Placing the responsibility for the failings at the local institution was a recurrent

theme in the activations phase of the scandal, sometimes along with the juxtaposition of what was and what should have been:

> "The report describes systemic problems right across the hospital's emergency care system" (BBC-01, 3).

> "There are still a lot of questions about what went so badly wrong at Stafford Hospital" (BBC-03, 15).

> "It sounds like hell, it was in fact a hospital" (ITV-01, 9).

> "Families whose loved ones died because of the care they received in Britain's worst hospital (…)" (ITV-03, 1).
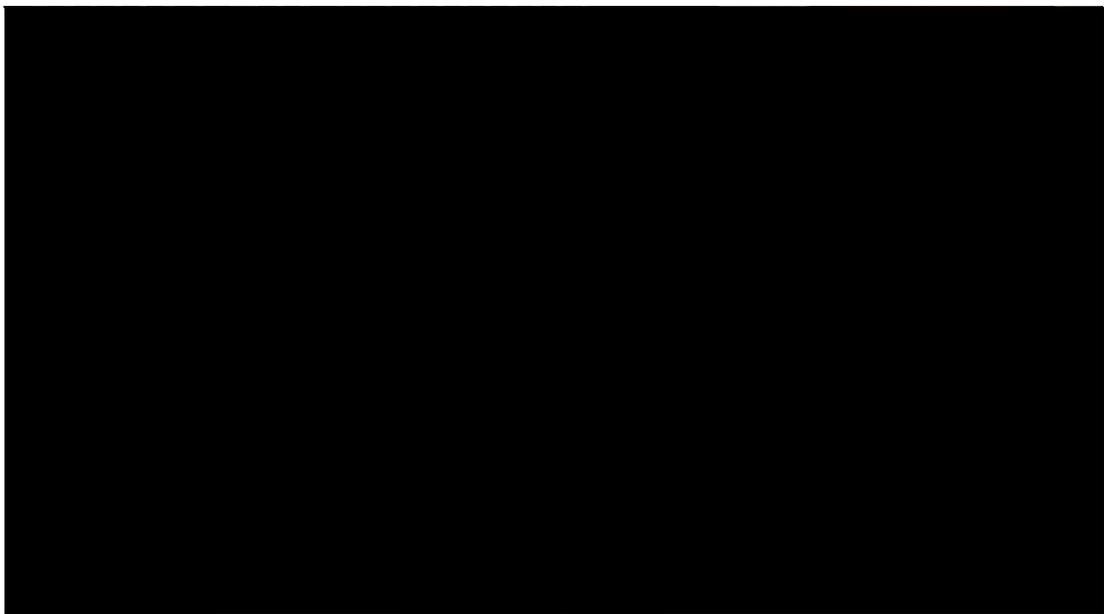
Figure 7.9 (BBC-03, 15) The Stafford Hospital exteriors filmed in a long-ranged, low angle shot from the BBC story from 9 June 2010. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/015C1442?bcast=48003657

Often, such verbal statements were accompanied by long-ranged shots of Stafford Hospital's exteriors, such as buildings or signs, so that the visual statements emphasised the link between the failings and the local institution as suggested by the findings in section 4.8. Thereby, the local institution was identified in this phase as the key folk devil that had been scandalised by its malpractice and disregard of patient safety. In the news storytelling, the news workers, as social actors, seized the power to define deviant healthcare practices by referring to the victims and the public good.

7.5.2 Individual folk devils

Along with the institutional folk devil, hospital managers were often mentioned as well, and in a few cases individual social actors were identified. One of the individuals was the former Chief Executive, Martin Yeates, whom both the BBC and ITV mentioned had been suspended on full pay. Whilst the BBC report did not mention his name, ITV was more direct as shown in the following verbal statements from 17 March 2009 and 24 February 2010:

> "The Trust's chief executive was suspended earlier this month on full pay of between 125 and 150,000 pounds a year" (BBC-01, 21-23).

> "Martin Yeates was Chief Executive of the Trust on a salary of 169,000. He resigned last June but continued on full pay for six months. He's not working now due to long-term sickness, but insists he helped to turn the Trust around" (ITV-02, 46).
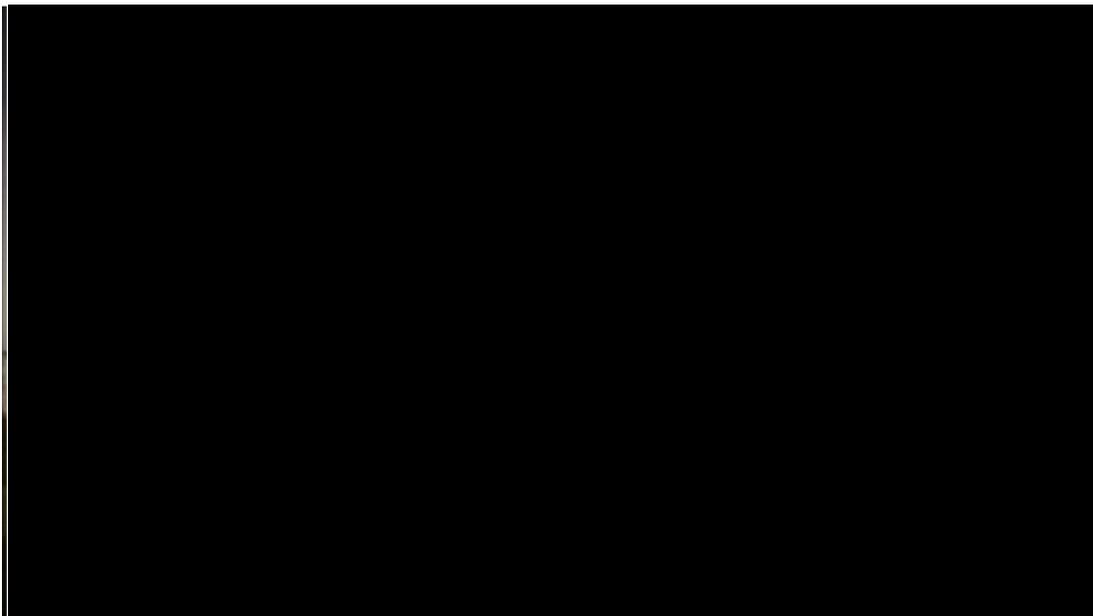
Figure 7.10 (ITV-02, 46) A clearly identified photo of Martin Yeates with his salary in yellow writing from the ITV report from 24 February 2010. In the background, a blurred photo of Stafford Hospital. The whole programme is available at BFI.

The BBC verbal statement was accompanied by two shots of a parked ambulance and Stafford Hospital buildings and the ITV showed a photo of Yeates. This indicates that the BBC was less focused on Yeates as an individual social actor than ITV was, which was reflected in choices regarding both verbal and visual statements. Both channels, however, included the size of Yeates' pay; a narrative strategy that drew on notions of morality and newsworthiness:

"There was a lot in the news at the time about NHS Chief Executives getting big pay-offs, so it was an interesting element to the story that somebody who had so significantly failed was getting a big pay-off. That was newsworthy" (Health correspondent, BBC).

Yeates' pay was thus constructed as newsworthy because similar stories were circulated at the time, which is a common practice in news making (Bednarek & Caple, 2014; Jewkes, 2004). Also, pointing to a disconnection between what Yeates had done (or not done) and what he was paid indicates the construction of a moral problem. The underlying point was that Yeates was directly linked to the institutional failings and the mistreatment of patients, but the institution had rewarded him instead of holding him accountable.

The other individual manager to be named was the head of NHS West Midlands and later Chief Executive of the CQC, Cynthia Bower. While she was not mentioned by the BBC at all in the activations phase of the scandal, ITV mentioned her in the reports from March 2009 and April 2011. In the 2009 report, accompanied by a photo of Bower, the ITN general reporter said:

"Cynthia Bower was head of NHS West Midlands at the time, the health authority with responsibility for Stafford. She's now chief executive of the Care Quality Commission. Her supporters say her experience makes her a perfect appointment" (ITV-02, 50).

Like Yeates, Bower was clearly identified verbally and visually in the ITV's coverage of the activations phase. Also like Yeates, it was implied that Bower was responsible and had not been held to account. Both Yeates and Bower were connected to the local institution and its deviance, which in the news storytelling was contrasted with responsible practice and good healthcare. Thereby, the identification of institutional and individual folk devils in the Mid Staffordshire hospital scandal was closely linked, which follows the tendency of other institutional scandals (Greer & McLaughlin, 2013; 2016).

7.5.3 The limits of blame

Unlike the local institution and its managers, hospital staff and politicians were rarely blamed for the failings in the activations phase. Sometimes the verbal statements would describe the staff as being too few, inadequately trained or under pressure from managers, but mostly they were only held accountable by Julie Bailey and CTNHS. This was not picked

up on in the news storytelling in the activations phase, and in general the news workers avoided holding the staff responsible at this stage:

> "It wasn't (…) that suddenly a load of nurses walked in one week and said 'oh we're just gonna skive off and not do anything'. It was a system where corners started to get cut, and because nobody picked anybody up and made them responsible for things being done poorly, things just escalated and got worse and worse and worse and worse" (Health producer, BBC).

The main blame was placed with the institution and its former managers, which confirms the tendency of identifying powerful folk devils in news storytelling (deYoung, 2011; Sabato et al., 2000). This also confirms other studies which have found that health failings tend to be blamed on bureaucracies and managers rather than health professionals (Entwistle & Sheldon, 1999; Seale, 2002). Doctors in particular still appear to demand respect as a profession, which is connected to their traditional power to construct the concepts of the body and health (Foucault, 1967; 1978; Seale, 2002).

Although the folk devils were powerful institutions and individuals they did not include politicians. Both the BBC and ITV reports mentioned political responsibility briefly when the scandal was first activated on 17 March 2009, but this was not developed in the subsequent coverage. As such, in the reports from March 2009, two general reporters commented:

> "For Stafford it was a case of trying to reach government targets while trying to save 10 million pounds in order to achieve foundation status" (BBC-01, 29).

> "Hospitals had been under great pressure from the then Health Secretary to balance their budgets" (ITV-01, 26-27).

The fact that these verbal statements were made by general reporters rather than political specialists was typical at this stage of the scandal. Only at one point in the activations phase coverage did a political correspondent appear, which happened in the ITV report from 17 March 2009. Politicians were interviewed on a couple of occasions and gave statements such as the following one from the then Health Secretary Andy Burnham in February 2010:

> "It was principally a local failure, but I accept that there are national lessons to learn and they will be" (BBC-02, 17).

Here, Burnham corroborated the placement of blame with the local institution, which was not questioned further by the news workers. This means that the format of accountability interviews was not applied to politicians in the activations phase of the scandal. Rather, the interviews with politicians appear more akin to expert interviews, which are constructed as providing neutral information to the storytelling (Montgomery, 2007; 2008). Placing the blame with the local institution and its managers indicates that the Mid Staffordshire hospital scandal was not very politicised at this stage. These folk devils were powerful in a local context, but institutions or individuals at the national level, such as the NHS and the people responsible for it, were not blamed at this point. Thereby, the scandal storytelling in the activations phase demonstrates a loss of trust in a local institution and lack of deference to local authorities, but the failings were not yet identified as a systemic problem.

7.6 The whistle-blower hero

Whistle-blowers did not play a prominent role in activations phase of the Mid Staffordshire hospital scandal. Only one report brought up whistleblowing, which was the ITV's coverage of the publication of the independent report on 24 February 2010. In this report, the former government risk advisor Terry Deighton was interviewed. Introducing Deighton, the ITN general reporter described him as victimised, which has been found to be a recurrent theme in media coverage of whistleblowing (van Es & Smit, 2003). During the interview, which was set in Deighton's home, he described his observations at Stafford Hospital:

> "There was a children's play area, the carpet had marks on, which could have been vomit, could have been blood. (…) There was blood on the door of the entrance of the accident and emergency about one meter up, which was fairly fresh blood. (…) It was absolutely disgusting" (ITV-02, 34).
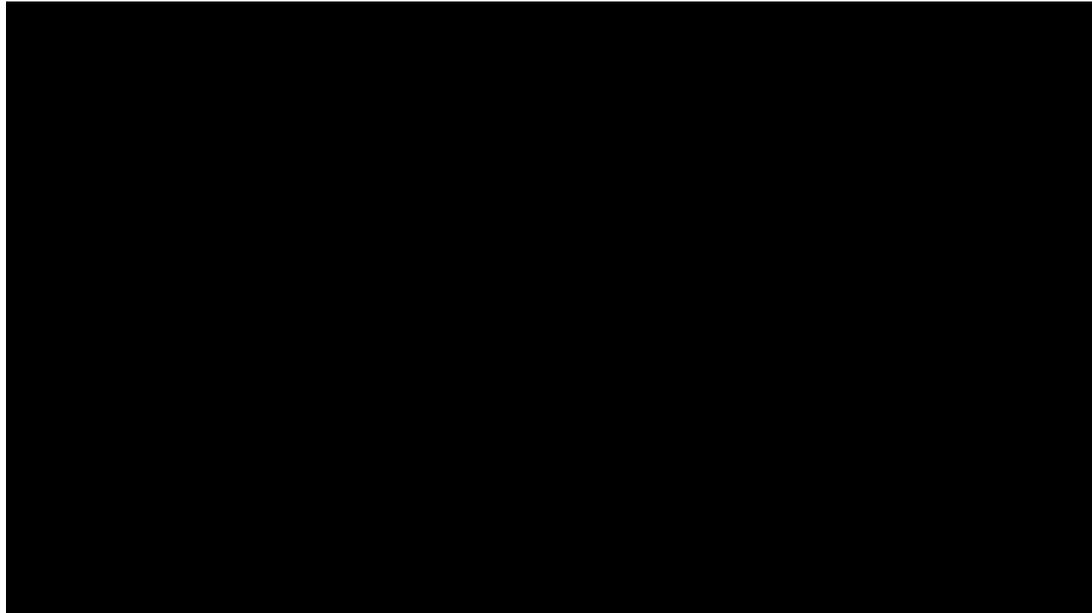
Figure 7.11 (ITV-02, 34) From the ITV report from 24 February 2010. Interview with Terry Deighton in the connection with the publication of the Independent Report. Deighton was clearly identified as whistle-blower. The whole programme is available at BFI.

In his verbal statement, Deighton gave an emotional account of what he had observed at the hospital, which supported the narrative focus on death and suffering. The accompanying visual statements placed Deighton in his home, which resembles the visual representation of the victims and their relatives described in section 4.4. Furthermore, Deighton was clearly identified as a whistle-blower in the subtitles, which was unusual in the overall scandal coverage. When interviewed, the news worker behind the report noted that:

> "(...) whistle-blower is an interesting choice of description. I don't know that I would have necessarily put that on there. It's a slightly tabloidy way of describing somebody. On the other hand, the whole thing about Staffordshire was very much that people had tried to raise the alarm, and he saw himself as a whistle-blower" (General reporter, ITN).

The labelling of Deighton was described as 'tabloidy', a term which among the interviewed TV news workers referred to sensationalist and emotional narrative strategies (see section 5.1). However, this chimes well with the emotional nature of his account and the way he was presented as a hero who defended the patients. This confirms research which found that whistle-blowers tend to be portrayed in an increasingly positive light (Thorsen et al., 2013; Wahl-Jorgensen & Hunt, 2012).

Deighton's emotional account clearly categorised the interview as an experiential one (Montgomery, 2007; 2008), which set him apart from other institutional sources. Instead, the form and content of the Deighton interview placed him in the same category as the victims and CTNHS activists, who added emotional value to the scandal storytelling. The decision to construct the interview as an experiential one was described as a deliberate narrative strategy:

> "I think that it's really important in an interview like that that you get an idea of the real human cost of what this has, or the real human cost and the effect of it on him" (General reporter, ITN).

Although Deighton as a social actor was a part of the failing institution, he was deliberately given a role in the scandal narrative which was connected to that of the victims in support of the overall focus on death and suffering. This demonstrates the ambiguous role of whistle-blowers as both a part of and in opposition to scandalised institutions (Liebes & Blum-Kulka, 2004; van Es & Smit, 2003); a moral divisiveness which according to Butler and Drakeford (2008) can be an indicator of narrative significance. Although whistle-blowers featured relatively little in the activations phase and in the scandal processes in general (see section 4.6), they functioned as a key driver of the scandal storytelling. By corroborating the statements of news workers and victims, they lend legitimacy to the descriptions of the failings and the placement of blame. Thereby, whistle-blowers served to strengthen the news workers' bid for the power to scandalise the NHS and construct healthcare and deviance. In this process, whistle-blowers are put in opposition to their former or current employers (Liebes & Blum-Kulka, 2004), which might favour the whistle-blowers in terms of narrative influence, but it can also have a catastrophic impact on their professional lives (Calland & Dehn, 2004b; Vinten & Gavin, 2005).

7.7 Conclusion

The activations phase of the Mid Staffordshire hospital scandal confirms Greer and McLaughlin's (2016) observation that scandals only move into the activation phase once they reach the mainstream national media. However, unlike other scandals, such as the Jimmy Savile scandal (Greer & McLaughlin, 2013), the Mid Staffordshire one did not progress smoothly from activation to reactions. Instead, a series of reports activated and re-activated the scandal, which made the activations phase relatively slow-burning with long periods of little or no coverage.

When the BBC and ITV News at Ten activated and re-activated the scandal in this phase, the main focus of the storytelling was on the death and suffering of the victims. Both verbal and visual discursive statements personalised the victims and invited the audience to function as mediated witnesses (Peelo, 2006); an emotional storytelling strategy which was supported by experiential interviews with campaign groups and whistle-blowers. As the folk devils of the scandal storytelling, the local institution and two of its former managers were held accountable for the death and suffering. The dichotomy between victims and wrongdoers echoes findings from crime news research of the rise of the victim and the increasingly emotional nature of crime news storytelling (Chermak, 1995; Greer, 2007; Reiner, 2001; Smolej, 2010). As a narrative strategy, this focus on experiences and emotions left little room for the institution to defend itself. Thereby, the journalistic notion of hearing both sides and being impartial (Cushion et al., 2016; Flood et al., 2011; Schudson & Anderson, 2009; Wahl-Jorgensen et al., 2016), had given way to emotionally engaging storytelling.

The tendency to use emotional narrative strategies was connected more to health news than political news (Boyce, 2007; Seale, 2002) (see also sections 6.2 and 6.3), and most of the coverage in this phase was done by health correspondents or general reporters rather than political correspondents. This indicates that the processes of the Mid Staffordshire hospital scandal did not yet include politicisation, which also explains why the blame was firmly placed at the local level. The few politicians interviewed at this stage of the scandal managed to deny any responsibility and point back to the local institution and its management. Thereby, the scandal processes did not affect the NHS as a national institution or the people in charge of it. This shows that although the folk devils were powerful social actors (Bird & Dardenne, 2009; deYoung, 2011; Seale, 2002), they were not yet identified at the very top of the healthcare hierarchy.

Thus, news workers, campaign groups and whistle-blowers had a strong influence on the construction of healthcare and deviance. These groups still had to negotiate power relations with each other, but the news workers' central role in collecting the discursive statements and putting them together gave them an exceptionally powerful role. Internally among the news workers, the negotiation between different specialisms also meant a focus on health news storytelling, experiential interviews and emotiveness. By letting the discursive statements of victims, campaigners and whistle-blowers support the narrative focus on death and suffering, the news workers constructed a shared identity, which the

audience was invited to identify with (Billig, 1995; Conboy, 2006). This legitimised the role of the news workers in a circular move where they represented the public by representing the public (Dekavalla, 2012; J. Lewis et al., 2005; Wahl-Jorgensen, 2002).

The TV news coverage of the activations phase of the Mid Staffordshire hospital scandal thus sided with the victims and their advocates against the local institution and its managers. This indicates a validation of the victims' experiences combined with an undermining of trust in institutions at the local level, but the scandal processes still had limited systemic significance. Through their work, the news workers engaged in the construction of healthcare and deviance, relying primarily on emotional storytelling and the power of the ideal victim (Christie, 1986). On the one hand, this indicates that the news media are increasingly scandal driven as argued in previous research (Greer & McLaughlin, 2013; Lloyd, 2004; Milne, 2005; Sabato, 1993; Sabato et al., 2000; Thompson, 2000; 2005). On the other hand, it also indicates that this particular scandal did not yet have the power to demand national responses or influence general policies. It did, however, have enough power to make the Conservative party promise a public inquiry, the results of which took the scandal to new heights and levels of impact.

Chapter 8. Reactions Phase

Following Greer and McLaughlin's (2016) model of institutional scandal and the processes involved, the Mid Staffordshire hospital scandal moved from the activations phase to its *reactions* phase with the publication of the public inquiry report on 6 February 2013. This report looked into the failings themselves as well as the regulatory bodies overseeing Mid Staffordshire NHS Foundation Trust, and it made 290 recommendations aimed at changing the institutional culture, thereby involving the NHS as a whole and the Department of Health in the scandal:

> "The extent of the failure of the system shown in this Inquiry's report suggests that a fundamental culture change is needed. (…) I hope that the recommendations in this report can contribute to that end and put patients where they are entitled to be – the first and foremost consideration of the system and everyone who works in it" (The Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013: 83).

The publication of the public inquiry report sparked renewed interest in the Mid Staffordshire hospital scandal. This time around, the then Chief Executive of the NHS, David Nicholson, was held accountable by Cure the NHS (CTNHS) and segments of the press who demanded his resignation. Nicholson was also former Chief Executive of the regional regulatory body, the West Midlands Strategic Health Authority, and had been dubbed 'the man with no shame' by CTNHS and the Daily Mail (Martin & Borland, 2013). Nicholson, however, had political backing for his leadership and managed to maintain his position. Furthermore, the report criticised the use of the so-called 'gagging clauses'[3], which are a standard part of many NHS contracts, limiting what NHS employees can say in public (NHS Employers, 2013).

The processes taking the scandal to the managerial and political levels led to renewed debates over the gravity of the events and who should to be held responsible. When the public inquiry report was discussed in the House of Commons, David Cameron issued an apology and in March 2013 the government released an initial response, in which it promised to address the NHS culture, which was described as 'toxic' (Department of Health, 2013b). As a direct response to the public inquiry report, the Mid Staffordshire NHS

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[3] 'Gagging clauses', or 'confidentiality clauses' as they are called within the NHS (NHS Employers, 2013), are articles in NHS employment contracts that limit what the employee can say in public about their work. In connection with coverage of the NHS, these clauses have been criticised by news workers and politicians for silencing whistle-blowers (Entwistle & Sheldon, 1999).

Foundation Trust was put into administration on 15 April 2013. The administrators were to work on a long term plan, since the Trust was deemed to be neither clinically nor financially sustainable. This was the first time that happened to an NHS Foundation Trust (BBC, 2013c). Thus, the Mid Staffordshire hospital scandal escalated further in its reactions phase, and incorporated new scandal processes such as politicisation, trial by media and whistleblowing, which I examine further in this chapter.

8.1 TV news coverage of the reactions phase

As the Mid Staffordshire hospital scandal entered its reactions phase upon the publication of the public inquiry report, the TV news coverage picked up on the story after more than a year's pause. However, in the case of the TV coverage of the scandal, the descriptor 'reactions' might not be the most appropriate. Institutions and individuals had reacted to allegations and reports for years at this point, and continued to do so throughout the course of the scandal. Regarding this case study, I therefore found that the term 'acceleration phase' might be more appropriate. Regardless of the specific phase label, the scandal processes still included elements which Greer and McLaughlin describe as key characteristics, such as trial by media, which they define as

> "(…) a market-driven form of populist justice in which individuals and institutions are accused, prosecuted, judged, sentenced and permanently stigmatised in the 'court of public opinion'" (Greer & McLaughlin, 2016: 9).

Furthermore, Greer and McLaughlin describe how public inquiries can play a key role in institutional scandals. They mainly connect public inquiries with the accountability phase, but in the case of Mid Staffordshire the public inquiry report sparked an acceleration of the scandal, triggering further reactions and amplification. As such, entering the reactions phase, the scandal received much more TV news coverage than it did during its activations phase. The number of reports in the reactions phase is illustrated in figure 8.1 below:
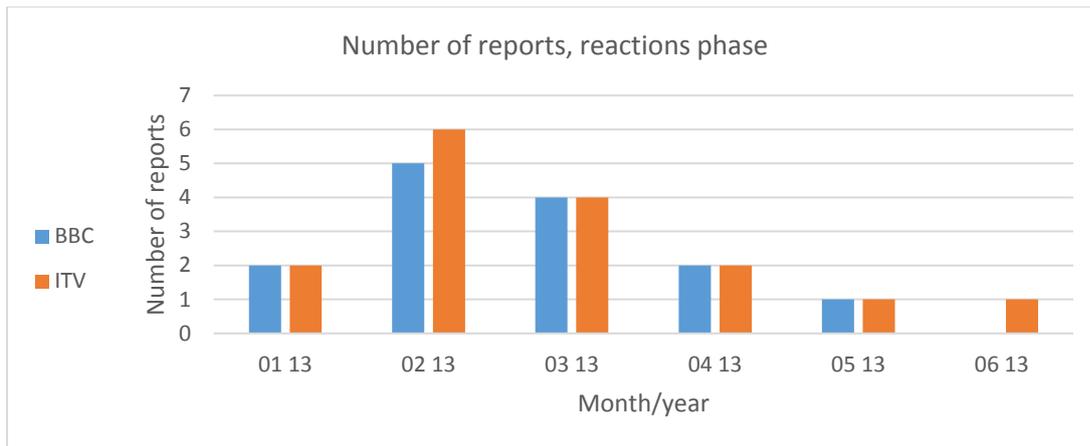
Figure 8.1 Overview of the number of news reports in the responses phase of the Mid Staffordshire hospital scandal on a monthly basis from 1 January to 15 June 2013. The publication of the independent inquiry report was covered in February 2013.

As with the coverage of the overall scandal described in chapter 4 and the coverage of the activations phase described in chapter 7, the ITV and BBC coverage patterns resembled each other closely, as seen in figure 8.1. Whilst the BBC broadcast 14 reports in this phase ITV broadcast 16, and the coverage of both channels was centred around the publication of the public inquiry report in February 2013. This particular event was a key moment in the scandal, as described by two producers:

> "I know that obviously we had certain, you know, big events that started coming out through Stafford that we (…) definitely wouldn't never going to not cover" (Health producer, BBC News).

> "(…) the moment it breaks, the moments somebody comes forward and says it, obviously the moment the report comes out, the moment there's a reaction (…) you're gonna cover it" (Producer, ITN).

The publication of the public inquiry report and the reactions to it made the news workers construct the story as newsworthy once again. Both the BBC and ITV broadcast reports on the scandal in the run-up to the publication of the report, just like they covered the publication itself on 6 February and the immediate responses to it. From mid-February through March, the BBC broadcast several reports on NHS whistleblowing, while ITV focused more on David Nicholson, the then Chief Executive of the NHS. On 26 March both channels covered the government's initial response to the public inquiry report, and throughout April the TV news reports focused on responses to the failings and other instances of failings. Towards the end of the phase in May and June 2013, both channels

broadcast reports on Nicholson. In total, the 14 BBC reports contained 276 shots and the 16 ITV reports contained 298 shots. The illustration below is an overview of how much the different groups of social actors described in chapter 4 featured verbally and visually in the reactions phase of the scandal:
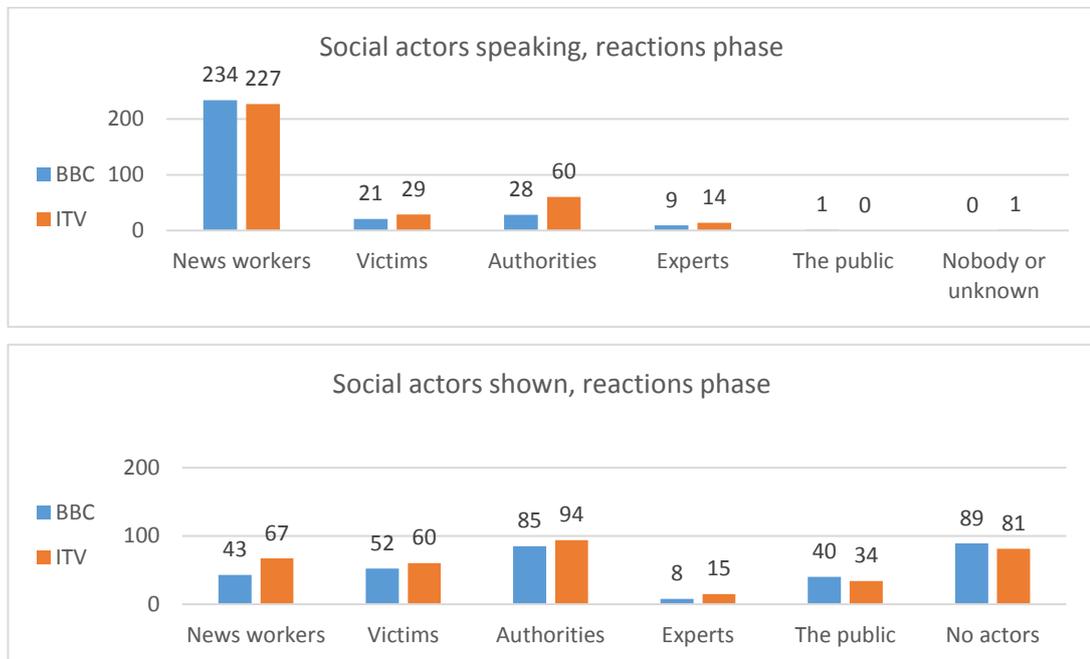
Figure 8.2 Overview of the number of shots each group of social actors was speaking over and shown in in the reactions phase of the scandal.

As seen on figure 8.2, the verbal and visual appearance of the news workers still followed the overall pattern described in section 4.2, with news workers speaking over the majority of the shots. However, the victims appear to have been less prominent in the scandal storytelling than in the previous phase while authorities appear to have become more central. The specific meanings of these general patterns are discussed further in the following sections.

8.2 Politicising the scandal

In the reaction phase the focus moved from the death and suffering of victims to the culture of the system that failed them. That means that although the victims were still important social actors in the scandal storytelling, the balance had shifted towards the story's villains, as Butler and Drakeford (2005) called them. As part of this scandal process of politicisation, the identification of institutional and individual folk devils also moved from the local to the national level. This is exemplified by the opening statements in the two channels' reports from the publication of the public inquiry report on 6 February 2013:

"Good evening. The public inquiry into failings of Stafford Hospital has called for profound changes to the culture and management of the NHS. The report makes almost 300 recommendations including a zero tolerance approach to poor standards of patient care. But the families of the victims say that today's report simply doesn't go far enough (…)" (BBC-09, 1).

"Good evening. It was the system to blame. A public inquiry into the worst crisis in the history of the NHS has not blamed any individuals, the report's author said the widespread lack of care and neglect that led to more than a thousand deaths at Mid Staffordshire NHS Trust was bigger than any one person and demanded huge changes. But the man who will oversee those changes, the head of the NHS in England, failed to deal with the Stafford crisis in a previous job" (ITV-09, 1).

These verbal statements drew on the findings of the public inquiry and fitted them into the process of scandalising the NHS as a whole. Both introductions mentioned the victims briefly, but only after the descriptions of the systemic failings in the NHS. The ITV presenter's statement also mentioned the report's lack of individual social actors and pointed towards the head of the NHS, which at the time was David Nicholson. Thereby, ITV foreshadowed the trial by media that Nicholson was subjected to later in the reactions phase (see below).

8.2.1 Systemic failings

In many of the TV news reports in the reactions phase, the focus on systemic failings meant that they began with images of hospitals or graphics showing the public inquiry's findings. Some of the openings also included images of victims, which means that the death and suffering from the scandal's previous phase had not disappeared entirely. The opening shots of the BBC and ITV reports from 5 February 2013, the day before the report was published, illustrate the focus on systemic failure and the scandal process of politicisation. In the BBC report, a graphicised shot with a Stafford Hospital sign against a background of the hospital's buildings, was accompanied by the verbal statement by a health correspondent:

"Hundreds of patients treated with callous cruelty. How was it allowed to happen in an NHS hospital? Could it happen again?" (BBC-08, 2).

Figure 8.3 (BBC-08, 2) A graphicised shot which featured a Stafford Hospital sign against a blue blurred background of the hospital's buildings, which opened the BBC report on 5 February 2013, the day before the public inquiry report was published. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/02F13576?bcast=93692529

Meanwhile, the ITV report from the same day opened with a shot inside an unidentified hospital with medical equipment in the foreground, accompanied a general reporter's comment:

> "An absence of care at an NHS hospital. Tomorrow, Parliament will be told why nothing was done about it" (ITV-08, 2).

The verbal statements here mentioned the victims or the lack of care first, but immediately moved on to the issue of responsibility. This marked a move away from the detailed descriptions of death and suffering that characterised the activations phase of the scandal. Neither of the verbal statements named Stafford Hospital but talked instead about 'an NHS hospital', thereby indicating that Stafford Hospital was a symptom of a wider problem. This was supported by the visual statements, which did not show victims or their relatives but buildings and objects connected to hospitals and the NHS. This means that the scandal had now reached a level where it could damage the reputation of a central societal institution (Gamson, 2001; Greer & McLaughlin, 2013; Lull & Hinerman, 1997). With reference to the public inquiry report, the news workers linked the local hospital to wider systemic failings, which gave them the legitimacy to scandalise the NHS as a whole. This shift in the power

relations between different social actors in the scandal storytelling led to a change in the narrative strategies and the scandal process of politicisation.

8.2.2 Blaming institutional culture

One recurrent element in the process of politicising the scandal was the focus on the culture of the NHS. This did not refer to the culture at the local institution, but rather the culture in the NHS as a whole. BBC News and ITN news workers made verbal statements like the following, often accompanied by shots showing them standing in front of hospitals or screens with photos of hospitals:

> "(…) an NHS management culture that lost sight of patient care" (BBC-13, 1).

> "(…) that culture in the NHS was blamed for the needless suffering in Stafford" (BBC-19, 5).

> "This public inquiry has heard plenty of evidence about an NHS management culture which hits its targets but misses the point" (ITV-08, 16).

> "The Health Secretary Jeremy Hunt came under fire from NHS staff today after launching an attack on the culture of the health service" (ITV-14, 1).

When culture was mentioned by news workers, it was linked to the NHS as a whole and the notion of systemic failings. The culture and the management of the NHS were described as responsible for the death and suffering of the patients, which constructed the NHS on the whole as an institutional folk devil. The verbal statements regarding culture were often accompanied by visual statements that showed hospitals or photos of hospitals. Thereby, as suggested in section 4.4, the abstract concept of the NHS culture was visually connected to concrete hospital settings, which constructed a link between systemic failings, NHS culture and local hospitals. This tendency reflects other studies which found that when news media identify social problems and the responsible actors they increasingly point to institutions (Butler & Drakeford, 2005; 2008; deYoung, 2011; Gamson, 2001). Also, negative coverage of healthcare institutions often tell stories with innocent victims in the hands of heartless bureaucracies (Entwistle & Sheldon, 1999; Seale, 2002). By scandalising the NHS and its culture, the news storytelling opened up a general debate around healthcare in the UK. This involved a renegotiation of power relations between social actors such as news workers, victims, politicians and whistle-blowers, which left the institution itself in a less powerful position.

8.2.3 Linking the local and the national

Another part of the scandal process of politicisation was a more political news coverage, which differed from health news coverage by putting more emphasis on impartiality and neutrality as narrative strategies. Also, political health coverage tends to engage the audience through accountability interviews, where the interviewee is held to account and the interviewer is constructed as a critical watchdog (Montgomery, 2007; 2008). Thus, political perspectives and political specialists became more prominent in the coverage on both channels. One result of this was that coverage opened up political discussions about the leadership of the NHS and the responsibility for the NHS culture. This is exemplified by a BBC report from 6 January 2013, before the public inquiry report was published, and an ITV report from 8 March 2013. In the BBC report, accompanied by shots from a hospital and a Stafford Hospital sign, the health correspondent said:

> "The report won't just be tricky for the government. Labour were in power when things went wrong here. This inquiry could influence every hospital in England, all under pressure to find big financial savings, without allowing another major failing of care" (BBC-06, 13-16).
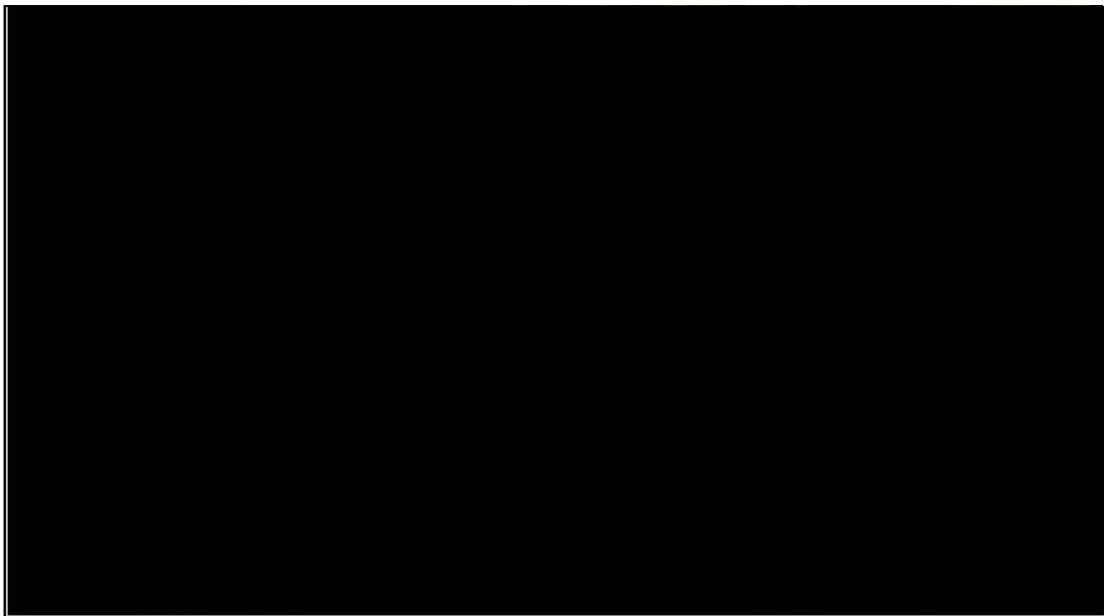
Figure 8.4 (BBC-06, 15) A shot from the BBC's story from 6 January 2013, which showed the Stafford Hospital sign filmed from a low angle. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/01327FE5?bcast=39596519

Meanwhile, in the ITV report the health editor, accompanied by shots showing Stafford Hospital exteriors and a sign, said:

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"There are few signs yet that the fallout from the Mid Staffordshire scandal will produce anything like a consensus" (ITV-14, 15-17).
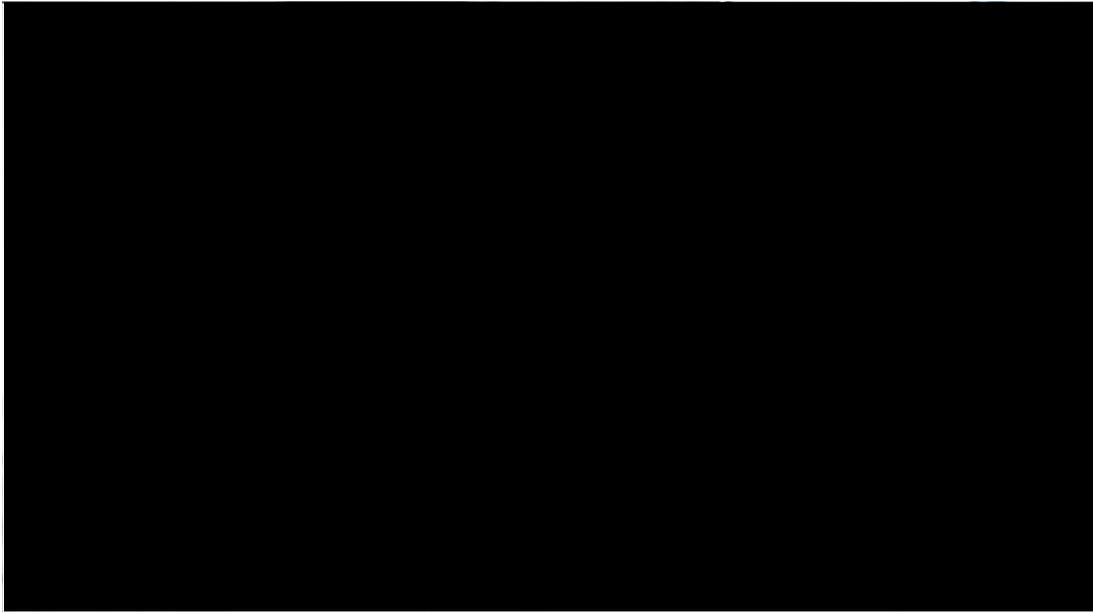
Figure 8.5 (ITV-14, 15) A shot from the ITV story on 8 March 2013 showing a Stafford Hospital sign filmed from a low angle. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/02FA6CC6?bcast=94405061

Although the visual statements focused on local Stafford Hospital buildings and signs, they were connected to the systemic level through the verbal statements. Both the BBC and ITV verbal statements put the scandal in a party political context, although no political institutions or individuals were scandalised. The scandal process of politicisation also meant that the Mid Staffordshire hospital scandal incorporated elements of political scandal. Political scandal has been a subject of previous studies, which found that the media are becoming increasingly preoccupied with revealing and punishing misconduct by political figures (Sabato et al., 2000; Thompson, 2000; Tumber, 2004). By constructing politics as a basically corrupt and immoral business, media coverage of political scandals have also been linked to a wider tendency of political fragmentation and disenfranchisement (Cappella & Jamieson, 1997; Lloyd, 2004; Milne, 2005; Puglisi & Snyder, 2011). These wider consequences were not yet in full effect in the Mid Staffordshire case, but news workers from both health and political specialisms recognised that the change of focus served to drive the scandal processes forward:

"The politics around were complicated as well. Because [the failings] happened while Labour were in power, and then (…) the Francis report came out while the

coalition were in power, so there was an element of political gain to be had for the coalition to say 'this happened on Labour's watch'" (Health correspondent, BBC News).

"(…) it wasn't so much that the coverage became more political as the issue became more political" (Political correspondent, ITN).

TV news tends to follow agendas rather than setting them as described in section 5.1, and the politicisation of the Mid Staffordshire hospital scandal is an example of this. Including elements of political scandal was not so much an active choice of the TV news workers as their reaction to other sources, such as the public inquiry report and the political responses to it. Following the notion of impartiality (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016), neither BBC nor ITV took any political sides, but by constructing the NHS culture as corrupt they did take a stance against the institution by identifying it as a folk devil.

Thereby, the politicisation of the scandal allowed news workers and politicians to construct healthcare and deviance, which put the institutional social actor in a defensive position. Among the news workers themselves, the politicisation meant a renegotiation of power relations, which gave more influence to the political specialists. The narrative strategies in the reactions phase thus relied less on case studies and more on political analysis, which shifted the focus away from the victims and towards political social actors (see section 6.3). By incorporating elements of political scandal, the processes of the Mid Staffordshire hospital scandal moved beyond its local healthcare context into the political realm, which gave it potential to affect institutional and individual social actors on a national political level, which is demonstrated by David Nicholson's trial by media.

8.3 Trial by media

As a part of the reactions phase of the Mid Staffordshire hospital scandal, the NHS Chief Executive at the time, David Nicholson, was subjected to a trial by media, where he was blamed personally for the systemic failings and the culture of the NHS. As Greer and McLaughlin (2016) argue, reactions phases of scandals often entail the process of trial by media, where news organisations take it upon themselves to obtain what they present as justice. As former Chief Executive of the West Midlands Strategic Health Authority, Nicholson was accused by CTNHS and the Daily Mail of complicity of the failings. Casting Nicholson in the role as individual folk devil they had dubbed him 'the man with no shame'

and demanded his resignation (Martin & Borland, 2013). The implication of shame stressed the moral perspective of the trial by media, which juxtaposed an immoral and remorseless wrongdoer with a truth-seeking and righteous media.

Neither the BBC nor ITV went so far as to campaign directly against Nicholson, which suggests a distinction between trial by media in TV news and trial by media in newspapers. As such, the TV trial by media appears less direct in its accusations and the news workers tend to make insinuations or refer to other sources, as exemplified by the following verbal statements:

> "David Nicholson led the NHS in the Midlands just as the problems with Stafford, one of their hospitals, were developing" (BBC-09, 24-26).

> "Meanwhile, the chief executive of the NHS, who has faced calls for resignation over the failings at Mid Staffordshire Foundation Trust (…)" (BBC-12, 1).

> "Sir David Nicholson is the man in charge of the NHS today. In 2005 he was a regional manager with responsibility for Staffordshire" (ITV-08, 17).

> "Sir David Nicholson has been criticised for failing to prevent hundreds of unnecessary deaths at Mid Staffordshire Hospital Trust" (ITV-13, 1).

Also, the judgement and stigmatisation of the accused were less categorical, and Nicolson was to some extent still recognised as a credible authority as discussed further below. This is connected to the notion of impartiality (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016) as well as the clear distinction TV news workers made, considering themselves more professional and moral than newspaper journalists (see section 5.1). However, even if they did not campaign directly, both the BBC and ITV were ambiguous in their coverage of Nicholson's role and added to the scandal process of trial by media.

8.3.1 Prosecuting the folk devil

Since the local hospital managers had already been punished at this stage of the Mid Staffordshire hospital scandal as discussed in section 7.5, the search for individual folk devils continued. There was a clear interest in placing individual blame as high up in the NHS hierarchy as possible, which several of the news workers covering the story acknowledged:

> "the potential failings stretched all the way up to, you know, David Nicholson who

ended up being head of the NHS. You know, you've got to keep looking until you

feel you've got to the bottom of the scandal." (Health editor, ITN)

Although both channels to some extent participated in the trial by media process, ITV was particularly focused on Nicholson's role in the scandal. When the public inquiry report came out on 6 February 2013, ITV thus broadcast a relatively long interview with him, in which he was asked a series of critical questions about his role in the failings and his decision to remain in his job. Like many of the accountability interviews in the coverage described in section 4.3, this interview took place in an office and it was conducted by an ITN presenter who asked questions such as:

"Well, the question has to be why didn't you see it, this is suffering on a huge scale, hundreds of patients dying through a lack of care. You say you visited that hospital and you didn't witness any of this suffering?" (ITV-09, 35-37).

"Are you not ashamed that you were in charge locally at the time you in charge nationally soon afterwards, and you are still in your job today?" (ITV-09, 38-39).

"Up to a thousand people have died, what does it take, what does it take for someone to resign?" (ITV-09, 41-42).

These questions implied that Nicholson should have a sense of guilt and morality and indirectly said that a resignation would be in place. This invited the audience to regard powerful social actors with critical distance and not accept their denials of wrongdoing. However, unlike newspaper trials by media, this was not stated directly, but implied by the way in which the interview was conducted with critical questions, frequent interruptions and insinuations. The interview was a clear example of an accountability interview, which is a narrative strategy aimed at holding the powerful to account and constructing the news workers as watchdogs who serve the public interest (Montgomery, 2007; 2008). At the same time, the interview bore resemblance to a court proceeding, where Nicholson had to defend himself against the accusations. Accountability interviews and trial by media were thereby combined in the politicisation of the scandal and the search for powerful folk devils. These narrative strategies and scandal processes were connected to political coverage, and placed the news storytellers in a powerful position where they could put other social actors on trial. The impartial narrative strategies of political health news thus became less prominent in the process of trial by media, although the format of the storytelling allowed the news workers to maintain their role as neutral observers.

Meanwhile, the institution and its leadership had to defend themselves against attacks from news media as well as campaign groups and politicians. The narrative strategies and scandal processes thus actively undermined the reputation of the NHS and Nicholson and rebalanced power relations in favour of victims and news workers, which fed into wider tendencies of lay heroes (Seale, 2002) and falling trust in authorities and public institutions (Cappella & Jamieson, 1997; deYoung, 2011). At the same time, the responsibility for the failings was placed with the institution and not the politicians governing it, which suggested that the state can use public inquiries to control the media scandal machine and influence its focus (Butler & Drakeford, 2005; Greer & McLaughlin, 2016).

8.3.2 Adding political pressure

On 15 February 2013, a week and a half after the public inquiry report had been published, both the BBC and ITV covered the criticisms launched at Nicholson at a Parliament hearing and the ensuing government backing for his leadership. In the BBC report, accompanied by graphicised shot with generic hospital buildings and equipment and a photo of Nicholson, the health correspondent said:

> "Failings at Stafford hospital have raised questions about leadership in the NHS, including David Nicholson who runs the health service in England. How much did he contribute to a culture that put targets ahead of care?" (BBC-13, 2).
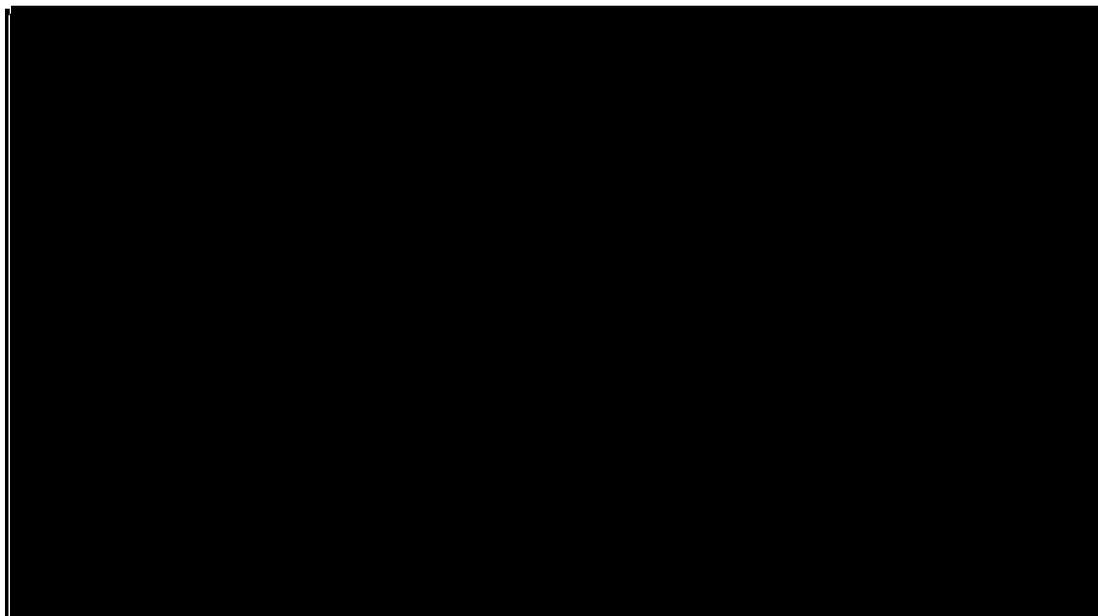
Figure 8.6 (BBC-13, 2) From the BBC report from 5 March 2013. A graphicised shot with generic hospital buildings and equipment and a photo of David Nicholson. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/02F9FA50?bcast=94328234

Meanwhile, accompanied by sequence of Nicholson in the hearing room, ITV's health editor said:

> "This is the man [Cure the NHS] want to resign, Sir David Nicholson the boss of the NHS who was at the time the chairman of the local health authority there" (ITV-13, 4-6).

Although none of these verbal statements directly blamed Nicholson for the failings, they still indicated a degree of responsibility by asking questions and referring to other actors' accusations. The verbal statements connecting Nicholson to the culture of the NHS were combined with visual statements showing Nicholson in NHS or political settings, which indicated that he had a personal responsibility. These insinuations link the coverage of Nicholson to 'attack journalism' (Sabato, 1993), which deliberately tries to bring down high profiled individuals and institutions, although this effort appears to be less direct in TV news compared to newspapers.

The two reports were produced by health specialists, but both of them included live interviews with political correspondents as well. As affiliated interviews, they served to establish the journalist as a neutral and impartial expert (Ekström & Lundell, 2011; Montgomery, 2006; Montgomery, 2008). Standing outside the Houses of Parliament, both the BBC News and ITN political correspondents offered interpretations of the political implications of the hearing and the continued political support for Nicholson:

> "There's a real issue, I think here, of public accountability that has yet to be addressed, and until it is addressed, until a nurse or a doctor or a manager is held up and said 'you are accountable for this', I think the fingers will continue to be pointed at people like David Nicholson" (BBC-13, 34).

> "I think the fact is his performance today did raise more questions than it answered, and in that sense I think he's still on the danger list" (ITV-13, 32).

The verbal statements' references to the political implications of the scandal combined with the visual statements placing the correspondents in a political setting, served to politicise the scandal even further. The discursive statements also indicated that until the media saw the question of accountability as resolved and individual wrongdoers appropriately punished, the scandalisation of the NHS would continue. The demand for accountability, however, was not ascribed to the media but to the public. Thereby, the news workers legitimated their own storytelling and the scandal processes by inferring the

public's opinion, which has previously been described as common journalistic practice (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004; 2005). Asked whether they were aware of the pressure they put on Nicholson, the BBC political correspondent making the above statement said:

> "(…) the BBC (…) report the news within the, you now, the rules of its charter, full impartiality. However, does that mean that the BBC's reporting of what the victims' families were saying was not putting pressure [on Nicholson]? No, it clearly was" (Political correspondent, BBC News).

This comment shows that although news workers generally thought of themselves as impartial in accordance with broadcast regulations, some did acknowledge their role in Nicholson's trial by media. It also suggests that CTNHS still had a certain influence on the scandal storytelling since their allegations were continuously taken up by the press and broadcast media. However, the role of CTNHS appears to have become less prominent as the scandal was politicised and the storytelling was taken over by political correspondents.

8.3.2 'Justice'

On 21 May 2013 both the BBC and ITV covered Nicholson's announcement of his plan to retire the following year. This brought renewed attention to Mid Staffordshire hospital scandal, which had not been covered by the two channels for almost a month, and also re-ignited Nicholson's trial by media. Both channels presented Nicholson's retirement in the light of the ongoing scandal processes and presented him as an individual folk devil that had bowed under public and media calls for justice. As such, the BBC and ITV reports were introduced by presenters sitting in the respective organisations' studios who said:

> "The head of the NHS in England, Sir David Nicholson, has announced that he'll be taking retirement next year. Sir David, who's 57, has come under intense pressure to step down since the public inquiry into the scandal at Stafford Hospital (…)" (BBC-19, 1).

> "Here, the head of the health service in England, Sir David Nicholson, has finally announced that he's retiring. He'd hung on for three months after the highly critical report into unnecessary deaths at Mid Staffordshire Hospital Trust when he was head of the regional health authority (…)" (ITV-19, 1).

Although Nicholson was not blamed directly in these verbal statements, the connections they made implied that he was responsible for the failings. This was particularly clear in the ITN presenter's statement, which used the phrases 'finally' and 'hung on' to indicate that the resignation was overdue and that Nicholson had resisted justice being served.

Whilst the BBC report following this introduction was produced by a health correspondent, the ITV one was produced by a political correspondent. A comment from the ITN political correspondent connected the scandal processes of politicisation, denial and trial by media:

> "(...) because [Nicholson] didn't go and didn't take responsibility it became more politicised, and you had sort of newspapers like the Daily Mail sort of wedging a campaign to get rid of him and that, you know, didn't help make it neutral politically" (Political correspondent, ITN).

According to this comment, denial leads to a trial by media, as also argued by Greer and McLaughlin (2013), which again was connected to further politicisation of the scandal. Also, the press, which is often more inclined to trials by media (Greer & McLaughlin, 2012a; 2012b; Sabato, 1993), seemingly influenced the TV news coverage, moving it from health news to political health news. That means that not only can the press influence which stories were covered in TV news, it can also influence how they are categorised (see also section 6.1). As such, the resignation of David Nicholson, 'the man with no shame', was presented as the judgment of his trial by media.

According to Greer and McLaughlin (2016), trial by media is one of the key processes in the reactions phase, particularly if the accused social actors deny responsibility. Nicholson did deny complicity in the failings and refused to resign despite direct pressure from CTNHS, newspapers and politicians and indirect pressure from other social actors, including the BBC and ITV. That denial resulted in him being put on trial and cast in the role as individual folk devil by the media. Furthermore, the trial by media entailed a moral element, where Nicholson was castigated for his shamelessness. In contrast, through narrative strategies such as accountability interviews, the news workers assumed the role of moral judges in the 'court of public opinion' (Greer & McLaughlin, 2012a; 2012b), drawing on inferences of public opinion and morality (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004; 2005). As a part of the politicisation of the scandal in its reactions phase, the news workers identified Nicholson as a powerful and remorseless folk devil whose understanding of healthcare deviated from that of the public. Like the NHS itself, its Chief Executive was thus

put in a defensive position, and scandalised as a part of the construction of healthcare and deviance.

8.4 Whistle-blowers and gagging clauses

The politicisation of the scandal was accompanied by an increased emphasis on whistle-blowers as social actors, which is a perspective that has not previously been examined in research on either scandal or whistleblowing. As discussed in section 7.6, the activations phase had featured a whistle-blower in one ITV report, but in the reactions phase both channels used accounts of NHS whistle-blowers as part of their storytelling. Power relations between journalists and whistle-blowers, however, can be complex and ambiguous as also described in section 4.6. Although the two are mutually dependent they often fail to recognise this, and their different agendas where the whistle-blower is effectively betraying their employer in favour of the journalist often lead to misunderstandings and disappointments (Calland & Dehn, 2004b; C. Lewis, 2004; Liebes & Blum-Kulka, 2004). These challenges of the journalist-whistle-blower relationship appears to have played a role in the lack of whistle-blowers in the scandal narrative up to this phase:

> "(…) as the story played out [whistle-blowers] were then potential interviewees and people who could illustrate, do more than illustrate, add texture to the coverage of the story. In fact it took until just before the report was published for any of them to say anything to the media" (Health correspondent, BBC News).

Whistle-blowers were seen as valuable sources in the scandal narrative, and their discursive statements served to support the news workers' storytelling and its identification of institutional and individual folk devils. However, the contact between news workers and whistle-blowers mainly took place after the public inquiry report was published. It thus appears as if the public inquiry report, apart from taking the scandal into its reactions phase, also provided validation for whistle-blowers and their accounts. This confirms Liebes and Blum-Kulka's (2004) description of how whistle-blowers can not only activate scandals, but also function to 'mainstream' them after the original transgressions have been exposed. This appears to happen in the Mid Staffordshire case, where the main function of whistleblowing was to support other scandal processes that were present in the storytelling.

8.4.1 Campaign groups and whistleblowing

Even though the focus on the death and suffering of the victims had diminished in the scandal's reactions phase, social actors from Cure the NHS (CTNHS) still played an active role. They appeared as key sources, but instead of only giving emotive accounts of their experiences and loss, they also appeared in expert interviews (Montgomery, 2008), where they made discursive statements about the failings, placement of blame and whistleblowing. For example, when Julie Bailey was interviewed in the BBC report from 6 January 2013, one month before the public inquiry report was published, she was filmed in her café looking into the camera saying:

> "Doctors and nurses are tortured just for speaking out about the poor care that they're witnessing day in and day out. Unfortunately the NHS has become a bullying culture and that needs to stop" (BBC-06, 7).
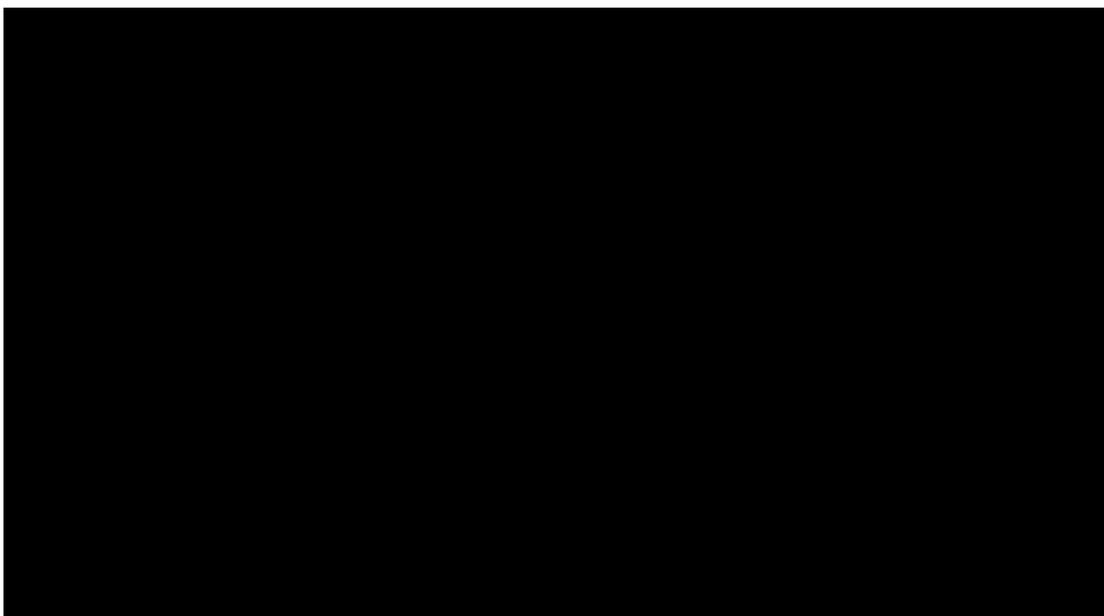
Figure 8.7 (BBC-06, 7) Julie Bailey being interviewed for the BBC story from 6 January 2013. She was looking directly into the camera and identified as a representative from a campaign group. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/01327FE5?bcast=39596519

In this verbal statement, Bailey connected whistle-blowing, systemic failures and the culture of the NHS, thereby placing the scandal process of whistleblowing centrally in the storytelling. The construction of whistle-blowers as victimised placed them on the side of the victims and, by extension, CTNHS. The visual statements of the shot had Bailey placed in her café looking straight into the camera, which was unusual for interviewees (see chapter 4). According to Kress and van Leeuwen (1996) this statement would invite the

audience to connect directly with Bailey and make her account more engaging. However, this point should not be overstated. The interview appears to have been filmed for the BBC News channel, which means that it was more a reflection of how conventions of 24 hour news, terrestrial news and online news are converging (see also sections 5.2 and 5.3). The role of whistle-blowers in the scandal narrative was closely linked to other social actors including victims and campaign groups from the outset. All groups appeared in experiential interviews (Montgomery, 2007; 2008) which is a narrative strategy used to add emotional value to the storytelling, but as the scandal process of politicisation progressed, the emphasis shifted from victims to whistle-blowers. This gave whistle-blowers a more powerful position in the storytelling as the focus changed from the local institution to scandalising the NHS.

8.4.2 The whistle-blower victim

One of the whistle-blowers to come forward in the reactions phase was the former nurse at Stafford Hospital, Helene Donnelly. She appeared on both the BBC and ITV News at Ten on 5 February 2013, the day before the public inquiry report was published. The two interviews were set in her home, resembling the setting used in experiential interviews with victims, as shown in section 4.4, and whilst she was introduced looking through papers in the BBC report, she was playing with her baby in the ITV one. Accompanying these visual statements, the BBC News health correspondent and the ITN general reporter introduced Donnelly in the following ways:

> "Helene Donnelly tried dozens of times to raise the alarm. She used official forms to log incidents of concern, but no one listened, she felt resented and intimidated (…)" (BBC-08, 10-13).
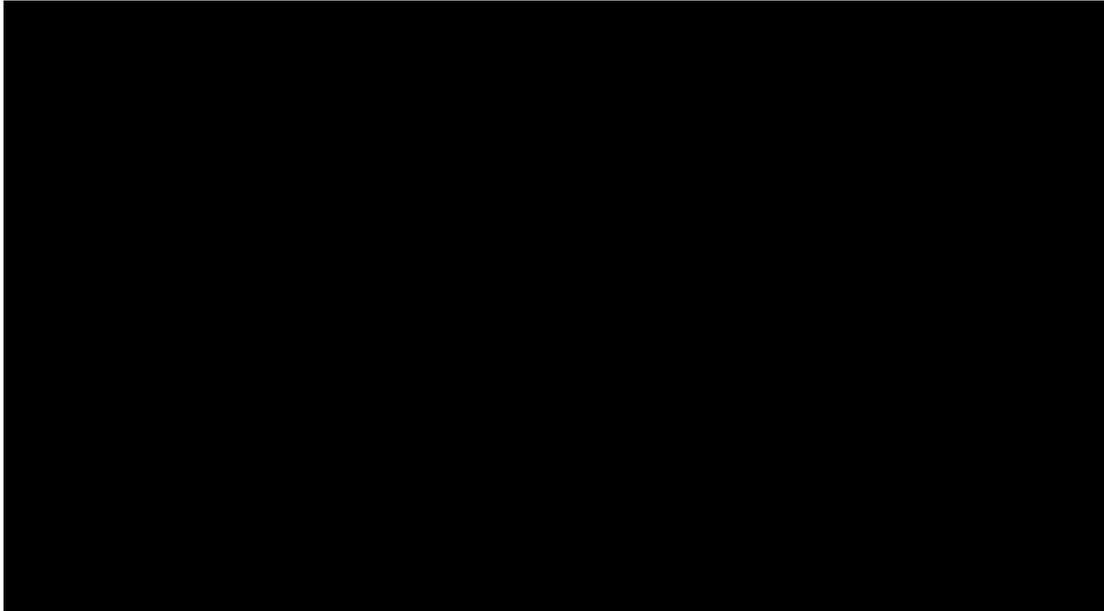
Figure 8.8 (BBC-08, 12) A shot showing Helene Donnelly, former Stafford nurse, in her home looking down at some papers from the BBC report from 5 February 2013. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/02F13576?bcast=93692529

> "Helene Donnelly was a nurse there, she says she tried to alert her managers to what was going wrong but nothing was done" (ITV-08, 11-12).

This statements juxtaposed Donnelly with the local institution and its managers, and Donnelly's situation was taken as an example of the conditions of whistle-blowers in the NHS as a whole. The verbal statements were combined with visual statements that included close-ranged shots of Donnelly in private settings. In the case of ITV, she was also shown playing with her baby. The combination of verbal and visual statements invited the audience to recognise Donnelly as a victimised whistle-blower with whom they could empathise. This resembled the construction of the victims and their relatives, which invited the audience to function as 'mediated witnesses' to the suffering (Peelo, 2006).

Both the BBC and ITV interviews with Donnelly were of the experiential type, which serve as a narrative strategy to add emotional value to the storytelling (Montgomery, 2007; 2008). Consequently, the interviews with Donnelly's focused on the death and suffering of the victims, but also the victimisation of the whistle-blowers. Her emotional accounts formed a stark contrast to interviews with other NHS figures, such as Nicholson (see above). Although whistle-blowers formally belonged to the organisation under scrutiny, they were constructed in the same way as the victims and their relatives. This confirms other research studies' findings that whistle-blowers are increasingly represented in a

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generally positive or neutral light (Thorsen et al., 2013; Wahl-Jorgensen & Hunt, 2012), but the findings here add more understanding of their role by showing that they can function as victims as well as heroes. The emphasis on whistle-blowers was also connected to the scandal process of politicisation and Donnelly's accounts supported the focus on systemic failures, denials and the culture of the NHS, which was confirmed by the interviewed news workers:

> "(…) her story, I think, is just a really, you know, eye popping story of what happens when you try and do the right thing and are not listened to. And then the consequences of that for your career, the consequences for her career, what effect that might have had on other people who were willing to speak out" (Health correspondent, BBC News).

Political health news thus also rely on emotional narrative strategies to some extent, which in the case of institutional scandal was provided by whistle-blowers. However, the news workers were aware of the precarious position of whistle-blowers and the challenges they could face when going public (Alford, 2001; C. Lewis, 2004; Near & Miceli, 1985; van Es & Smit, 2003). Butler and Drakeford (2008) describe how morally ambiguous social actors can drive news storytelling, which to some extent was the case in the Mid Staffordshire hospital scandal. Although the ambiguity was recognised by the interviewed news workers, they failed to reflect on their own role in this dynamic. The power relation between journalists and whistle-blowers is delicate (Liebes & Blum-Kulka, 2004), particularly in connection with the politicisation of scandals, but in the reactions phase of the Mid Staffordshire hospital scandal the focus was more on scandalising the NHS and identifying institutional and individual folk devils.

8.4.3 Gagging whistle-blowers

In the TV news coverage of the scandal's reactions phase, the connection between whistleblowing, systemic failures and the culture of the NHS was accentuated by reports on so-called 'gagging clauses'. On 16 February 2013, for instance, the BBC broadcast a report on the Health Secretary Jeremy Hunt's criticism of gagging clauses. The news report focused on Gary Walker, a former NHS Chief Executive, who had broken his gagging clause. The opening shot of the report was a graphics sequence showing generic hospital equipment and an NHS logo with the accompanying comment by a political correspondent:

"The NHS and how it looks after patients is under profound scrutiny. When staff at
Stafford Hospital struggled to be heard, tragedy followed. Now ten days after a
report which warned the culture needs to change, there are fears that some
managers are still banned from speaking out altogether" (BBC-11, 2).

**Figure 8.9 (BBC-11, 2) The opening shot of the report from 16 February 2013 showing generic hospital
equipment and an NHS logo moving over the screen. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/02F3BE82?bcast=93933977**

The verbal statement here referred to systemic failings in the NHS as a whole using Stafford
Hospital as an example, which was contrasted with the attempts of whistle-blowers, both
staff and managers, to bring attention to the failings. This implied that the system, not the
individual managers, was to blame, which was a move away from the descriptions in the
activations phase of NHS managers as target-chasing folk devils. By showing the NHS logo
instead of the Stafford Hospital sign, the visual statements also pointed to the institution as
a whole. Regarding gagging clauses and the scandal process of whistleblowing, the
correspondent behind the report noted:

> "(…) often whistle-blowers come to the media only at the point at which they feel
> they've exhausted all of those options and nothing has happened. Now, sadly I
> think that's probably more often than maybe one would hope, because one would
> hope that the internal whistleblowing process would happen. But for us as
> journalists obviously it's fantastic when they do come and speak to us because

editorially they're always saying really interesting things" (Political correspondent, BBC News).

This comment acknowledged the distinction between internal and external whistleblowing described by researchers in the area (Dworkin & Baucus, 1998; Near & Miceli, 1985; Vinten, 2003; 2004). However, it also implied a degree of journalistic pleasure in external whistle-blowing since it feeds into the narrative strategies of the news workers. Seen in this light, gagging clauses protect an immoral institution and hinder journalistic truth-speaking (Gans, 1980; Tuchman, 1972), which makes the mentioning of gagging clauses a powerful narrative strategy in scandal storytelling.

ITV also covered gagging clauses in connection with whistleblowing in the reactions phase. On 12 June 2013, they brought a report on MPs' criticism of David Nicholson, which was essentially a part of the trial by media process examined above. As a part of this report, the story about Gary Walker came up. Accompanied by shots of a hospital and the whistle-blower walking, the political correspondent's said:

> "The one case Sir David previously admitted he knew about was that of whistle-blower Gary Walker, former boss of an NHS Trust in Lincolnshire. He said today it was inconceivable Sir David did not know of other gagging orders" (ITV-20, 13).

In Nicholson's trial by media, Walker functioned as a witness whose testimony about gagging clauses incriminated the prosecuted social actor and challenged his denials of wrongdoing. This simulation of courtroom proceedings in trials by media was also found by Greer and McLaughlin (2012b) in their analysis of the phenomenon. Just like the BBC, ITV connected whistle-blowing and gagging clauses with systemic and individual failings, which constructed gagging clauses as a result of a secretive and immoral NHS culture.

The power relation between journalists and whistle-blowers has been as described both symbiotic and adversarial: while the two groups depend on each other to get their stories told, their interests are not necessarily aligned, which can lead to a degree of mistrust (Calland & Dehn, 2004b; C. Lewis, 2004). At the same time, whistle-blowers now appear more frequently in news coverage (Thorsen et al., 2013; Wahl-Jorgensen & Hunt, 2012), which was confirmed by news workers:

> "(…) whistleblowing really wasn't something that I dealt with through my early journalistic career, (…) and particular not in the health side stuff until I starting moving into that area" (Health producer, BBC News).

"(…) listening to whistle-blowers has become more common than it used to be and gets in the papers, and in the specialist press especially, more often than it used to" (Health editor, ITN).

The connection between the scandal processes of politicisation and whistleblowing thus seems to be a part of the wider tendency of politicising health news described in sections 6.1 and 6.2. Politicisation of health news appears to be particularly linked to coverage of the NHS, which is also where whistle-blowers became prominent in the scandal storytelling. Thereby, the discursive statements of whistle-blowers were added to those of news workers, victims and campaign groups in the media construction of healthcare and deviance. This gave them an advantage in their power relation with their employer, although this advantage was temporary and limited to the news storytelling and scandal processes.

8.5 Conclusion

The reactions phase of the Mid Staffordshire hospital scandal largely followed Greer and McLaughlin's (2016) model, although there were some variations regarding the scandal processes. While trial by media did play a key role, the reactions phase was less characterised by 'reactions' and more by 'acceleration'. Also diverging from Greer and McLaughlin's scandal model was the role of the public inquiry which appeared to accelerate the scandal processes rather than slow them down as part of the accountability phase. Finally, the scandal process of whistleblowing appears to have played an important role in the politicisation and increased institutional focus in this phase, which has not been described in previous examinations of mediatised institutional scandal. As such, the reactions phase of the BBC and ITV's coverage of the Mid Staffordshire hospital scandal was characterised by a focus on systemic failings and the culture of the NHS as well as the scandal processes of politicisation, trial by media and whistleblowing.

The politicisation of the Mid Staffordshire hospital scandal was closely linked to the politicised nature of the NHS described in section 6.4. By moving the scandal from the local to the national level, it became a part of a political struggle over an institution that has previously been found to receive disproportionately negative media coverage (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002). The political health coverage of the scandal tended to focus on political responsibility, which led to accusations of systemic failings and trials by media. The general political controversy surrounding the NHS (Entwistle & Sheldon, 1999) thus bled into the scandal storytelling, leading to a further

search for social actors who could be blamed for the systemic failings and harmful culture of the institution. Once these folk devils had been identified their actions, such as announcing retirement or using confidentiality clauses, were read in the light of their alleged wrongdoing. Thereby, the politicisation of the scandal led to a circular reasoning where the NHS failed because it was a failing institution; a reasoning which in turn can lead to a 'spiral of cynicism' (Cappella & Jamieson, 1997) and falling trust in the NHS and politics in general (Butler & Drakeford, 2005; Milne, 2005; Thompson, 2000).

Another consequence of the scandal process of politicisation was the shifting power relations, which played down the role of social actors such as victims and campaign groups in favour of authorities and whistle-blowers. At the same time, NHS authorities were put in a defensive position where their discursive statements were constantly challenged by news workers, campaign groups and whistle-blowers. In their clear position of favouring victims and whistle-blowers, the news workers were not impartial, which contradicted their professional values and perception of their work (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016) (see also section 5.1). Furthermore, the power relation between health and political correspondents changed in favour of the latter. This had an influence on the narrative strategies, so that accountability interviews (Montgomery, 2008), court-like descriptions from the trial by media (Greer & McLaughlin, 2012a) and experiential interviews with whistle-blowers (Wahl-Jorgensen & Hunt, 2012) became more prominent.

In the reactions phase, the Mid Staffordshire hospital scandal was thus taken from its local context and placed in a national, systemic one where the entire NHS was scandalised. Thereby, the concrete failings became symbols of a bigger problem with the NHS and the way in which it was managed. That meant that the NHS and its Chief Executive were identified as institutional and individual folk devils respectively, who were responsible for the death and suffering of the victims. This politicisation meant a rebalancing of the power relations between social actors and the legitimacy of their discursive statements. The increased influence of political correspondents led to an emphasis on narrative strategies aimed at holding powerful social actors to account. This move, however, was not instigated by the news coverage but rather by the public inquiry report, which sparked the scandal process of politicisation. This confirms that TV news tends to be reactive rather than proactive in its storytelling (see section 5.1). However, by endorsing the politicisation of the scandal, the BBC and ITV still contributed to the overall scandal processes and the

construction of healthcare and deviance. This became clear in the following amplification phase of the scandal, where the institutional focus on the NHS sparked a series of sub-scandals (Thompson, 2000), which maintained the systemic failings and policy responses as the main theme of the scandal storytelling.

Chapter 9. Amplification Phase

The scandal model of Greer and McLaughlin's (2016) described in chapter 2 has the reactions phase followed by the *amplification* phase. In the case of the Mid Staffordshire hospital scandal, this phase saw the scandal spread to other parts of the NHS, shifting the narrative focus once again. This corresponds with Thompson's (2000) notion of sub-scandals, and rather than progress smoothly from the amplification to the accountability phase, the Mid Staffordshire hospital scandal regressed into a series of lower-level scandals of a different, but closely related, nature. Thus, on 19 June 2013, a report was published into failings at Morecambe Bay NHS Foundation Trust where a number of mothers and new-born babies had died in the early 2000s. This incident sparked its own scandal and was the subject of a public inquiry and criminal investigations. However, in the course of the Morecambe Bay scandal it became linked to the Mid Staffordshire hospital scandal and other scandals, such as the one connected with the Winterbourne View Care Home.[4]

Soon after, on 16 July, the NHS Medical Director Bruce Keogh published a report of a review of 14 English hospital Trusts with high mortality rates, 11 of which were put into special measures[5]. The review had been set up immediately after the Mid Staffordshire public inquiry report, and was therefore linked from the outset to the Mid Staffordshire hospital scandal. In his foreword to the report, written as a letter to the Health Secretary, Keogh wrote:

> "Sadly, there are times when the NHS falls well short of what patients and the public rightly deserve. The harrowing accounts set out by Robert Francis in his two reports into the failures at Mid Staffordshire NHS Foundation Trust highlight the lasting physical and emotional damage we can cause to patients and their families when we get things wrong and fail to make quality our primary concern" (Keogh, 2013: 3).

The findings of the Keogh report and the implication that there could be failings in up to 14 hospital Trusts sparked a fierce political row over who was responsible. This row involved

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[4] The Winterbourne View care was a private hospital near Bristol where a BBC Panorama programme broadcast in May 2011 revealed systematic abuse of patients. As a result of the ensuing scandal, the Chief Executive of the Care Quality Commission (CQC), Cynthia Bower, resigned (Donnelly & Swinford, 2013).

[5] Special measures typically include partnering failing Trusts with well-functioning ones, designing an action plan, appointing an improvement director and making changes in the management (NHS, 2015).

former Labour Health Secretaries, such as Andy Burnham, and the present Conservative Health Secretary, Jeremy Hunt. The debates focused on whether or not the introduction of managerial reforms and targets were to blame for the failings. Furthermore, in the amplification phase the Mid Staffordshire hospital scandal was connected to the minor sub-scandal in the 111 telephone service. In this chapter, I examine the overall coverage of the amplification phase before going into each sub-scandal in more detail and discuss the findings in the conclusion.

9.1 TV news coverage of the amplification phase

The BBC and ITV's coverage of the amplification phase lasted from 16 June 2013 until 30 July the same year. Although the scandal had seen a degree of amplification moving from the local to the systemic level in the reactions phase, it hit other parts of the NHS as well in its amplification phase. According to Greer and McLaughlin, scandals can amplify for a variety of reasons, including institutional ones:

> "It may become apparent that the institution knew about the alleged scandalous behaviour, whether perpetrated by one individual or many, failed to prevent it, somehow facilitated it, or actively covered it up. Evidence may come to light that the alleged transgressions took place across multiple institutions, indicating a network of scandalous activities that required some form of institutional coordination or complicity" (Greer & McLaughlin, 2016: 10-11).

This description captures well what happened in the Mid Staffordshire case. After the scandal had hit the NHS leadership in the reactions phase, it continued to spread to other parts of the institution and connected scandal processes which had previously been seen as separate. This reflects observations by Thompson (2000), who describes how smaller sub-scandals often emerge in the wake of big scandals, although this scandal process has rarely been examined in detail. Even though the amplification phase was the shortest, only covering 1.5 months, it saw the highest intensity of the coverage.
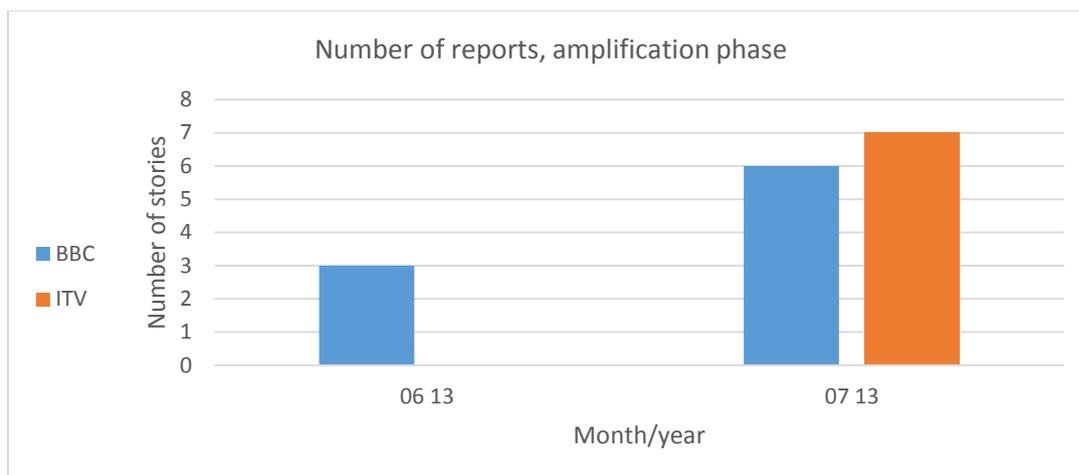
Figure 9.1 Overview of the number of news reports in the amplification phase of the Mid Staffordshire hospital scandal on a monthly basis from 16 June to 30 July 2013. While the CQC sub-scandal in June was only covered by the BBC, the Keogh and 111 service sub-scandals were covered by both channels in July.

Although the BBC and ITV's coverage in the amplification phase was reasonably similar, they did not follow each other as closely in the previous phases (see figures 7.1 and 8.1). While the BBC broadcast three reports in June 2013 and six in July, ITV broadcast no reports in June and seven in July. The reason for the continued coverage of the scandal was explained by news workers covering the story at this stage in the following way:

> "(…) even [after] Francis that was a question that people kept putting and saying 'is this a one off? Is there another Stafford out there?' (…) [F]or those months and, you know, years that I worked on it so many details just kept coming back" (Health producer, BBC News).

> "(…) there've been other issues in Morecambe Bay and then Basildon and the role of the CQC (…) was uniquely bad, but there have been some other very bad incidences of neglect in certain hospitals" (Political correspondent, ITN).

The amplification of the scandal followed from the previous coverage, and the news workers began to revisit the Mid Staffordshire hospital scandal or connect it to other NHS scandals. In June, the BBC connected the scandal to an alleged Care Quality Commission (CQC) cover-up, a story which was not covered by ITV. On 16 July the Keogh report on mortality rates caused the highest peak in the BBC and ITV coverage of the Mid Staffordshire hospital scandal. Towards the end of the amplification phase, the BBC and ITV each broadcast one report on the 111 service which connected it to the Mid Staffordshire hospital scandal. This reconstructed the scandal as newsworthy (Bednarek & Caple, 2012b;

2014; Caple & Bednarek, 2013) when the news workers added new elements or connected old ones in their storytelling. In total, the nine BBC reports contained 216 shots while the seven ITV reports contained 208 shots. The verbal and visual appearance of the different groups of social actors is illustrated in the figure below:
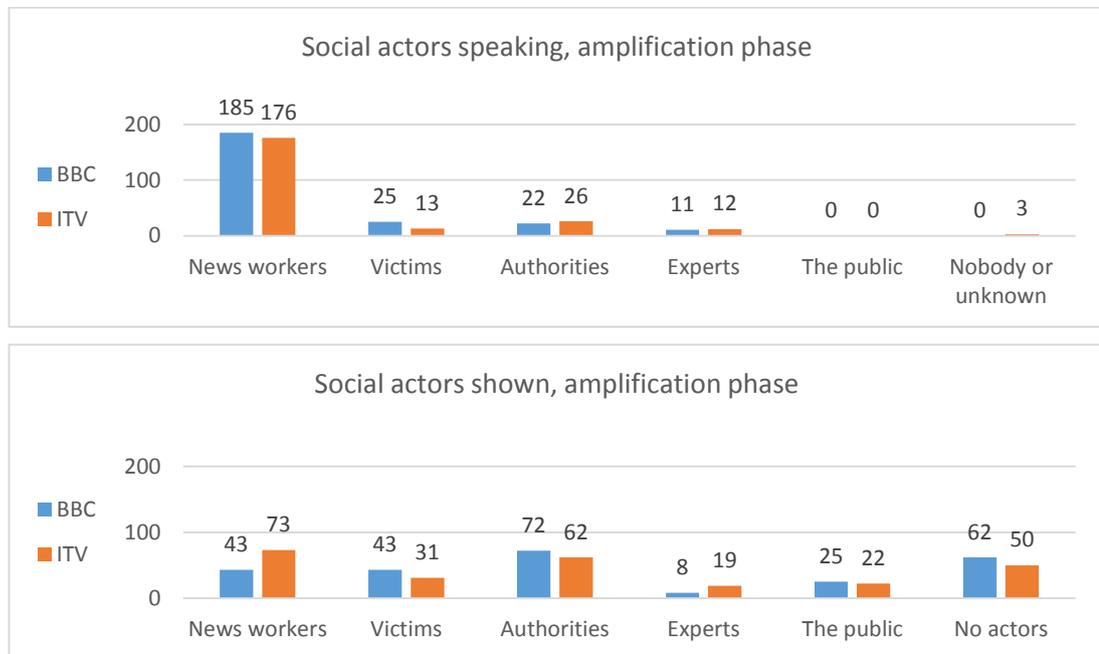
Figure 9.2 Overview of the number of shots each group of social actors was speaking over and shown in in the amplification phase of the scandal.

The illustration of discursive statements about social actors in figure 9.2 indicates that news workers still formulated the majority of the verbal statements as they had done in the previous two phases. Although the prominence of the victims did not match that of the activations phase, they were becoming more central to the storytelling than they had been in the reactions phase. At the same time, the prominence of the authorities fell. The role of experts in the construction of healthcare and deviance - though still relatively small compared to victims and authorities – was also rising, as discussed further below.

9.2 The CQC sub-scandal

On 19 June 2013, a report on failings in the maternity unit at Morecambe Bay NHS Foundation Trust accused the Care Quality Commission (CQC) of covering up the findings. This incident activated a sub-scandal (Thompson, 2000) linked to the original Mid Staffordshire hospital scandal. Even if this sub-scandal was only covered by the BBC News at Ten in three reports on 19, 20 and 21 June, it evolved much like the main scandal, with its own scandal processes, narrative strategies, social actors, power relations and discursive

statements.

The CQC sub-scandal spread the Mid Staffordshire hospital scandal to other parts of the NHS, which implied that the institutional failings were even more widespread than previously assumed. The allegations made against the CQC included a cover-up, which suggested that the institution conspired to conceal its wrongdoing from the public. Since the CQC was the regulator of other NHS institutions, suggesting that it was corrupt meant that the whole of the NHS and all its parts were corrupt as well. Butler and Drakeford (2005) describe how scandals often occur in already ambivalent or distrusted organisations, and in this case already scandalised institutions become vulnerable to further scandals caused both by the media's hunt for stories (Lloyd, 2004; Milne, 2005; Sabato, 1993; Sabato et al., 2000) and the institutions' own attempts to protect their reputations (Greer & McLaughlin, 2013; Thompson, 2000; 2005).

9.2.1 Institutional cover-ups

The CQC sub-scandal began on 19 June with a BBC news report about an alleged cover-up of a critical report. Like the news reports from the activation phase of the Mid Staffordshire hospital scandal, the one here started with the theme of death and suffering. The emotional narrative strategies often used in health news (Boyce, 2007; Seale, 2002; Tanner, 2004) (see also section 6.2) meant that the overall scandal and its sub-scandal had the same narrative starting point. Furthermore, the BBC news report featured an experiential interview (Montgomery, 2008) with a CQC whistle-blower, who spoke about how she was victimised when she tried to raise her concerns. Towards the middle of the report, a BBC health correspondent accompanied by shots of Winterbourne View Care Home and a generic shot from a hospital said:

> "This is not the first time the regulator has found itself in trouble, its handling of scandals at the Winterbourne View Care Home and Stafford hospital were severely criticised" (BBC-20, 18-20).
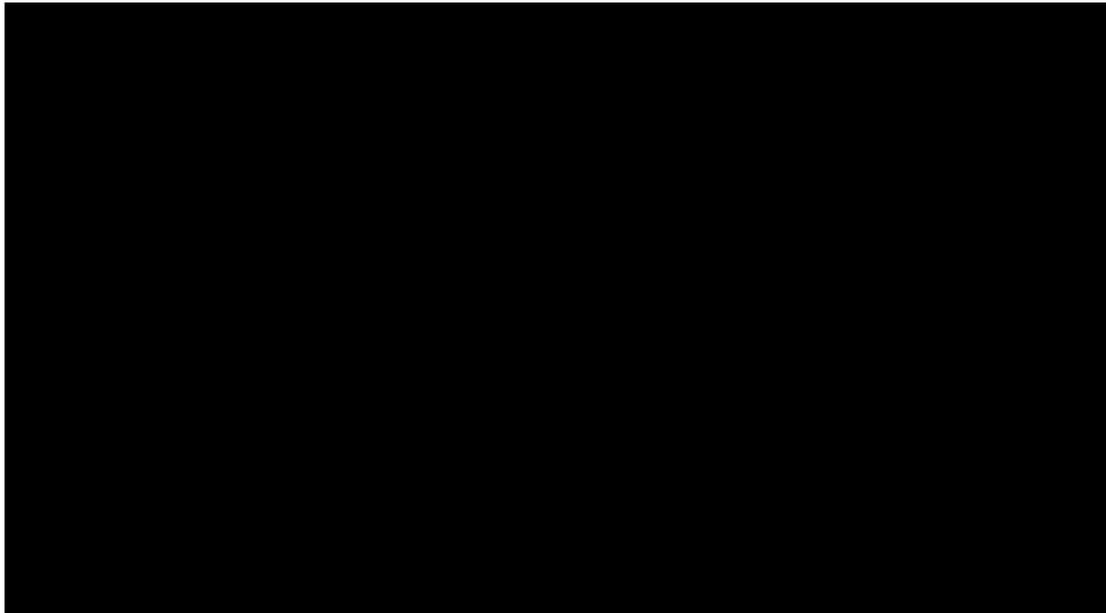
Figure 9.3 (BBC-20, 20) A shot from the BBC report from 19 June 2013 showing a generic hospital scene. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/04F9CBFA?bcast=97565090

This comment directly linked the CQC sub-scandal with failings at Winterbourne View and Stafford Hospital. The blame was placed with the organisations and their culture, which reflected the focus on systemic failings and the NHS culture in the reactions phase. However, instead of just connecting Stafford Hospital to the NHS as a whole, the two were now connected to other institutions as well. The verbal statements were supported by the visual statements, which showed the implicated institutions and a generic hospital scene, which invited the audience to connect the scandals to hospitals in general. These statements were followed up by Health Secretary Jeremy Hunt making the same connection, which added authority to the construction of an institutional scandal with multiple interlinked outcomes. Politicians thus emerged as powerful social actors who, in their discursive statements, tried to shift the blame away from themselves and their parties to label other powerful social actors as folk devils (Flinders, 2012; Hatier, 2012).

Immediately after the news report, another health correspondent was interviewed in the studio. The form of this interview identified it as an affiliated interview (Montgomery, 2008), a narrative strategy aimed at constructing news workers as neutral social actors. During this interview, the BBC News health correspondent said:

> "(…) tonight there remains that question about accountability. The CQC says it's
> had legal advice around data protection, which means it can't name the managers

who were involved in these failings. Many MPs have questioned that today, and I think it's going to come under considerable pressure to justify that position if it wants to restore confidence in its promise of being an open and trustworthy regulator" (BBC-20, 24).

This verbal statement inferred that confidence, presumably that of the public, had been broken and needed to be restored, and the way to do this was by releasing the names of individual social actors. The CQC and the NHS as a whole had already been identified as institutional folk devils and scandalised, but the news workers called for accountable individuals as well. This demonstrates that movement between institutional and individual levels of scandals can be reversed, repeated or overlapping. Such a progression is more complex than the one suggested by Greer and McLaughlin (2016), and it shows that sub-scandals can develop their own scandal processes, power relations and sets of social actors within the framework of an overall mediatised institutional scandal.

9.2.2 Identifying folk devils

During the following two days, 20 and 21 June, the call for individual folk devils in the CQC sub-scandal was heard, and CQC managers alleged of the cover-up were identified. The most prominent of these were Cynthia Bower, who had previously been named as part of the main Mid Staffordshire Hospital scandal (see section 7.5). Early in the report, a graphics was shown with photos of alleged managers and CQC logos, over which a BBC News health correspondent said:

> "The CQC carried out a review of what went wrong [at Morecambe Bay], the report published yesterday claimed a decision was made to delete that. It described a key meeting. What happened there is disputed, the officials who attended were only named by letters of the alphabet. Today they've been revealed as Cynthia Bower, the former Chief Executive (…)" (BBC-21, 6).
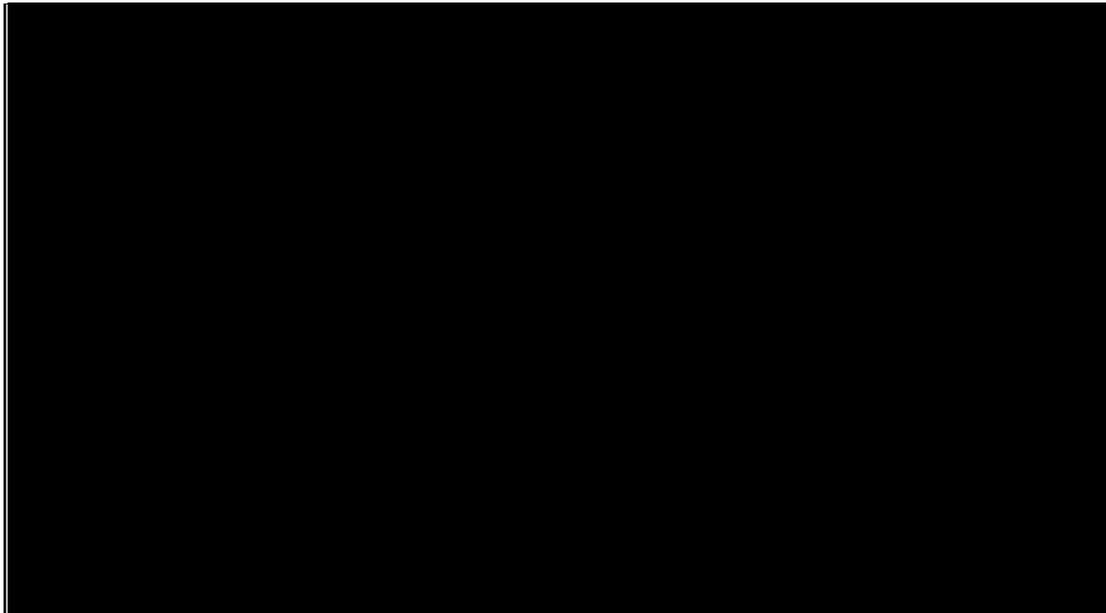
Figure 9.4 (BBC-21, 6) A shot from the BBC report from 20 June 2013 with graphics identifying the people alleged of covering up the failings at Furness General Hospital. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/04F9CC34?bcast=97569861

This verbal statement identified Bower as directly involved in the cover-up, and the accompanying visual statement linked her with the decision to delete the review. This clearly labelled Bower as an individual folk devil who was highly placed in the organisation (deYoung, 2011; Hatier, 2012). Furthermore, the presentation of the allegations amounted to a trial by media, although this scandal process is described by Greer and McLaughlin (2016) belongs to the reactions phase. As with other trials by media (Greer & McLaughlin, 2012a; 2012b), the evidence was presented with the underlying assumption that the person on trial was guilty. Bower's trial by media was not as intense as Nicholson's in the reactions phase where an ITN presenter asked him directly about his responsibility for the hundreds of deaths (see section 6.3). However, like Nicholson, Bower's credibility was openly questioned, which shifted the power relation in favour of the news workers making the accusations. Like the Mid Staffordshire hospital scandal, the CQC sub-scandal moved between the institutional and individual levels with the identification of folk devils at both levels. It thus appears that scandal storytelling needs individual folk devils to match the institutional ones and vice versa.

9.2.3 Shredding reputations

In the BBC news reports from 20 and 21 June, the naming of individual social actors only seemed to fuel the criticisms of the CQC as an institution and lead to the question of whether it was fit for purpose. The scandal storytelling thus united individual and

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institutional levels of the sub-scandal in a stark criticism of the CQC, which was further connected to the wider scandalisation of the NHS. For example, in an affiliated interview after the report on 20 June, a BBC health correspondent said:

> "What's happened over the last couple of days is part of a wider picture over the last 6 months where we've heard claims of gagging clauses, of senior managers trying to raise concerns within the NHS, we've seen all the failings at Stafford Hospital laid bare in the public inquiry, and the difficulties a whistle-blower there had in raising problems as well" (BBC-21, 22).

In this verbal statement, the CQC sub-scandal was connected not only to other institutional failings, but to gagging clauses, whistleblowing and the Mid Staffordshire public inquiry. Along with Bower's mini trial by media, these connections echoed the Mid Staffordshire hospital scandal's reactions phase with its focus on systemic failings and the NHS culture. This amplification coincided with the general amplification of the Mid Staffordshire hospital scandal to create an echo-chamber of allegations of interconnected failures and cover-ups.

The news report from 21 June repeated and reinforced the criticisms of the CQC, as in the following verbal statement from a BBC health correspondent accompanied by a shot of CQC logos moving by:

> "But a big question mark now hangs over the future of the Care Quality Commission, an organisation that was already struggling for credibility now sees its reputation in tatters" (BBC-22, 17) .

The verbal statement here constructed the CQC as having lost credibility in the face of the sub-scandal and Bower's trial by media. The CQC sub-scandal was therefore a part of a wider tendency where repeated scandals and sub-scandals tatter reputations of powerful individuals and institutions (Gamson, 2001; Greer & McLaughlin, 2013; Lull & Hinerman, 1997). However, the inference that the reputation was tattered appears to have relied mainly on the BBC's own coverage. This chimes with an overall tendency of news workers to make inferences on behalf of the public to legitimise their own work (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004; 2005).

The CQC sub-scandal followed scandal processes of its own, going through the phases of activation, reaction, amplification and accountability (Greer & McLaughlin, 2016), although they were much shorter and not as clearly defined. At the same time, the CQC scandal was a part of the Mid Staffordshire hospital scandal and as such a part of the overall

amplification phase. In terms of power relations and narrative strategies, the CQC sub-scandal storytelling was mainly told by health specialists, and appeared to be less politicised than the Mid Staffordshire hospital scandal at this point. However, the storytelling did depend on whistle-blowers rather than patients to add emotional value to the narrative through experiential interviews (Montgomery, 2007; 2008). Consequently, the CQC sub-scandal included elements from both health coverage and political health coverage in the construction of healthcare and deviance and the scandalisation of the CQC, the NHS and individual social actors.

9.3 The Keogh report sub-scandal

In mid-July 2013, another sub-scandal was activated with the publication of the Keogh report on mortality rates at 14 hospital Trusts in England. The review had been set up immediately after the publication of the public inquiry on 6 February 2013, which meant that the two scandals were interconnected. One of the news workers involved with the coverage at this stage commented:

> "(…) the Keogh report (…) got so much coverage, (…) and it was damning because that's what the report was" (General reporter, ITN).

This confirms that TV news is reactive rather than proactive as described in section 5.1 and that external events, such as the publication of reports, can influence the storytelling and the involved narrative strategies. However, the findings of the Keogh report also fit the already ongoing scandal and sub-scandal storytelling as well as a general media tendency to scandalise the NHS, its institutions and its leadership (Amend & Secko, 2012; Entwistle & Sheldon, 1999; Seale, 2002). Although the TV coverage did not amount to a 'feeding frenzy' (Sabato, 1993), the fact that the Keogh report repeated the claims made previously in the scandal, shifted the power relation and allowed news workers, experts and politicians to take the scandal to another level.

9.3.1 Diagnosing an infected system

On 14 July, two days before the Keogh report was published, one of its authors came forth with some of the findings, which triggered activation of the Keogh report sub-scandal on both the BBC and ITV News at Ten. Both channels stressed the link between Mid Staffordshire and the Keogh report, as demonstrated in the two verbal statements below. The first statement was made by a BBC presenter sitting in the studio in front of a screen with an NHS logo. The second statement was made by an ITN political correspondent and

was accompanied by a graphicised shot with generic images of ambulances and hospitals overlaid by a heart monitor graph. The statements said:

> "A contributor to the investigation into high death rates at 14 national health Trusts has told the BBC he believes thousands of patients have died each year due to a lack of proper care. Professor Sir Brian Jarman gave advice about death rates for the report, which follows the scandal at the Mid Staffordshire NHS Trust" (BBC-24, 1).

> "We were told Mid Staffordshire was a singular scandal, a one off. It wasn't. A damning report into mortality rates at 14 hospital Trusts is expected to show there have been 13,000 excess deaths at them since 2005" (ITV-22, 2).
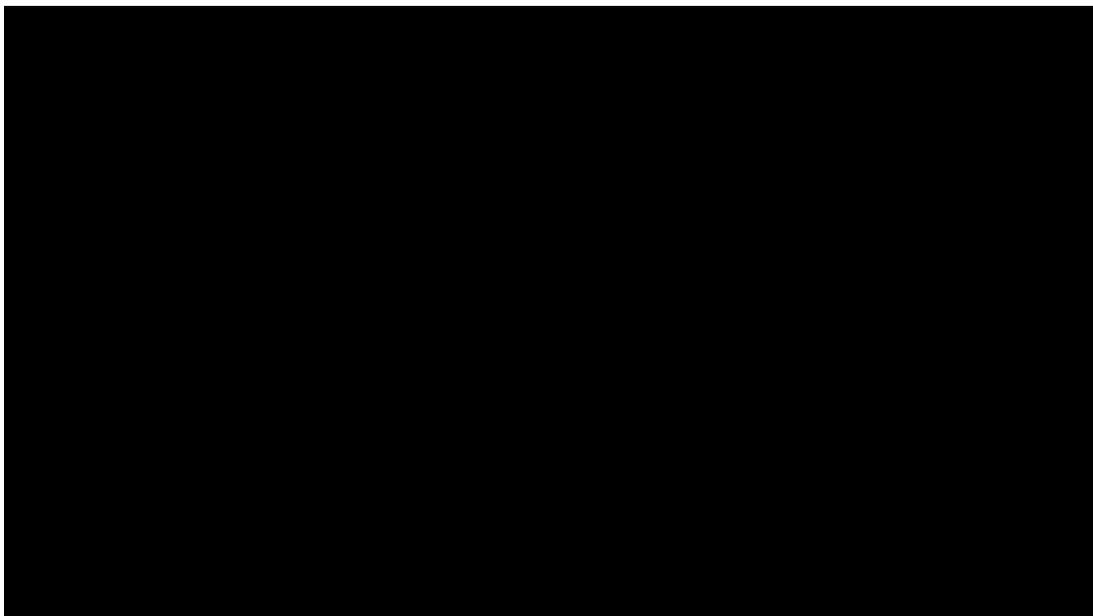
Figure 9.5 (ITV-22, 2) The opening of the ITV report from 14 July 2013 showing graphicised images of ambulances and hospitals overlaid with a heart monitor graph. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/05816A13?bcast=98732217

These verbal statements linked 14 Trusts and 'thousands' of deaths with the Mid Staffordshire hospital scandal. Thereby the impact of the original scandal continued to grow and include increasing numbers of institutions and victims, which confirms a general tendency to identify institutions as the cause of, rather than the solution to, social problems (Butler & Drakeford, 2005; 2008; deYoung, 2011; Gamson, 2001). The power relations between social actors favoured victims and experts against the NHS, which also challenged the notion of TV news as being impartial (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016). This implies that the emphasis on emotional narrative

strategies can overrule professional values, which has previously been found to be a common trait of health journalism (Boyce, 2007; Seale, 2002).

Particularly the ITN correspondent's verbal statement made this connection very clear and the accompanying visual statements stressed the link between the failings and the work of the NHS as a whole. When asked about the choice of words, the news worker behind it said:

> "I can't at this distance remember where I got that quote from that we were told Mid Staffs was a one off, I cannot remember who said that and when they said it. But it's clearly something that somebody had intimated at some point" (Political correspondent, ITN).

In the news report itself, the quote in question was not attributed, which suggests that its function in the narrative strategy weighed heavier than its origins. The function of the quote was to support the claim that the NHS failings were endemic and that the institution was incapable of securing proper healthcare. At the same time, the comment confirms how the production of TV health news storytelling is a result of a collaborative process (see section 6.2). Different elements are used if they fit the news workers' narrative strategies and their origins can be forgotten immediately after. Meanwhile, the choice of the visual statements accompanying the verbal ones was described by the news worker in the following way:

> "(…) that was a story about a report that hadn't been published into deaths that happened a long time ago, and there weren't specific things that had happened that day that could be filmed" (Political correspondent, ITN).

The difficulties with getting suitable images reflects the general difficulty of filming for health and political news (sections 6.2 and 6.3), so although both visual and verbal discursive statements referred to the NHS as a whole, the visual statements appeared to be coincidental rather than deliberate.

9.3.2 Experts as sources

Previous studies on health news has found it to be reliant on expert sources because of the news workers' lack of formal medical training (Amend & Secko, 2012; McGrath & Kapadia, 2009; Tanner, 2004). In this study, experts did not appear to play a major part in the activations and reactions phases of the Mid Staffordshire hospital scandal, but during the

amplification phase they began to influence the scandal storytelling and the construction of healthcare and deviance more.

On 16 July 2013 the Keogh report sub-scandal was fully activated with the publication of the report, and both the BBC and ITV had the story on the top of the agenda in their News at Ten. Both channels' coverage included interviews with experts, such as Keogh. As a narrative strategy, these interviews were constructed as expert interviews in which the interviewees made professional statements, instead of the emotional statements characterising experiential interviews or the defensive statements characterising accountability interviews (Montgomery, 2007; 2008). Keogh and the other report authors were constructed as neutral specialists who were in a position to diagnose the NHS and prescribe a cure. This was demonstrated in the verbal statements of a BBC health correspondent which accompanied a collage of review hearing footage:

> "How to replace mediocrity with excellence? That's the challenge set by the Keogh report, and the 14 hospital teams, seen here in action, sent into the failing Trusts" (BBC-26, 26-27).
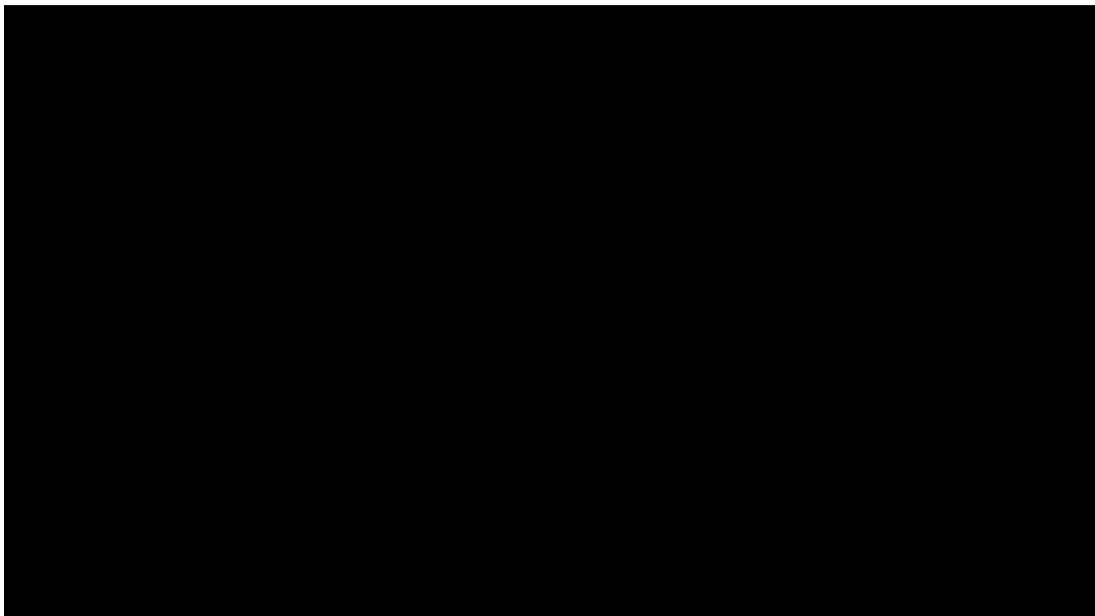
Figure 9.6 (BBC-26, 27) A collage of review hearing footage shown in the BBC's report on the publication of the Keogh report on 16 July 2013. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/05802127?bcast=98803329

In the ITV report, Keogh was interviewed in an office, and the news worker's introductory statement credited him with unveiling the failings, whilst also linking them to the Mid Staffordshire hospital scandal and asking the question of who was to blame:

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"Sir Bruce's inspection teams found many failings, not on the scale of the Mid

Staffordshire scandal, but serious none the less. Why is it that no heads are

rolling?" (ITV-24, 7-9).
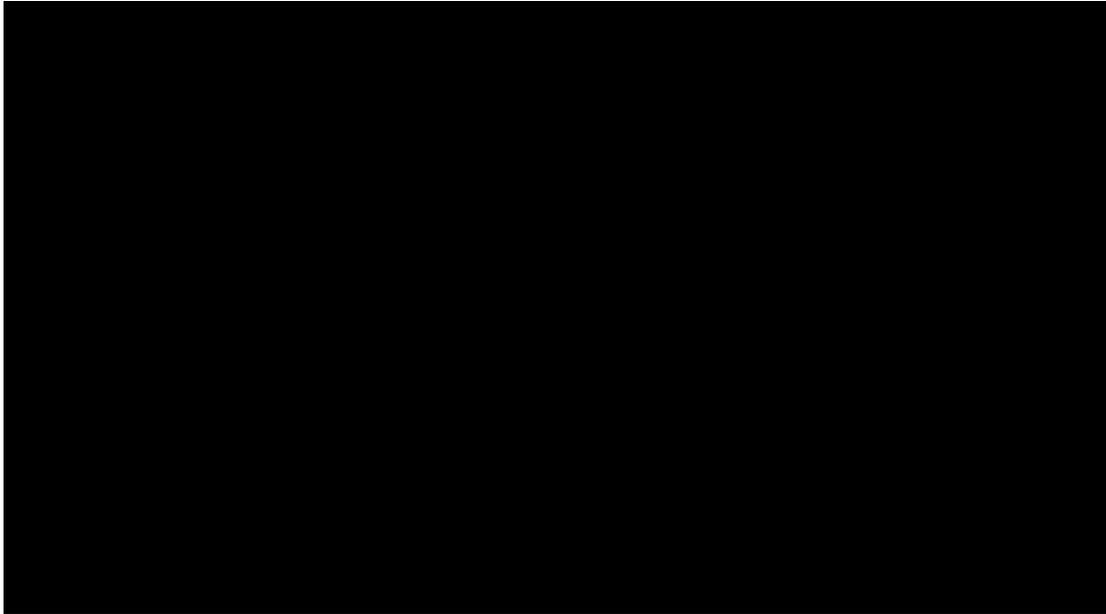
Figure 9.7 (ITV-24, 7) A shot from the ITV report from 16 July 2013 showing Bruce Keogh in an office with the ITN health editor interviewing him. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/05816A88?bcast=98803336

As demonstrated in section 4.5, the neutral and professional role of the experts was

emphasised by the visual statements that showed professional settings, such as hearing

rooms and offices. The neutrality of the experts and their analyses lent credibility to the

sub-scandal storytelling of widespread institutional failure. Thereby, the active role of

experts in the Keogh report sub-scandal was linked to the process of amplifying the Mid

Staffordshire hospital scandal and the process of scandalising the NHS as a whole. This

suggests that the reliance on experts in health journalism described in previous research

(Amend & Secko, 2012; McGrath & Kapadia, 2009; Tanner, 2004) only holds true if the

experts' statements confirm the narrative strategies already defined by the journalists.

Thus, journalistic storytelling can take primacy over expert statements, as Seale (2002) also

argue.

The use of expert interviews as a narrative strategy in health TV news appears to be

characterised by a certain inconsistency. On the one hand, the medically untrained

journalists need insight from health professionals regarding research, medical practice and

healthcare management (Amend & Secko, 2012; McDaid, 2004). On the other hand, health

news storytelling needs to be emotionally engaging (Boyce, 2007; Seale, 2002) (see also section 6.2), which was seen as incompatible with expert interviews:

> "(…) every report that we could do could have a man in a suit outside a very fancy sounding office with an important title, but that doesn't connect to people" (Health producer, BBC News).

Experts can add facts and analysis to the storytelling, thereby demonstrating a certain power to diagnose the state of deviance and healthcare in the NHS. However, the expert statements included in the scandal storytelling only confirmed the existing focus on systemic failings and the culture of the NHS. The expert interviews of the Keogh report sub-scandal thereby fed into the amplification phase of the Mid Staffordshire hospital and its echo-chamber of interconnected failures.

9.3.3 Sub-scandals and victims

The coverage of the Keogh report sub-scandal also marked a partial return to the focus on the death and suffering of victims and their relatives. For example, after a brief explanation of the review and its outcome, the BBC news report from 16 July began with an interview with two relatives of a deceased patient. Accompanied by shots showing the relatives and a photo of their grandfather, the BBC News general reporter said:

> "One of those under scrutiny is the Trust that runs Basildon Hospital where 90 year-old Fred Harris, a war veteran, died. His granddaughters told me after being admitted he was moved to nine different wards in just 12 days" (BBC-26, 3-5).
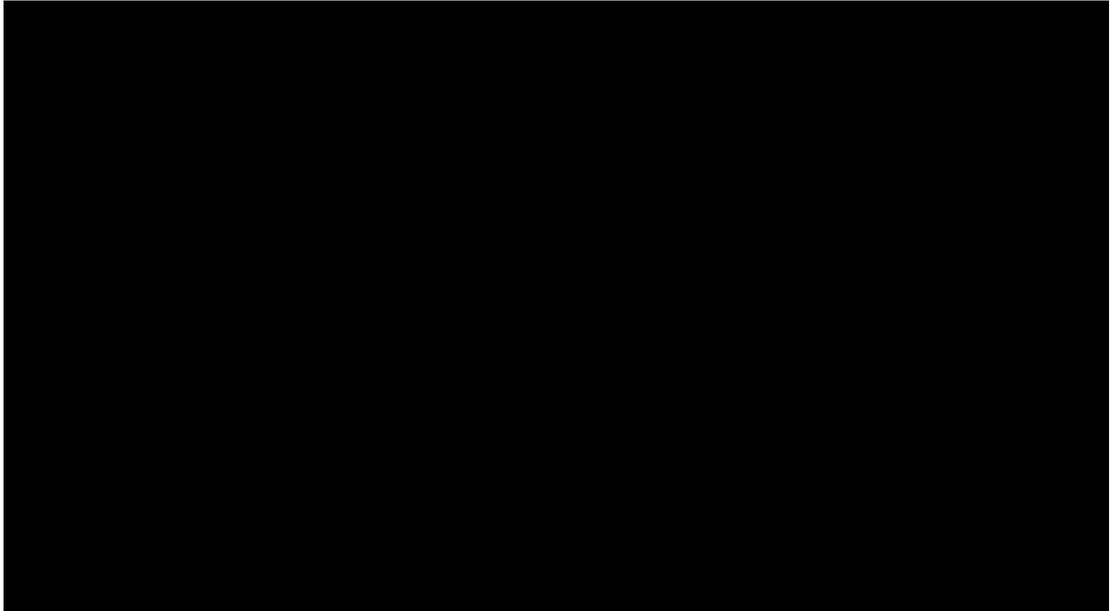
Figure 9.8 (BBC-26, 3) One of the first shots in the BBC's report on the publication of the Keogh report on 16 July 2013, showing the reporter and two relatives of a victim in a kitchen. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/05802127?bcast=98803329

In the verbal statement, the victim's name, age and veteran status served to personalise him, which was supported by the visual statements showing his photo and beret. Specifically mentioning the military constructed a juxtaposition between his status as self-sacrificing hero and helpless victim. The military is a vital part of the nation, which associated the victim with a national 'us' (Billig, 1995; Conboy, 2006) in contrast to 'them', the institution that had mistreated him. These narrative strategies of emotional storytelling and personalisation mirrored the activations phase of the Mid Staffordshire hospital scandal.

The experiential interview with the sisters emphasised their personal experiences (Montgomery, 2007; 2008). According to the news worker doing the interview, the two women belonged to a campaigning group, so their role as social actors resembled that of Julie Bailey and Cure the NHS (CTNHS) in the Mid Staffordshire hospital scandal's activations phase. The interview's focus on death and suffering was emphasised by visual statements showing personal objects, such as the beret seen in figure 9.8. About this beret, the cameraperson filming the interview said:

> "(…) we're talking about the grandfather so we want pictures of the grandfather, so whatever they had. And in one of the shots here I think he's wearing a beret, yeah.

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So they had that beret, so he was in the army, just that, it's just another shot, just
another device for telling the story" (Cameraperson, BBC News).

The visual narrative strategies in this interview deliberately reflected the verbal strategies
to emphasise emotiveness and personalisation. Also, the use of a private setting and close-
ranged shots of the sisters, their grandfather and his personal belongings in combination
with the verbal description of the victims invited the audience to empathise with them
(Kepplinger, 1982; Kress & van Leeuwen, 1996; Peelo, 2006), as also described in section
4.4.

The same focus on the emotions of victims and their relatives was present in the ITV
coverage of the Keogh report on 16 July 2013. Accompanied by a collection of photos of
victims, review hearings and generic hospital images, the ITN health editor said:

"The faces of patients who died in the hospital Sir Bruce Keogh investigated and,
for the first time ever, video their relatives could watch his inspectors confronting
the bosses of the hospitals that failed them" (ITV-24, 4).
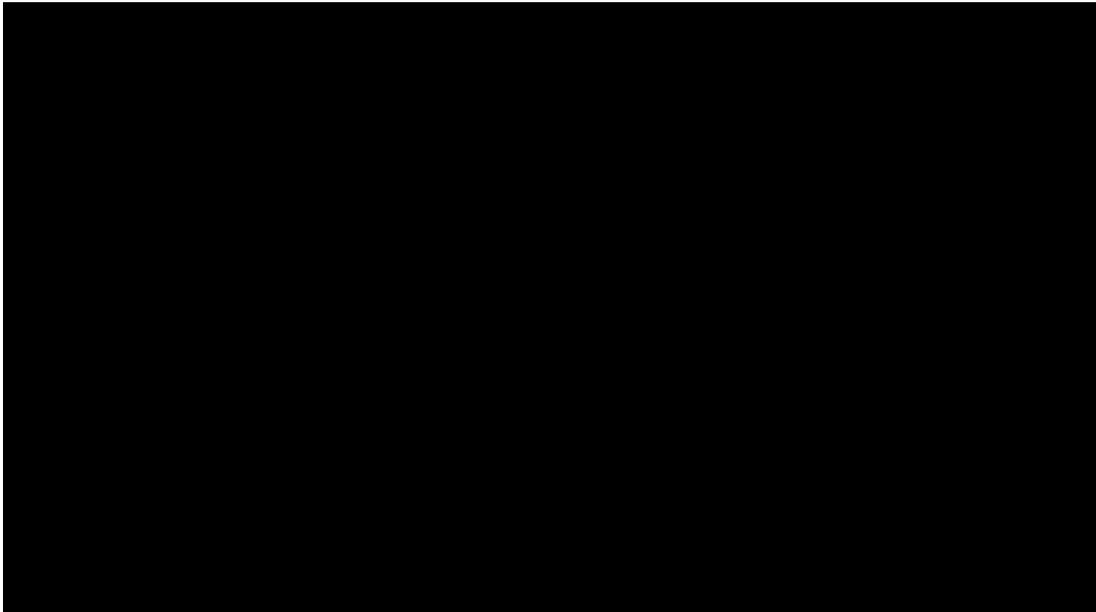
**Figure 9.9 (ITV-24, 4) A shot from ITV's report on the publication of the Keogh report on 16 July 2013, showing
a collection of photos of victims, review hearings and generic hospital motifs. The whole programme is
available at https://learningonscreen.ac.uk/ondemand/index.php/prog/05816A88?bcast=98803336**

Again, the discursive statements served to personalise the victims in the Keogh report sub-
scandal, which was followed up in a separate report later in the news story. Here, a woman
was interviewed outside Tameside NHS Foundation Trust in connection with her mother's

admission to the hospital. Presenting the interviewee and the situation, a shot showed the mother lying in a hospital bed in a hallway, while the accompanying verbal statement said:

"Margarita Evans was admitted to Tameside A&E yesterday evening. Her daughter took this photo as she lay waiting on a trolley for over an hour in a corridor" (ITV-24, 49).
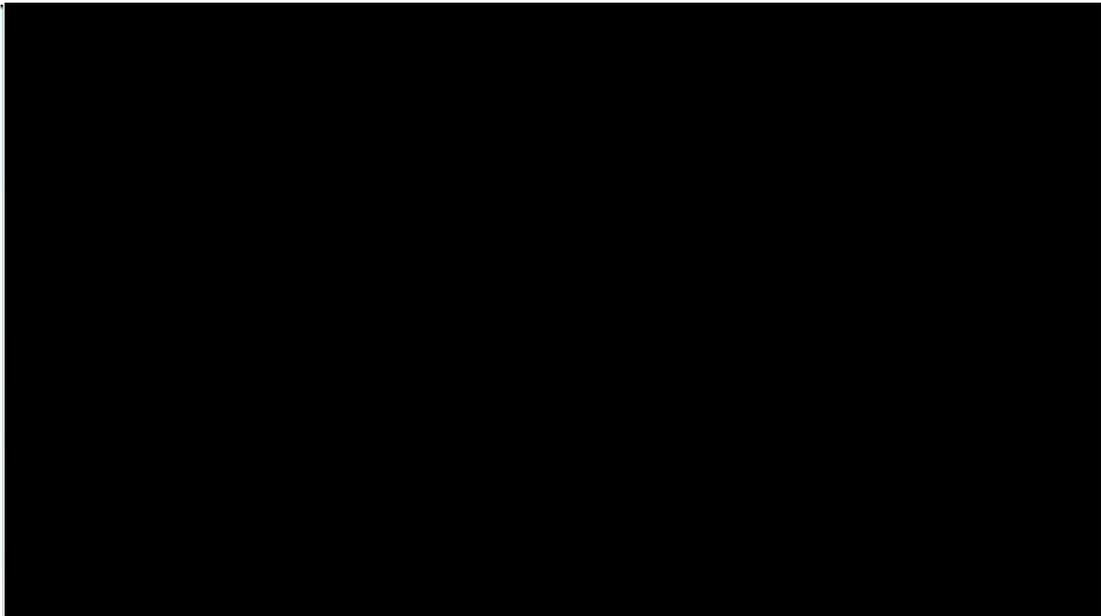
Figure 9.10 (ITV-24, 49) A shot showing a victim lying on a hospital bed in a hallway. The shot was shown immediately before the interview with the victim's daughter in the ITV report on the publication of the Keogh report on 16 July 2013. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/05816A88?bcast=98803336

As with the BBC interview above, the ITV one was of the experiential type and was a part of an emotional narrative strategy. In the interview, the woman visibly cried, and at one point the reporter asked her 'You're highly distressed about this?' (ITV-24, 52). According to the news worker doing the interview, the woman had approached the team as they began filming for the story and the emotional nature of the interview influenced the collection of further material for the storytelling:

"(…) all the other shots were kind of based on, you know, what she'd said. Obviously we needed some [long-ranged shots] of the hospital, because we had to sort of link it together and thread it together" (General reporter, ITN).

The relative to the victim thus had a significant influence on the health news storytelling and the construction of healthcare and deviance, and her interview guided both verbal and

visual statements in the report. However, her account did not challenge the narrative strategies defined by the news workers, which emphasised death and suffering. The focus on victims and their experiences follows a wider tendency in news and judiciary (Christie, 1986; Reiner et al., 2003), and invited the audience to engage with the stories as 'mediated witnesses' (Peelo, 2006). These tendencies confirm the previous finding that activations phases of scandals and sub-scandals rely on health news storytelling which appeals to feelings of sympathy while reactions phases rely more on political news storytelling that encourage critical distance. Thereby, power relations in the activations phases of scandals and sub-scandals appear to favour victims over authorities and health correspondents over political correspondents in the construction of deviance and healthcare.

9.3.4 Politicising the sub-scandal

The Keogh report sub-scandal did not have a separate reactions phase as the reactions to the report were presented on the same day as the sub-scandal was activated. This made the processes of the sub-scandal relatively messy, as its activation and reaction phases overlapped and fed into the general amplification phase of the main Mid Staffordshire hospital scandal. Although the sub-scandal phases overlapped, the activation phase elements were characterised by health news storytelling, while the reactions elements were characterised by political news storytelling. Thereby, the Keogh report sub-scandal was politicised from the outset, which was reflected in the narrative strategies of the BBC and ITV's coverage of the story on 16 July 2013. One of the reactions to the Keogh report came from the Health Secretary Jeremy Hunt, whom both the BBC and ITV showed in the House of Commons saying:

> "If founding NHS is considered Labour's proudest achievement, today is their darkest moment as a Labour government is exposed as caring more about its own reputation than our most vulnerable citizens in the NHS" (BBC-26, 18-19; ITV-24, 34).

In both the BBC and ITV coverage, Hunt's statement was followed by Andy Burnham's response which accused the Conservatives of politicising the report's findings for their own gain. As such, both social actors accused each other of using the NHS for their own political purposes. This brought the Keogh report sub-scandal, and by extension the Mid Staffordshire hospital scandal, to a new level of politicisation, which moved the focus from Stafford Hospital and the NHS to party politics. As such, both the BBC and ITV coverage on

16 July 2013 ended with a political correspondent analysing the course of events in live affiliated interviews outside the Houses of Parliament:

> "(…) in the past no politician could dare criticise the NHS. It was famously once said the closest thing the English have to religion. But events in Stafford Hospital and today's report has changed that, criticism is now possible, and that's given the Conservatives an opportunity" (BBC-26, 42).

> "(…) it's part of an election narrative that is about Labour not being good with your money, wasting it on welfare, wasting it on the economy and not able to manage the NHS" (ITV-24, 87).

The political row following the publication of the Keogh report triggered a further scandal process of politicisation in the storytelling and more emphasis on political responsibility. With the finishing statements of the political correspondents, the focus moved away from experts and victims, who had been at the centre in the beginning of the stories, and towards political social actors. This move had several consequences. One consequence was that the power balance between news workers shifted in favour of political specialists, which meant that the final word of the reports were political analyses with their narrative strategies of neutral storytelling and metaphors (see section 6.3). Another consequence was that the political coverage allowed politicians to influence the scandal and sub-scandal storytelling, thereby making a bid for the power to construct healthcare and deviance. Finally, a consequence of the scandal process of politicisation was the construction of journalistic impartiality. Whereas the power relations of the previous phases of the scandal and sub-scandals had favoured the discursive statements of victims and whistle-blowers against those of the NHS leadership, the statements of Conservative and Labour politicians were carefully balanced. This reflects the journalistic self-perception, which implies that impartiality in TV news is mainly thought of as political impartiality in a narrow Westminster-focused sense (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016). As such, the Keogh report sub-scandal included statements of social actors such as experts as well as victims and politicians as a part of scandalisation of the NHS.

9.4 The 111 Service sub-scandal

On 29 July, almost a month after the CQC sub-scandal and two weeks after the Keogh report sub-scandal, the NHS 111 Service was exposed to a sub-scandal by the BBC and ITV News at Ten. The main focus of the reports was that one of the providers of the telephone

services had pulled out of all contracts, and both channels' coverage linked this with general accusations of NHS failure. Neither channel connected the alleged failing of the 111 Service with the Mid Staffordshire hospital scandal until the very end, where two political correspondents analysed the events in affiliated interviews:

> "[The Conservatives] had positioned themselves as the patients' champion, blaming Labour in part for the poor care some patients got in hospitals like Mid Staffordshire. This round now allows Labour back in to the debate to criticise the government's existing health reforms, even if Labour promised a version of 111 itself" (BBC-28, 37).

> "I think actually we've got a particular problem for the government here, because actually for several weeks now the Prime Minister and the Health Secretary have successfully turned the NHS guns onto Labour and said, you know, the Stafford Hospital scandal, the mortality rates, the lack of care, that was Labour's fault (…)" (ITV-27, 31).

These verbal statements connected failings in one part of the NHS with failings in another. Furthermore, as a narrative strategy stressing neutrality, the affiliated interviews fed into the scandal process of politicisation and gave the news workers the power to construct healthcare and deviance.

9.4.1 The victims' experiences

Before the above comments were made, the 111 Service sub-scandal coverage had begun much like the CQC and Keogh report sub-scandals with focusing on the failings and the victims. Both reports from 29 July began with a description of the issues with the 111 Service followed by accounts from victims. In the BBC report, a health correspondent made the following verbal statements accompanied by a sequence of shots showing the victim and his mother in their home:

> "Last night Georgina Robertson called 111 for help when her adult son Zachary felt ill with persistent vomiting. The advice she received was not what she expected" (BBC-28, 7-10).
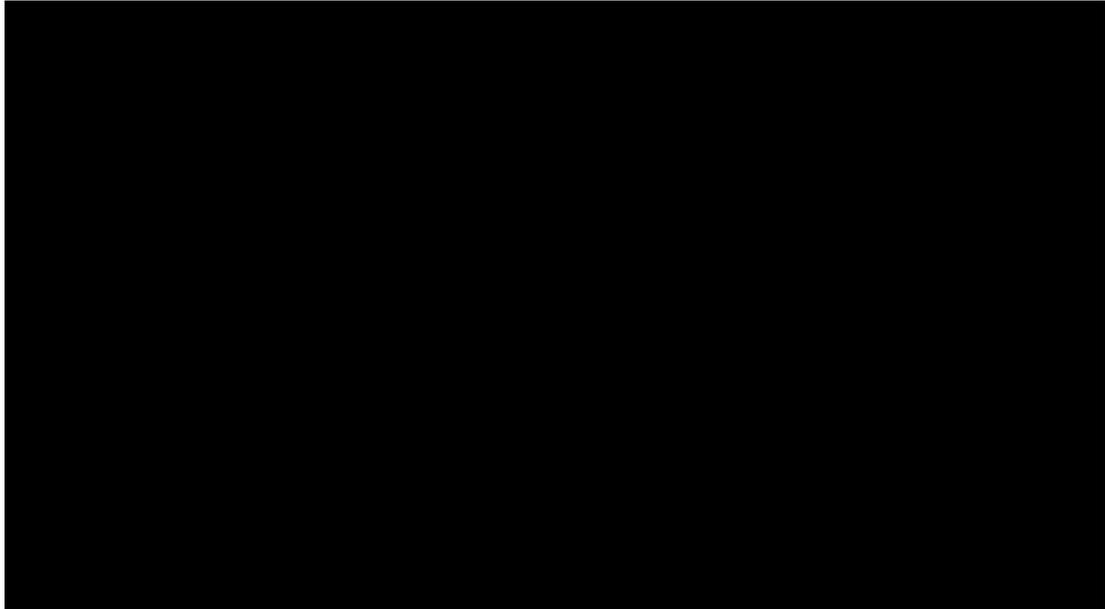
Figure 9.11 (BBC-28, 9) A shot from the BBC report from 29 July showing a victim of failings and his mother in their home. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/0589F735?bcast=99450335

The ITV report from the same day showed a sequence of another victim teaching children ballet in a dance studio accompanied by the health editor's verbal statement:

> "Thema Davis is a healthy looking dance instructor in London, but she has a chronic stomach condition, which can be life threatening. In April she had an attack and called 111. Vomiting blood and in great pain for an hour she begged for a doctor to be sent" (ITV-28, 12-18).
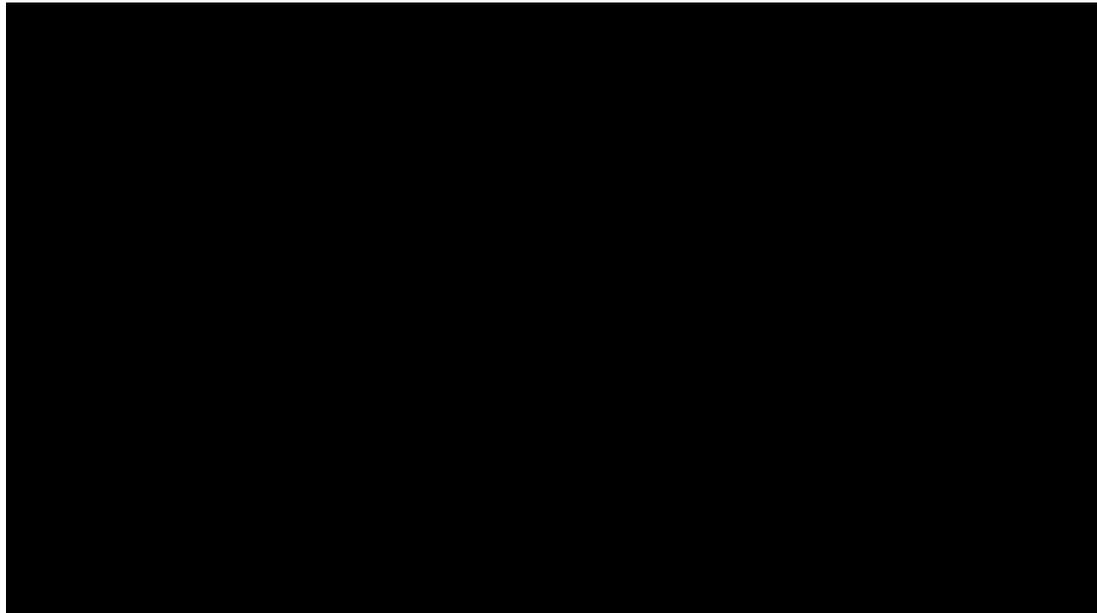
Figure 9.12 (ITV-27, 18) A shot from the ITV report from 29 July showing a victim of failings teaching children ballet. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/058A843B?bcast=99450343

These verbal statements presented individual victims to personalise the suffering caused by the failings. As described in section 6.2, the narrative strategy of using personalisation and experiential interviews with victims to tell the story is mostly connected to health news, and indeed the first part of both the BBC and ITV's reports were produced by health specialists. This strategy put the victims in a central role, although the consequences of the 111 Service failings were not as grave as those in Stafford Hospital, Morecambe Bay or the ones mentioned in the Keogh report. The visual statements emphasised the social relations of the victims by placing them in their home or workplace, in the company of worried parents or dancing children. Children are culturally associated with innocence, and as such they hold special significance when they are constructed as victims in media storytelling (Kitzinger, 2004). Thereby, personalising the victims associated them with Christie's (1986) 'ideal victims' in the form of the elderly and children. This reflects the media tendency of focusing on victims (Greer, 2007; Reiner et al., 2003) as well as the tendency in the activations phases of scandals and sub-scandal to use emotional narrative strategies (Boyce, 2007; Seale, 2002).

9.4.2 Linking scandals and sub-scandals

After the health specialists' reports, both the BBC and ITV had affiliated interviews where political correspondents analysed the failings. As in the case of the Keogh report sub-scandal, this means that the 111 Service sub-scandal was politicised from the beginning

and that the political correspondents had the last word. This scandal process of politicisation also linked the sub-scandal to the Mid Staffordshire hospital scandal and the wider issue of how the NHS was best governed, as the following verbal statements from political correspondents exemplified:

> "(…) there is the more fundamental question, and that's about the whole way the government gets the public services delivered by external providers" (BBC-28, 32).

> "(…) there are issues here with the government's NHS reforms, you may remember one of the reasons they were controversial was because of the pressure to contract out" (ITV-27, 33).

These verbal statements discussed the 111 Service sub-scandal in the context of health policies and privatisation; something that had only been hinted at earlier in the coverage of the Mid Staffordshire hospital scandal (see section 7.5). However, the news workers did not take any explicit political stance, which reflects the same notion of impartiality as described above. The news workers appeared to be impartial in a Westminster-centred political sense, thereby conforming to the self-perception of TV journalism (Cushion et al., 2016; Flood et al., 2011; Harrison, 2000; Wahl-Jorgensen et al., 2016).

As a result of this impartiality, the news workers assumed the power to ask the question of political responsibility for the failings of the NHS but they did not offer an answer. The 111 Service sub-scandal was analysed in the context of the Mid Staffordshire hospital scandal and the other sub-scandals NHS, but the scandal coverage stopped short of blaming any individual politicians for the failings. By the same token, the political institution of providing public healthcare was not questioned, only the way in which it was practiced. This means that although powerful social actors were identified as folk devils in the scandal storytelling, confirming observations in previous research (deYoung, 2011; Flinders, 2012; Ungar, 2001), there are certain limitations when it comes to TV news. What mainly characterised the 111 Service sub-scandal was a combination of emotional narrative strategies and the scandal process of politicisation. These characteristics allowed social actors such as victims and politicians to make discursive statements about healthcare and deviance, which reflects a combination of health news and political health news storytelling. The 111 Service sub-scandal storytelling thus resembled that of the activations and reactions of the other sub-scandals and the Mid Staffordshire hospital scandal, all of which were directly linked by the news workers. As a sub-scandal, the 111 Service story

was tied to the main scandal (Thompson, 2000), and played out as a part of its amplification phase. At the same time, the sub-scandal had its own elements of the scandal phases described by Greer and McLaughlin (2016). This means that the sub-scandal was a part of a complex and messy scandal narrative where news workers, victims, politicians, experts, whistle-blowers and representatives for the NHS or institutions within the NHS constantly negotiated and renegotiated the constructions of healthcare and deviance.

9.4 Conclusion

The amplification phase of the Mid Staffordshire hospital scandal sparked a series of sub-scandals, a scandal process mentioned in Thompson's (2000) work. However, the connections between scandals and sub-scandals and the ways in which they influence each other and the construction of narrative strategies, power relations, social actors, discursive statements and scandal processes is an under-researched area. The findings here show how the CQC, Keogh report and 111 Service sub-scandals all contained separate elements of the Greer and McLaughlin's (2016) scandal model whilst together forming the amplification phase of the Mid Staffordshire hospital scandal. As such, the amplification phase of the scandal functioned as an echo-chamber of scandals and sub-scandals where the NHS was scandalised on multiple levels, ranging from regulation to local hospitals and phone services.

The way in which the sub-scandals functioned as separate scandals on their own terms as well as being a part of the amplification phase of the Mid Staffordshire hospital scandal demonstrates the often messy and regressive nature of scandals (Greer & McLaughlin, 2016). The CQC, Keogh report and 111 Service sub-scandals all included examples of both health news and political health news storytelling. As described in chapter 6, health news storytelling includes narrative strategies such as personalisation of victims and experiential interviews (Seale, 2002), while political health news storytelling includes narrative strategies such as metaphors and affiliated interviews (Clayman, 1988; Ekström & Lundell, 2011; Montgomery, 2006). Although the coverage of the sub-scandals was not extensive enough to contain clearly distinguishable phases, it still appears to have moved from health coverage to political health coverage, thereby following a process of politicisation.

The politicisation that began in the reactions phase of the scandal, continued throughout the amplification phase. In the scandal narrative, all the sub-scandals were constructed as examples of the general problem: the institutional failure of the NHS. At this stage, the blame had shifted from the local institution and its managers in the activations phase to

the national institution and its leadership in the reactions phase and further to managers throughout the institution in the amplification phase. This feeds into a general tendency of negative coverage of healthcare systems focusing on failures and scandals (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002), but although the question of political responsibility was raised the TV news coverage did not offer any concrete answers. This appears to be linked to the concept of impartiality, which is particularly central in broadcast news (Cushion et al., 2016; Flood et al., 2011; Harrison, 2000; Wahl-Jorgensen et al., 2016). Impartial storytelling was emphasised by the news workers here as a key requirement and one of the factors that made TV news separate from newspapers (see section 5.1), but as demonstrated previously the construction of power relations in the scandal narrative tended to favour victims and whistle-blowers rather than NHS institutions and managers. As the coverage moved to focus on Westminster politics and the policies governing the NHS, however, a stricter sense of impartiality appear to have been practiced. This means that although the politicisation of the Mid Staffordshire scandal continued in its amplification phase, no individual politicians or political parties were identified as folk devils and scandalised.

The amplification phase of the Mid Staffordshire hospital scandal thus saw it spread from the NHS as a whole to individual parts of the institution, such as regulation, local hospitals and phone services. Each of these sub-scandals followed its own scandal processes, which shows a complex, messy, overlapping and at times reverting progression of scandal storytelling. This means that the amplification of the scandal included different scandal processes, narrative strategies and social actors at the same time, although the general tendency pointed towards politicisation and the scandalisation of the NHS. This marked a further shift in the power relations between the social actors of the storytelling and the legitimacy of their discursive statements. Political correspondents and politicians gained more influence, although health correspondents, victims and to some degree experts still influenced the storytelling as well. However, the narrow conceptualisation of impartiality meant that the news workers did not take sides in the politicians' competing constructions of healthcare and deviance. The amplifications phase also saw the peak of TV news attention to the scandal, which reinforces the impression of a scandal echo-chamber where the NHS and its leadership were challenged on multiple levels. After the sub-scandals ebbed out, the Mid Staffordshire hospital scandal storytelling entered its accountability phase, where questions of blame and punishment were resolved, and the scandal was constructed as a point of reference rather than a newsworthy event.

Chapter 10. Accountability phase

After the amplification phase and the scandal process of linking sub-scandals and the involved social actors, the Mid Staffordshire hospital scandal moved into its *accountability* phase in late July 2013. This phase involved a final fixation of the scandal narrative, and the scandal became a point of reference and a 'media template' (Kitzinger, 2000). On an individual level, two Stafford nurses faced disciplinary action on 30 July 2013 for mistreating patients and manipulating waiting time statistics (BBC, 2013b).[6] In September 2013, two other Stafford nurses were disciplined as a result of mistreating a diabetic patient who died (BBC, 2013a). Also, on 28 January 2014, a former chief nurse was disciplined for failing to secure appropriate care (BBC, 2014b). On an institutional level, the Mid Staffordshire NHS Foundation Trust was held accountable when the Health Secretary Jeremy Hunt announced the decision to dissolve it on 31 July 2013. As a result, its two hospitals were to remain open, but many of the services would be transferred elsewhere.[7] Furthermore, when the government published its official response to the public inquiry report, which had been released in February 2013, it did so in the form of a number of policies and regulations. In his foreword to the response, Jeremy Hunt wrote:

> "(…) we need to face up to the hard truths – from excellent to unacceptably poor – about what that system delivers for patients. This response sets out a series of measures that in the future will ensure people know what the system knows – whether hospitals are safe, how well they are led and what patients say about their experiences there" (Department of Health, 2013a: 3).

The policies in the response included publishing hospital data on mortality rates and staffing levels (Ford, 2014), a statutory 'duty of candour' for all NHS bodies in England (CQC, 2015) and the criminalisation of 'wilful neglect' (legislation.gov.uk, 2015). Thereby, the process of allocating accountability in the Mid Staffordshire hospital scandal connected individual and institutional blame, following Greer and McLaughlin's scandal model (Greer & McLaughlin, 2013; 2016). Drawing on the theoretical and conceptual framework laid out in chapter 2, I use this chapter to examine how individual and institutional social actors were held to account before the Mid Staffordshire hospital scandal's function as a

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[6] Both nurses were struck off the Nursing and Midwifery Council's (NMC) register, which means being barred from working as a nurse in the UK (The Guardian, 2013).

[7] Local people protested against this decision, especially the closing the A&E, but to no avail (BBC, 2014c).

milestone and the news workers' reflections on the coverage are examined. Finally, I sum up and discuss the findings in the conclusion.

10.1 TV news coverage of the accountability phase

The Mid Staffordshire hospital scandal entered its accountability phase in late July 2013, and it lasted until March 2014, although the scandal is still mentioned occasionally by the news media at the time of writing. In the accountability phase of mediatised institutional scandals, institutional and individual social actors are held accountable for the original transgressions. According to Greer and McLaughlin,

> "(…) the accountability phase of an amplifying scandal involves the *conjoining* of individual and institutional accountability and asks who else is guilty? Individual 'guilt' generally relates to involvement in the transgressive act behind the unfolding scandal" (Greer & McLaughlin, 2016: 11).

Although blame had been allocated throughout the scandal, the final phase dealt particularly with the question of guilt and how to avoid future failings, which makes the above description fit the case. After the spike in the BBC and ITV coverage around the amplification phase in June and July 2013, the media's interest gradually waned and they turned to other stories. This decreasing interest was also reflected in the BBC and ITV coverage as seen below:
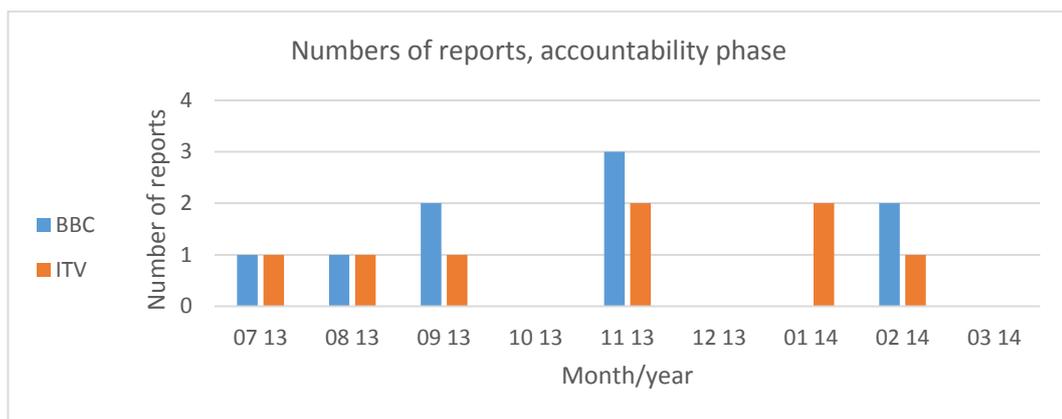
Figure 10.1 Overview of the number of news reports in the accountability phase of the Mid Staffordshire hospital scandal on a monthly basis from 31 July 2013 to 17 March 2014.

As illustrated in figure 10.1, the BBC and ITV coverage still followed each other closely in the accountability phase, with the BBC broadcasting nine reports and ITV eight. Earlier in July 2013, before the actual accountability phase, both channels covered the disciplinary action taken against individual nurses. Later in July, both channels broadcast reports on the

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decision to dissolve the Mid Staffordshire NHS Foundation Trust as well. In August, the prosecution of the Mid Staffordshire NHS Foundation Trust was covered, and in September the coverage included reports on the publishing of staff numbers and protests in Stafford about moving the hospital's services. In November both channels broadcast reports on the government's response and the proposed policies. In January 2014, ITV covered failings at the Princess of Wales Hospital as well as the disciplinary action against another Stafford nurse. Lastly, in February 2014, the BBC had one report on an NHS database and both channels covered the final dissolution of the Mid Staffordshire NHS Foundation Trust. These last reports marked the end of the TV news coverage of the accountability phase and thereby the end of the Mid Staffordshire hospital scandal as a whole.

Although the coverage in the final phase of the scandal focused on holding social actors to account, there seems to have been some disagreement among the news workers covering the story about whether or not that had been achieved:

> "(…) choices are being made all the time, but Stafford was very key in a turning point to say 'more accountability in the NHS, please, and we need to know how people are being treated, how much it's costing, how long it takes'" (Health producer, BBC News).

> "I don't think it's been resolved in that sense. It has been resolved in the sense that hospital inspections have improved since then, they've become much more thorough" (Health editor, ITN).

The individual and institutional social actors that were held accountable do not appear to have satisfied the media's desire for justice and resolution completely. This means that the scandal still creeps up in the BBC and ITV news storytelling from time to time, but not to an extent where it would be reasonable to talk about a scandal re-activation. As such, the scandal gradually lost its status as newsworthy and was constructed accordingly (Bednarek & Caple, 2012b; 2014). The nine BBC reports contained 143 shots, while the eight ITV reports contained 116 shots. The distribution of the different groups' verbal and visual presence can be seen in the figure below:

Social actors speaking, accountability phase

	News workers	Victims	Authorities	Experts	The public	Nobody or unknown
BBC	126	4	18	6	3	0
ITV	99	11	9	3	0	0

Social actors shown, accountability phase

	News workers	Victims	Authorities	Experts	The public	No actors
BBC	24	17	56	6	18	45
ITV	28	29	24	3	8	43
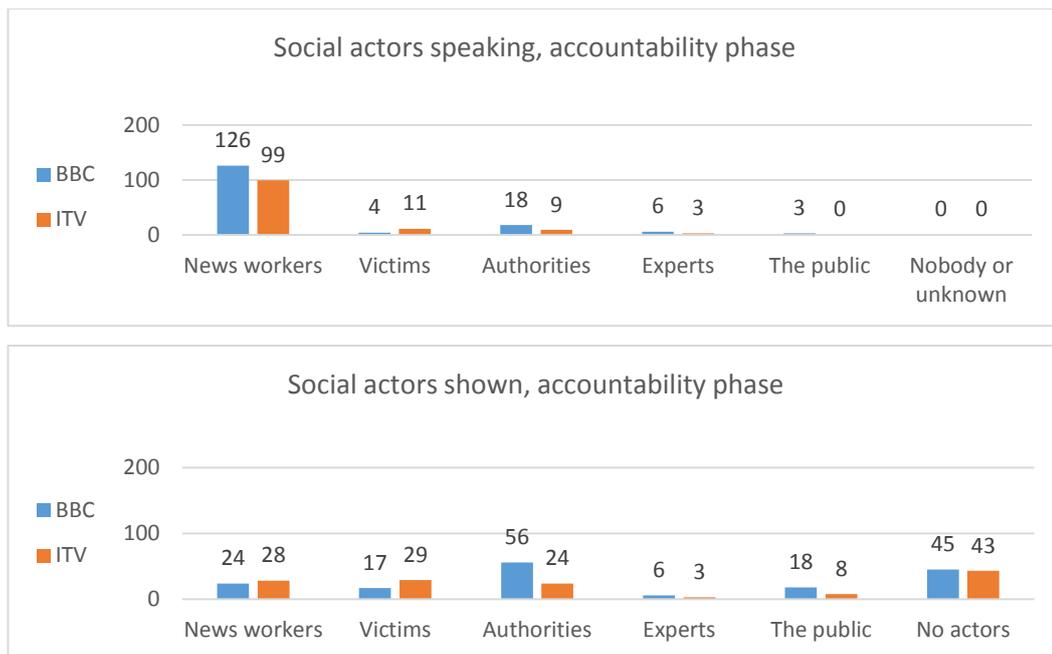
Figure 10.2 Overview of the number of shots each group of social actors was speaking over and shown in the accountability phase of the scandal.

Figure 10.2 indicates that news workers retained control over the narrative by formulating the majority of the verbal statements. Meanwhile, the victims regained some prominence compared to the reactions and amplification phases, particularly in the ITV coverage. The BBC, on the other hand, seemed to give more attention to the authorities, as discussed further below.

10.2 Individual accountability

Nurses and nursing provided the only instances of individual social actors being identified as folk devils in the accountability phase of the Mid Staffordshire hospital scandal. In a sense, the allocation of blame had already begun on 25 July 2013, which was during the amplification phase. However, scandal phases are not always clear-cut and can overlap or reverse at times, and the questions of individual blame and the power to place it were present throughout the scandal storytelling, as discussed in sections 7.5, 8.3 and 9.2. This was also acknowledged by the news workers covering the scandal:

> "(…) if there aren't some faces involved people think 'well hang on a minute' (…)"
> (Political correspondent, BBC News).

The need for individual accountability was explained by inferring public sentiments, a practice which is common in journalism (J. Lewis et al., 2005; Wahl-Jorgensen, 2002). After having identified potential individual folk devils in the activations, responses and

amplification phases of the scandal, the question of blame was finally settled in the accountability phase. The individual folk devils identified in the BBC and ITV coverage were all nurses who had worked at Stafford Hospital, which brought the scandal back to its local origins.

10.2.1 Amplification and accountability

In two reports from 25 July 2013, which were placed within the amplification phase, the BBC and ITV pre-empted the accountability phase by holding individual nurses to account for the failings at Stafford Hospital. Sharon Turner and Tracey White, the two nurses in question, had been disciplined and struck off the nurses' register. Accompanied by a graphicised shot showing Stafford Hospital exteriors and the two nurses, a BBC general reporter said:

> "The needless suffering of patients at Stafford Hospital is one of the worst scandals in the history of the NHS. The appalling level of care there sparked a public inquiry. Today two senior nurses, Sharon Turner and Tracey White, became the first to be struck off for their part in the failings" (BBC-27, 2-3).
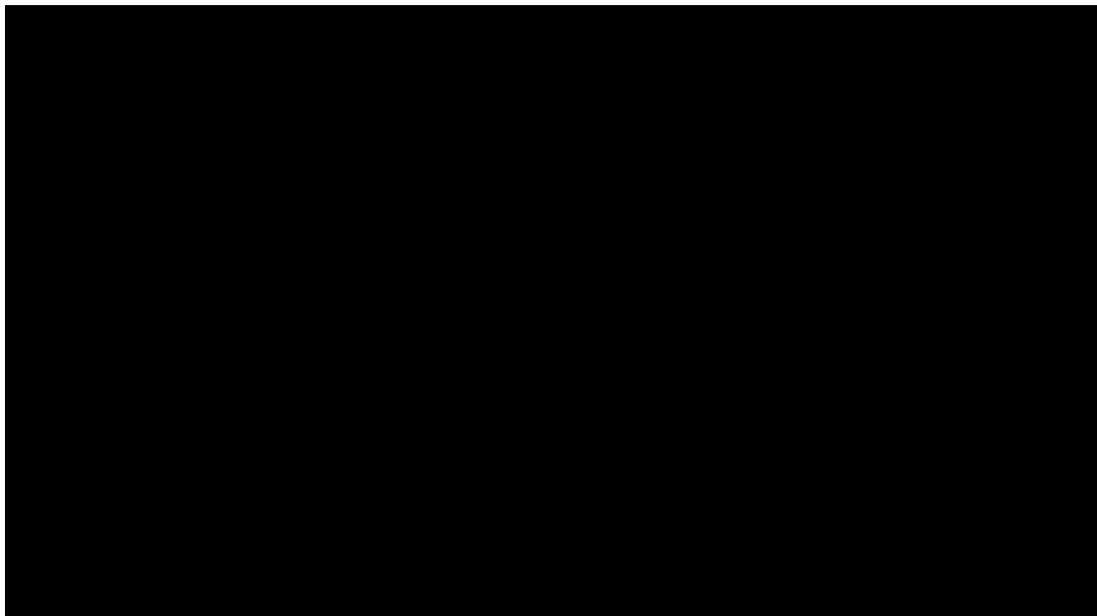
Figure 10.3 (BBC-27, 3) A shot from the BBC report from 25 July 2013 showing the two former Stafford nurses Tracey White and Sharon Turner as they walked from their disciplinary hearing. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/0585B65C?bcast=99298552

In the ITV coverage of the same story, the handheld shot followed the two nurses leaving a building and entering a taxi while the ITN general reporter said:

"They just learned that they'll never work as nurses again. Tracey White in the orange and behind her Sharon Turner in the floral dress, were in no mood to discuss the failings that had led to them being struck off. The first nurses from Stafford Hospital to be punished in this way were anxious to escape the questions" (ITV-25, 2).
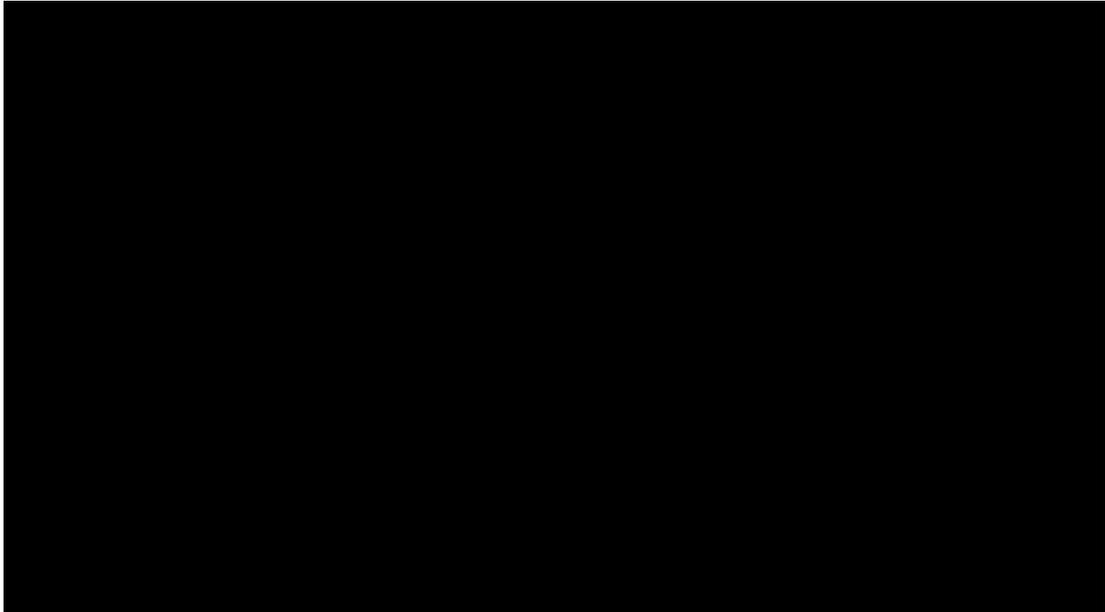
Figure 10.4 (ITV-25, 2) A hand-held shot from the ITV report from 25 July 2013 showing the two former Stafford nurses Tracey White and Sharon Turner as they walked to a taxi after their disciplinary hearing. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/05863FF1?bcast=99298559

These statements directly linked the failings with individual members of staff, something that had not happened previously in the BBC and ITV coverage. This constructed the nurses as individual folk devils, and they were clearly identified by name and in the accompanying shots. The visual statements presented the nurses as rushing from the building of the hearing, a narrative strategy which alluded to criminals rushing from a court after sentencing. This was particularly the case with the ITV's visual statements, which added dramatic emphasis to the shot by using a hand-held camera to follow the nurses. Using a handheld camera encouraged a sense of urgency and disorder, which can be a part of constructing social actors as deviant (Haran & Kitzinger, 2009). This identification of nurses as folk devils and the construction of deviance diverge from the usual media coverage of the profession as compassionate and caring heroes (Seale, 2002).

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10.2.2 Justice and punishment

The pattern of blaming nurses was repeated in an ITV report from 28 January 2014, which was placed in the accountability phase. The report described how a former Stafford chief nurse was struck off from the register as a result of her involvement in the failings. Accompanied by a photo of the nurse, the ITN presenter said:

> "A former chief nurse at Stafford Hospital has been struck off for exposing patients to danger. Janice Harry agreed never to work again as a nurse (…)" (ITV-34, 1-2).
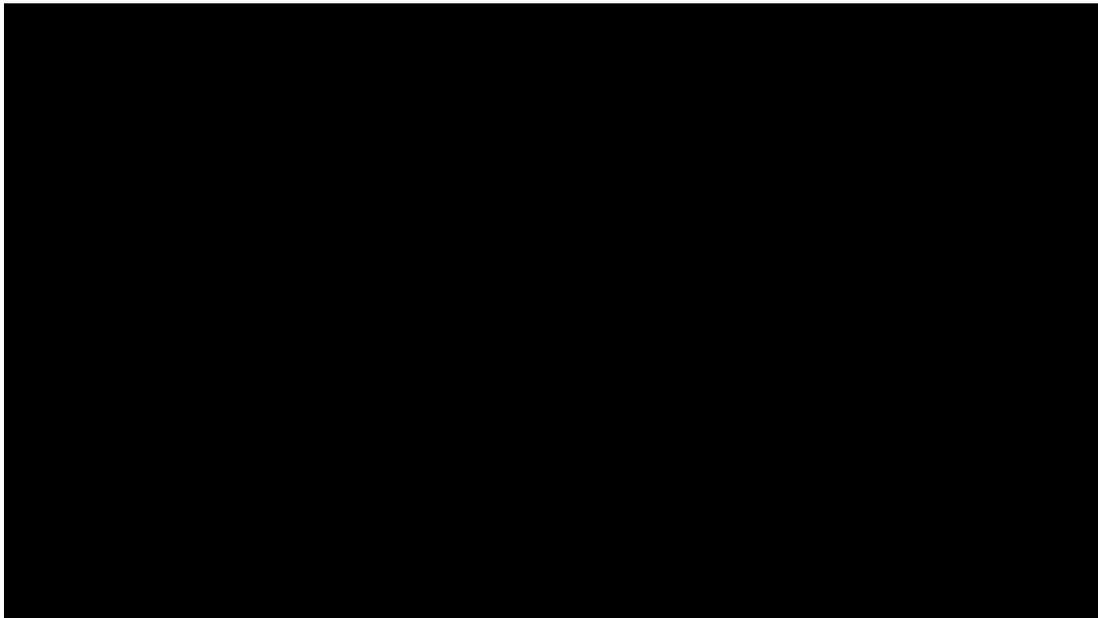
Figure 10.5 (ITV-34, 2) A shot from the ITV report from 28 January 2014 showing a photo of the former Stafford chief nurse Janice Harry. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/06795EC1?bcast=106291657

Again, the failings of Stafford Hospital were blamed on an individual social actor who was constructed as a deviant criminal in the discursive statements. The verbal statement contrasted the care nurses are supposed to give and the danger this particular nurse put patients in. According to Butler and Drakeford (2005), this juxtaposition of healthcare and cruelty makes scandals in the healthcare sector particularly impactful. By using narrative strategies resembling those used in crime news, the news worker thereby assumed the power to construct notions of healthcare and deviance, directly linking Harry to the latter.

The three nurses were the only individual social actors to be blamed by the end of the scandal. In the previous phases, the individual responsibility of local hospital managers, as well as NHS and CQC Chief Executives, had been implied, but in the accountability phase only nurses were held personally accountable. Furthermore, unlike the previous individual

folk devils, the nurses were portrayed as deviants being prosecuted, reflecting the scandal process of criminalisation. This narrative strategy appealed to a feeling of justice, which demonstrates how news media play a key role in constructing crime and deviance (Cohen, 1972; Ericson et al., 1987; 1988; 1991; Hall et al., 1979; Jewkes, 2004). By constructing the folk devils as Others, the news narratives also constructed a powerful imagined public (Anderson, 2006; Billig, 1995; Greer & Jewkes, 2005; Seaton, 2007) that was invited to condemn the nurses and their actions. At the same time, the identification of local nurses as folk devils is a far cry from the powerful folk devils described in recent research (deYoung, 2011; Flinders, 2012; Hatier, 2012; Ungar, 2001). This indicates a scandal process of de-politicisation as the narrative became fixed and the blame was finally placed with politically insignificant individuals.

10.3 Local institutional accountability

In mediatised institutional scandal, institutional social actors often play a major part alongside individual ones (Gamson, 2001; Greer & McLaughlin, 2013; 2016; Thompson, 2000). In this case, one of the most notable institutional actors to be held accountable was the Mid Staffordshire NHS Foundation Trust itself. Having been labelled as an institutional folk devil in the activations phase (see section 7.5), the Trust had not played a prominent role as the scandal storytelling moved into the reactions and amplification phases. However, in a number of BBC and ITV reports in the accountability phase, the Trust returned to the storytelling as an institutional folk devil that was held accountable and punished for its deviant behaviour and disregard of healthcare.

10.3.1 Prosecuting the institution

On 31 July 2013 it was announced that The Mid Staffordshire NHS Foundation Trust was to be dissolved and some of its services relocated. Both the BBC and ITV's reports on the dissolution were relatively short, and they were presented by news presenters rather than correspondents or reporters. Accompanied by a sequence of shots of Stafford Hospital's exteriors, the BBC presenter said:

> "The Mid Staffordshire Foundation Trust, which was at the centre of a massive patient care scandal will be dissolved under new proposals (…). It'll be the first ever break-up of an NHS Foundation Trust" (BBC-29, 1-4).
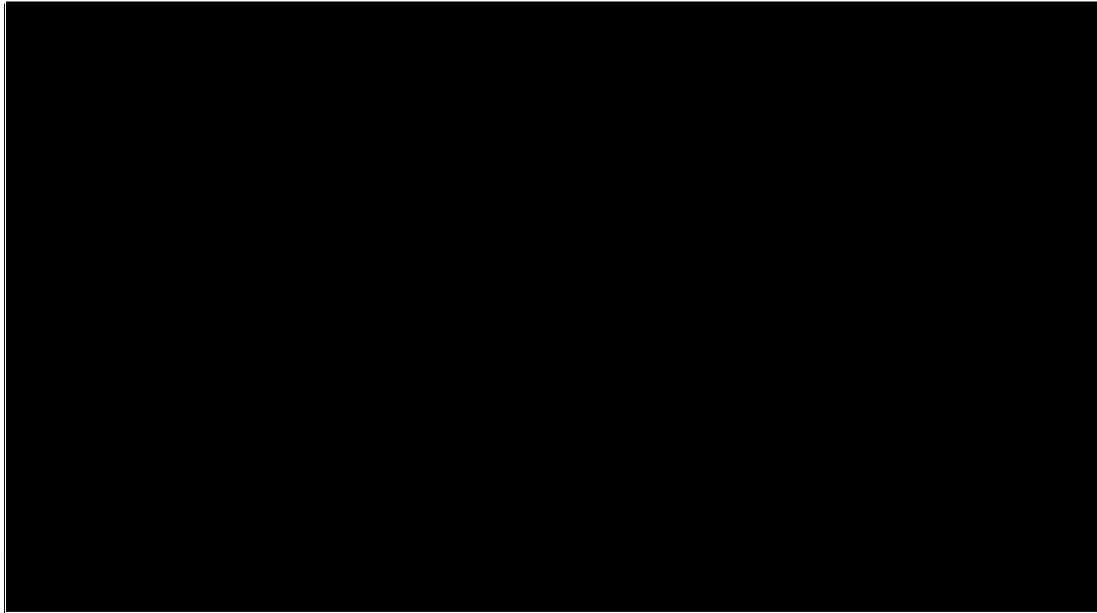
Figure 10.6 (BBC-29, 2) A shot from the report from 31 July 2013 showing the Stafford Hospital sign filmed from a low angle. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/0589F833?bcast=99526177

The ITV story was structured in much the same way, with a sequence of exterior shots of Stafford Hospital accompanied by the presenter saying:

> "Changes in services have been recommended at (…) Mid Staffordshire, where hundreds of patients are believed to have died from neglect (…). The Trust itself should be dissolved, they said" (ITV-28, 1-8).
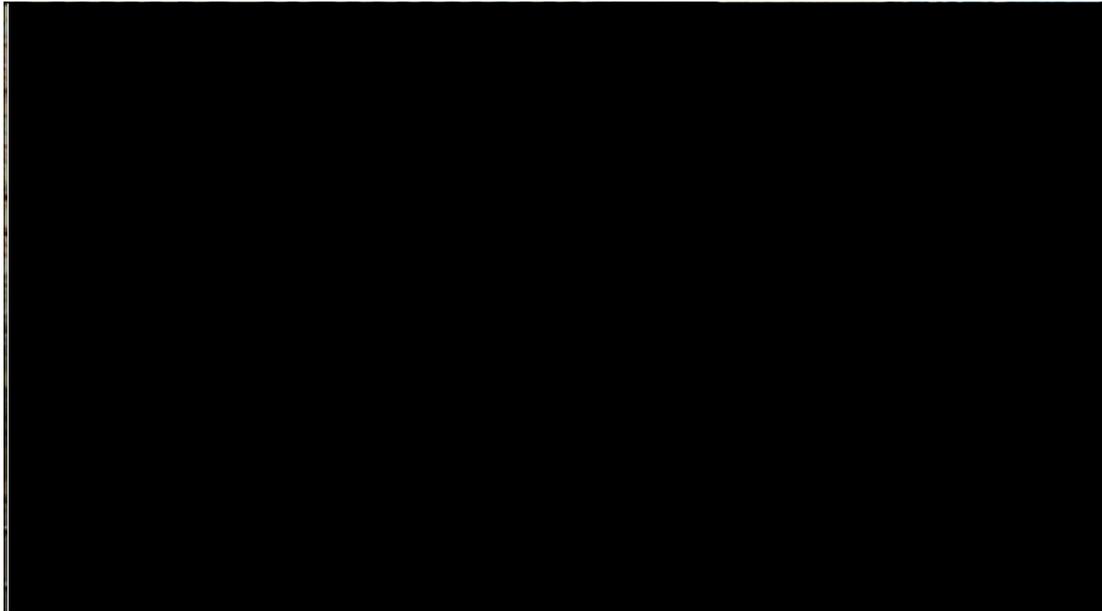
Figure 10.7 (ITV-28, 8) A shot from the ITV report from 31 July 2013 showing the Stafford Hospital sign and exteriors. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/058A84A3?bcast=99526187

The verbal statements mentioned the victims as well as the failings of the local institution, with the BBC presenter explicitly calling it a 'massive scandal'. This focus on the local institution was supported by the visual statements and the shots of signs and buildings, as described in section 4.8. Neither the NHS as a whole nor the sub-scandals were mentioned, which marks a contrast to the reactions and amplification phases of the scandal. Along with the identification of individual nurses as folk devils, holding the local institution legally accountable points to scandal processes of criminalisation and de-politicisation.

On 29 August 2013 the Trust was also prosecuted for the death of one of its patients, which was covered in an ITV report. Accompanied by shots of the victim's husband, the ITN general reporter said:

> "Ron Street is just one of those left bereaved because a hospital failed to care.
> Today he learned that hospital will face charges in court over the death of his
> partner Gillian" (ITV-29, 2-3).
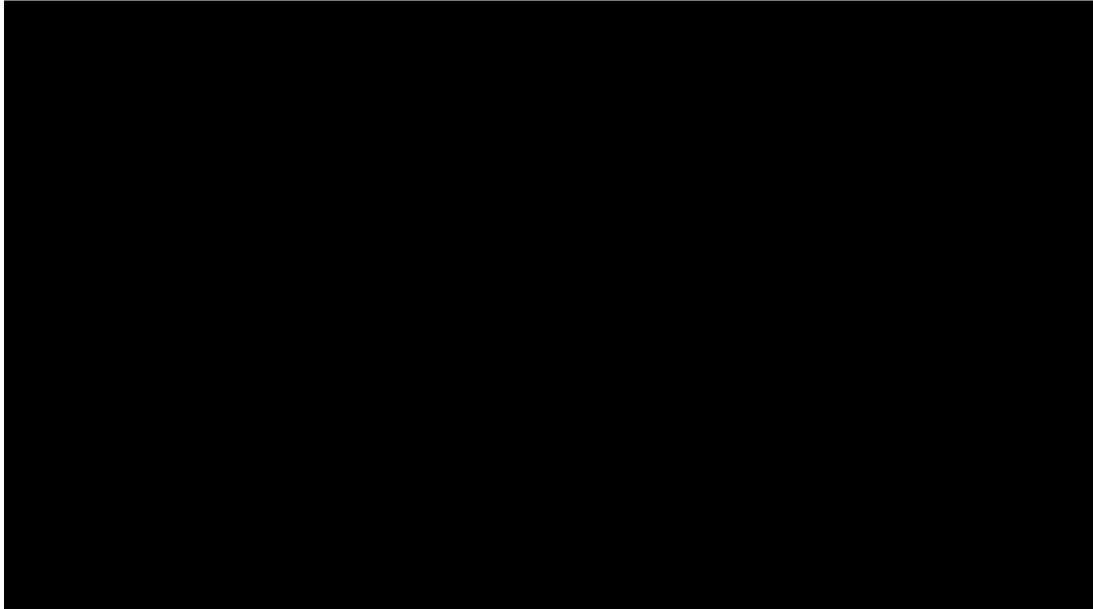
Figure 10.8 (ITV-29, 2) A shot from the ITV report from 29 August 2013 showing Ron Street, whose wife died at Stafford Hospital, sitting in his home with a picture of her. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/059F72DF?bcast=100707758

These discursive statements followed the emotional narrative strategies from the scandal's activations phase and the focus on death and suffering, which are a part of a general media tendency of emphasising the experiences of personalised victims (Chermak, 1998; Peelo, 2006; Reiner et al., 2003). After a description of Street's experience, the report moved on to an experiential interview (Montgomery, 2008) where a Cure the NHS (CTNHS) activist told their personal story. Thereby, CTNHS returned to the scandal storytelling after a period of absence. The personalised victims and experiential interviews mirrored the emotional narrative strategies from the activations phase, which played in to the scandal processes of criminalisation and de-politicisation. Also, as a part of this de-politicisation, the news storytelling appears not to have been bound by the strict rules of political impartiality (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016) and once again sided with the victims against the folk devils, thereby reconfiguring power relations between social actors.

10.3.2 The counter-narrative

The identification of the local institution as a deviant folk devil also brought the media's attention to an ongoing counter-narrative. On 28 September 2013, the BBC had a short report on the local community's response to the decision to dissolve the Trust and move some of its services. Accompanied by a short sequence of shots from the protest, the presenter said:

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"The demonstration was against plans to move maternity and paediatric services from the hospital, which was at the centre of a health scandal (…)" (BBC-32, 2-3).
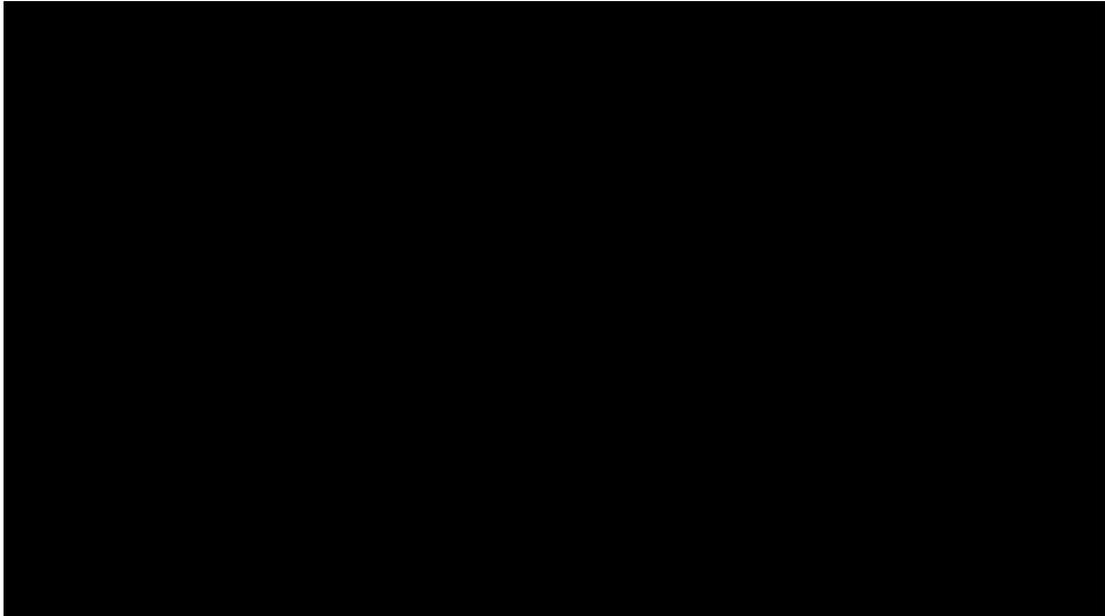
Figure 10.9 (BBC-32, 3) A shot from the BBC report from 28 September 2013 showing local residents of Stafford protesting against plans to move some of the hospital services. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/05B27232?bcast=101848093

These discursive statements told the story of local protesters who challenged the construction of their hospital as a folk devil. Until this report, the local residents had only been constructed as victims of the failings, and as such they were being represented by CTNHS. By protesting to save their hospital, local residents other than CTNHS gained the power to influence the scandal storytelling and challenged the construction of healthcare and deviance. This influence could at times be exercised rather directly, as described by a news worker who covered the scandal:

"(…) when we went to Stafford and we would go to interview, say, Julie Baily and a couple of the Cure the NHS people in her café, we would have people stop us in the street saying 'are you talking to those people that want to close the hospital?'" (Health producer, BBC News).

Such confrontations show that local residents actively sought to influence the news storytelling and the construction of healthcare and deviance, and in the accountability phase their statements did become more influential. This was a rare example of representatives of the public making a bid for power in the scandal storytelling, since the opinion of the public was usually inferred by the news workers (Bennett, 1993; Brookes et

al., 2004).

This counter-narrative was pursued by both channels on 26 February 2014 when the Mid Staffordshire NHS Foundation Trust was finally dissolved. These reports were also the last ones in the BBC and ITV coverage, and marked the final fixation of the scandal narrative. On the one hand, the two reports from this day constructed the dissolution as a punishment for the failings, whilst the government was seen as holding the wrongdoer to account (see below). On the other hand, the two presenters' verbal statements legitimised the local counter-narrative:

> "England's Health Secretary, Jeremy Hunt, has confirmed that the Mid Staffordshire NHS Trust, which runs Stafford Hospital, will be dissolved (…). Campaigners who oppose the move [of services] say that they may challenge the decision in the courts" (BBC-37, 1).

> "(…) the Mid Staffordshire NHS Foundation Trust, notorious for appalling standards of care, has been dissolved by the Health Secretary Jeremy Hunt. Paediatric and some critical care services will be transferred outside Stafford to the anger of many local people" (ITV-35, 1-3).

These statements constructed the dissolution as justice for the deviance of the local institution. However, they also juxtaposed the hospital's critics and its supporters, rather than the victims and the folk devils. By admitting these counter-claims regarding healthcare and deviance, the news workers appear to have closed the scandal storytelling and opened the possibility of another narrative about a local community and its hospital. Although they contradicted each other, the two stories co-existed in the final two reports of the coverage, which made the ending less clear and open to follow-ups.

The role of the local institution in the accountability phase marked a partial return to the emotional narrative strategies of the activations phase, which were linked to health news storytelling. As such, the scandal storytelling focused on powerless victims and campaign groups poised against powerful local folk devils. The local institution was held accountable for its failings, and the prosecution allowed the news workers to construct the wrongdoer as criminal in a legal sense and the dissolution of the Trust as a punishment. In this process, the reputation of the Trust was largely destroyed in the news media, which is a common result of scandal processes (Entman, 2012; Gamson, 2001; Greer & McLaughlin, 2013; Thompson, 2000). This reflects a media construction of deviance with a clearly defined

Other that is at odds with the victims and other law-abiding citizens (Cohen, 1972; Greer & Jewkes, 2005; Hall et al., 1979; McRobbie, 1994).

10.4 National institutional accountability

Apart from holding local individual and institutional folk devils to account, the BBC and ITV also covered the government's policy responses to the Mid Staffordshire hospital scandal. These policy changes indicated a continuation of the scandal process of politicisation in the previous phases, and the policies were constructed as a part of holding the NHS as a whole accountable and address the issue of the institution's culture. When it came to these policies, the news workers were careful not to make valued judgements:

> "It is not my job to say that the government's response to something has been good or bad" (Political correspondent, BBC News).

This complies with the journalistic notion of impartiality in a narrow Westminster-centred sense where news workers avoid party political positions (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016). The reluctance to make judgements also influenced the construction of individual or institutional social actors as folk devils, which was not as direct and damning as was the case with local nurses and institution. As such, the coverage of the policies did not identify any individual folk devils but rather focused on the number of ward nurses, criminalisation of 'wilful neglect' and a series of initiatives to make the NHS more transparent.

10.4.1 Outsourcing responsibility

One of the proposed responses to the Mid Staffordshire hospital scandal was publishing the number of nurses on hospital wards, thereby inviting local residents to assess the safety of their hospital. On 18 September 2013, a BBC report described how the Parliament's Health Select Committee had made the proposal, with the presenter in the studio saying:

> "The Health Select Committee says addressing concerns about staff shortages would help prevent a repeat of the Stafford Hospital scandal" (BBC-31, 1).

Drawing on the announcement from the Committee, the presenter's verbal statement linked the policy directly to the Mid Staffordshire hospital scandal. Thereby, the publication of nurses' numbers was constructed as a measure to hold the NHS accountable for its previous failings. The rest of the report followed this line, starting with a description of how

transparent staffing levels benefitted patients. Accompanied by shots of a patient receiving nursing care, the BBC News health correspondent explained how staffing worked at Salford Royal Hospital:

> "This is what a well-run hospital looks like. At Salford Royal, things are calm, efficient and with enough staff to provide safe and compassionate care" (BBC-31, 2-4).
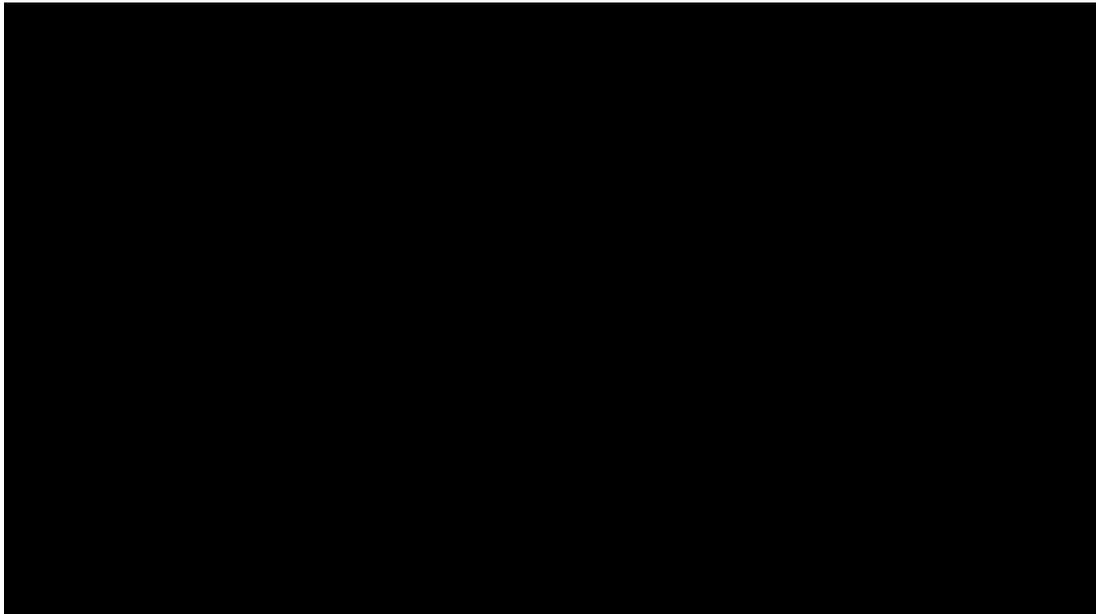
Figure 10.10 (BBC-31, 4) A shot from the BBC report from 18 September 2013 showing a nurse caring for an elderly patient at Salford Royal hospital. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/05AD40FA?bcast=101465698

This verbal statement and the following report constructed a direct link between good nursing and the publication of staff numbers. This connection was emphasised by the visual statements, which showed attentive nurses and happy patients. In an interview, the Chair of the Health Select Committee described the suggestion to publicise staffing numbers as a move towards more transparency in the NHS. This is an institutional example of the 'new visibility' described by Thompson (2005), in which the transparency of powerful social actors is seen as a goal in and of itself. To some degree, the concept of transparency moves the responsibility of risk assessment from institutions and their regulators to the people using the services. This process of responsibilisation reflects a wider tendency where the public is seen as consumers making informed and rational choices about public services (Clarke, 2007). This line of thinking also parallels the perception of news media as providing neutral information to the public as described in section 5.4. Thereby, publicising staffing

levels and the media's coverage of these policies were parts of the same tendency of transparency and responsibilisation.

In the BBC report, Stafford Hospital was held up as a contrast to the good healthcare at Salford Royal Hospital. This was done by means of a case study, Christine Dalziel, who was interviewed in her home, which as described in section 4.4 was often the case with victims. Introducing Dalziel, the BBC News health correspondent, accompanied by shots of her looking at a photo of her husband, said:

> "Christine Dalziel witnessed what happened when there are simply not enough nurses working on a ward. Her husband George died at Stafford Hospital in 2007. Managers desperate to balance the books cut staff numbers, and the quality of care collapsed" (BBC-31, 9-11).

Figure 10.11 (BBC-31, 10) A close-ranged shot from the BBC report from 18 September 2013 showing Christine Dalziel sitting in her home looking at a photo of her husband. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/05AD40FA?bcast=101465698

These discursive statements and the ensuing experiential interview mirrored the emotional narrative strategies of the scandal narrative's activations phase, which invited the audience to sympathise with personalised victims of the wrongdoings (Chermak, 1998; Greer, 2007; Peelo, 2006). This was confirmed by the news worker who did the interview:

> "(…) when she's talking about what happened to him and his experience, (…) just personalising him for the viewer, I suppose. (…) [T]hat he was [just] an ordinary looking guy who looks like, you know, your dad, my dad" (Health correspondent, BBC News).

This confirms the tendency of health news storytelling to rely on emotional narrative strategies (Boyce, 2007; Seale, 2002) (see also section 6.2). Dalziel also belonged to the campaign groups Cure the NHS (CTNHS), which had previously held a powerful position in the scandal storytelling. By juxtaposing the good healthcare at Salford Royal Hospital and the deviance of Stafford hospital, the news storytelling also contrasted transparency and secrecy. Thereby, social actors such as politicians, news workers and victims, can construct healthcare and deviance, and support responsibilisation as a means to hold the NHS accountable for its failings.

10.4.2 Criminalising neglect

Another policy change in the wake of the Mid Staffordshire hospital scandal was the criminalisation of wilful neglect, with a punishment of up to five years of imprisonment. Around 16 November 2013, the government's announcement of this policy was covered by both the BBC and ITV. On 16 November, the BBC report was introduced with the following statement by a presenter sitting in a studio:

> "Doctors and nurses who deliberately neglect their patients could face criminal charges with up to five years in jail in the new plans put forward by the government. The offense of wilful neglect would apply to health workers in England and Wales. It's one of a number of proposals aimed at making staff more accountable following the scandal at Mid Staffordshire NHS Trust" (BBC-34, 2).

As with the legal prosecution of the Mid Staffordshire NHS Foundation Trust, covering the proposed policy indicated a scandal process of criminalisation. Thereby, the BBC and ITV constructed deliberate mistreatment of patients as a criminal act, comparable to other crimes in the news (Ericson et al., 1987; 1988; 1991; Hall et al., 1979; Jewkes, 2004). The policy was aimed at holding the NHS to account, but it was presented as targeting doctors and nurses. As with the individual accountability mentioned above, the NHS managers had all but disappeared as social actors in the accountability phase, which pointed to a scandal process of de-politicisation. In the ITV report about the proposed policy, Julie Bailey from CTNHS was interviewed. Standing outside, she made the following statement:

"On its own, it will have little impact, but with the other key recommendations this will go a long way to make sure that the NHS is safer, to ensure that we don't have another Mid Staffs disaster" (ITV-31, 6).

Figure 10.12 (ITV-31, 6) A shot from the ITV report from 16 November 2013 showing Julie Bailey being interviewed outside. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/06006BDE?bcast=103677538

Both verbally and visually, this interview was structured more as an expert interview where Bailey added analytical value than as an experiential interview where she added emotional value (Montgomery, 2008). The interview reflects a tendency to construct Bailey and CTNHS as experts in the reactions phase, which involved a change in the power relations between CTNHS, the NHS, politicians and the news workers. Bailey's statements confirms the scandal process of criminalisation as a way to hold the NHS to account. Thereby, the politicians behind the policy got the support of news workers and campaign groups to construct healthcare and deviance and monopolise the appropriate response to the scandalised institutions. This means that the NHS and its staff were held accountable for the failings, which on the one hand confirms the media tendency to scandalise healthcare services (Entwistle & Sheldon, 1999; Seale, 2002). On the other hand, it constructs health professionals as potential criminals, contradicting the tendency to portray them as heroes (Karpf, 1988; Seale, 2002), which indicates that the power balance between news workers on the one side and healthcare institutions and medical professionals is changing in favour of the news workers.

10.4.3 The regulatory state

The accountability phase of the Mid Staffordshire hospital scandal also saw the government intervene directly to regulate the culture of the NHS. On a local institutional level, this was done by targeting the 11 hospital Trusts put under special measures after the Keogh review, as examined in section 9.3. These Trusts were described as symptoms of general NHS failures, for which the institution needed to be held to account, as exemplified in statement from the ITV report from 19 September 2013:

> "Failing hospitals are the most urgent problem facing the NHS, 11 of them put into special measures after the scandal of Mid Staffordshire" (ITV-30, 2-7).

The government's response to this was to pair the failing Trusts with well-functioning ones, which put the politicians in a position to determine which Trusts lived up to proper healthcare standards. In the TV news report, this was presented as a positive move that ensured patient safety. Thereby, the government came out as the heroes in the scandal storytelling who could fix the broken and scandalised institution by regulating it; an outcome also found in connection with other scandals (Butler & Drakeford, 2005; Greer & McLaughlin, 2016).

The NHS culture was also targeted on a general policy level. On 19 November 2013, the government laid out a set of policies as an official response to the public inquiry report that had been published in February that year. The main aim of these policies was presented as changing the culture of the NHS, which made the entire NHS and its culture responsible for the failings. Sitting in their respective studios, the BBC and the ITV presenters introduced the reports on the response in the following way:

> "The NHS in England needs a profound transformation embracing an open honest culture, according to the Health Secretary, Jeremy Hunt. He's unveiled hundreds of measures in response to the official inquiry into the Stafford Hospital scandal." (BBC-35, 1).

> "Hospitals in England could face financial penalties for hiding their failings, the health secretary said today. In the government's response to the Mid Staffordshire inquiry Jeremy Hunt set out how to end a culture that allowed cruelty to become normal" (ITV-32, 1).

The focus on culture echoed the reactions phase, where the culture of the NHS was blamed for the systemic failings as part of the scandal process of politicisation. However, whilst the reactions phase also included NHS Chief Executive David Nicholson's trial by media, no powerful social actors were held accountable in the accountability phase. At this stage, NHS managers were absent from the storytelling, and politicians were presented as the ones who held the NHS to account. Both of the above verbal statements described Jeremy Hunt as the person to present the solutions to change the culture in the NHS. This description was emphasised in the ITV report, when a shot of Jeremy Hunt volunteering in a hospital was accompanied by the health editor's comment:

> "Jeremy Hunt certainly knows about healthcare assistance. Once a week he volunteers as one in a London hospital" (ITV-32, 9).

Figure 10.13 (ITV-32, 9) A shot from the ITV report from 19 November 2013 showing Jeremy Hunt as a hospital volunteer. The whole programme is available at
https://learningonscreen.ac.uk/ondemand/index.php/prog/06006C82?bcast=103816101

The discursive statements here presented the Conservative Hunt as knowledgeable about healthcare, whereby the storytelling appears to have diverged from the emphasis on impartiality in the narrative strategies of political coverage (Cushion et al., 2016; Flood et al., 2011; Harrison, 2000; Wahl-Jorgensen et al., 2016). The government thereby gained a position of power which allowed it to construct healthcare and deviance as well as identify and punish folk devils.

However, the folk devil here was a public institution and its culture, not a marginalised and powerless group of social actors. The coverage of government responses, both to the individual institutions and the NHS policies, resembles Greer and McLaughlin's (2016) concept of the 'regulatory state' where the state uses public inquiries to blame its institutions for failures and scandals (see also Butler & Drakeford, 2005). In the case of the Mid Staffordshire public inquiry, the TV news storytelling closely followed the report and placed the blame with the local and national healthcare institutions and their staff, whilst constructing the government as problem-solvers. However, news workers were not necessarily unaware of this mechanism:

> "(…) to stick with hospital scandals, you know, Latin type, quid bono? Who benefits? [Politicians] they've got to get something out of it. For a politician in office, if he's the Health Secretary (…) they need to be shown to be doing something, or at least appear to be doing something" (Producer, ITN).

This comment demonstrated how the scandal processes of politicisation and mediatisation (Esser, Stromback, & Palgrave Connect, 2014; Hjarvard, 2013; Meyer & Hinchman, 2002) interacted. By letting media and political logics overlap, politicians and news workers both benefitted: politicising the storytelling allowed news workers to escalate the scandal, and mediatising the political responses allowed politicians to construct themselves as problem-solvers. Thereby, along with health coverage in general, scandal storytelling can directly influence health policy and the perceptions of right and wrong regarding healthcare practices (Davidson et al., 2003). However, the power relation between news workers and politicians is still uneven, as news media are always looking for new scandals, which means that politicians can go from being heroes to being identified as folk devils in an instant (Cappella & Jamieson, 1997; Milne, 2005; Sabato, 1993).

10.5 A scandalous benchmark

As the Mid Staffordshire hospital scandal narrative became fixed, it manifested itself as a point of reference, or a 'media template' (Kitzinger, 2000), for other NHS failings, thereby adding to the general tendency of scandalising healthcare systems (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002). As failures in other parts of the institution were connected to the general failure of the NHS, news workers used Stafford Hospital as a benchmark. As one news worker commented:

> "It tends to be (…) if something's happening with a failing Trust and they say, is this another Stafford?" (Health producer, BBC News).

The Mid Staffordshire hospital scandal was thus used to contextualise two minor scandals in the accountability phase. In January 2014 ITV broadcast a report on failings at the Princess of Wales Hospital in Bridgend, and in February 2014 the BBC brought a report on delays in the establishment of a care database. These minor scandals were not sub-scandals as such, since they were compared to the Mid Staffordshire hospital scandal instead of being connected directly to it.

10.5.1 More failing institutions

The ITV report from 27 January 2014 told the story about alleged failings at the Princess of Wales Hospital in Bridgend. In every respect, this report resembled the activations phase of the sub-scandals (see chapter 9) moving from emotional narrative strategies to whistleblowing and accountability interviews. At the very end of the report, an ITN health editor made the following statement in an affiliated interview:

> "(…) if you ask me is this a scandal on the scale of Mid Staffordshire, I have to say I have my doubts. That's not to say that mistakes weren't made, they were, and patients were treated badly, the Chief Executive is quite open about that and apologises for it" (ITV-33, 33).

This verbal statement compared the Princess of Wales hospital failings to the Mid Staffordshire hospital scandal, and found that they were not on the same scale. This demonstrates how the Mid Staffordshire hospital scandal had become the standard against which other hospital failings were measured, which was confirmed by the news workers who covered the scandal:

> "(…) the question that people had been asking editorially, you know, within ITV at the time was 'can we characterise The Princess of Wales and Bridgend as another Mid Staffs?' Because that gives a point of reference to the viewer about the seriousness of it, I suppose" (Health editor, ITN).

Using the Mid Staffordshire hospital scandal as a point of reference is thus a deliberate narrative strategy to determine the gravity of other failings. Thereby, the Mid Staffordshire hospital scandal has become an internalised part of health news storytelling and a 'media template' that can shape the media coverage of other events (Kitzinger, 2000). As such, the

scandal feeds into the general tendency of giving health services negative coverage and focus on crises and scandals (Harrabin et al., 2003; Seale, 2002). It also puts news workers in a position where they can assume the power to scandalise other social actors and determine what counts as healthcare and deviance.

10.5.2 Involving the public

The BBC used the Mid Staffordshire hospital scandal as a point of reference in the report from 18 February 2014 about the delays in collecting medical records and sharing them with other organisations. Accompanied by a sequence of shots showing generic hospital scenes, the health correspondent said:

> "The NHS has been collecting hospital data for decades to good effect, it allows death rates to be compared and help reveal scandals like Mid Staffs" (BBC-36, 13-16).
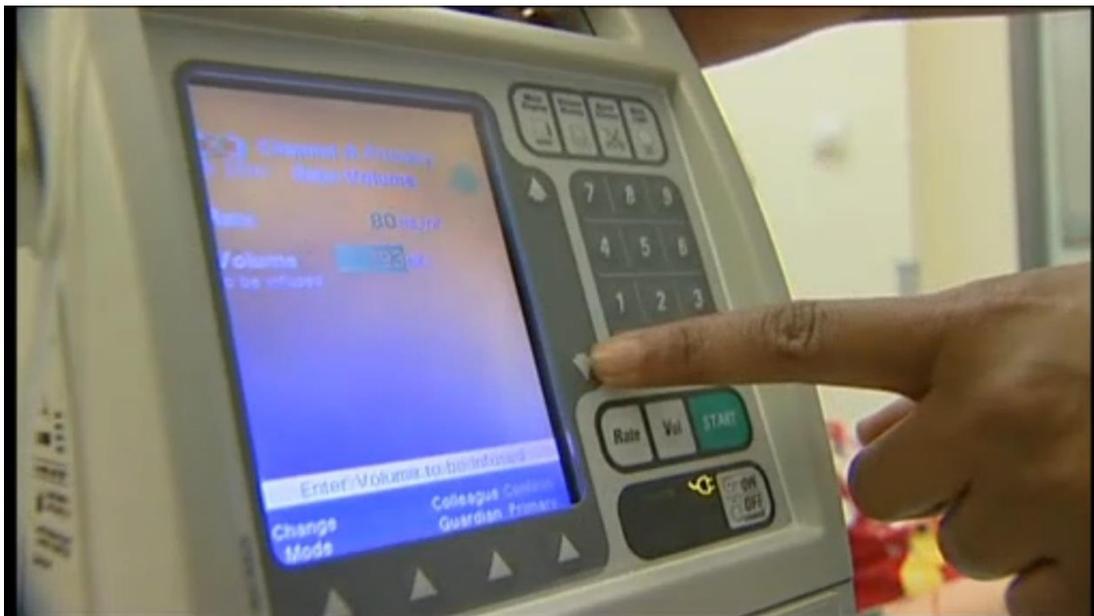
Figure 10.14 (BBC-36, 14) A shot from sequence in the ITV report from 18 February 2014 showing generic hospital scenes like this of a hand operating a heart monitor. The whole programme is available at https://learningonscreen.ac.uk/ondemand/index.php/prog/0694F638?bcast=107073061

As discussed in section 4.8, the discursive statements about inanimate objects could be used to connect the NHS and its day-to-day routines with the Mid Staffordshire hospital scandal, which in this case allowed the news worker to evaluate the effect of data collection. Again, this positioned the news workers in a powerful position as health experts in their own right, although health journalists have been found to lack formal medical training (Amend & Secko, 2012; McGrath & Kapadia, 2009; Tanner, 2004). Like in the

Princess of Wales Hospital example above, the verbal statement here used the Mid Staffordshire hospital scandal as a benchmark of how bad things could go in the NHS. The delayed data collection in the story was not constructed as a scandal as such, but the system was presented as a way to avoid the worst possible scenario.

Coincidentally, this BBC report also contained the only example of a vox-pop in the entire TV coverage of the Mid Staffordshire hospital scandal. Two people in the street were asked whether they had heard about the data collection project, and their answers led the health correspondent to conclude that:

> "(...) public awareness is, to put it mildly, low" (BBC-36, 9-10).

Although it was the only example of its kind, this vox-pop indicates that the public as a social actor was allowed a bit more influence on the storytelling as the scandal narrative became fixed. Members of the public were given the opportunity to make statements about the NHS, which to some degree allowed them to influence the construction of healthcare and deviance. However, as previous research has found, the remits of vox-pops are determined by journalists who use them as a narrative strategy to underpin their own storytelling (Brookes et al., 2004; Dekavalla, 2012; J. Lewis et al., 2004; 2005; Loviglio, 2002). The power relations between social actors thus still placed the public in the role of observers, who could either accept, negotiate or reject the stories they were told (Hall, 1980) without having much influence on them.

As the accountability phase marked the end of the Mid Staffordshire hospital scandal, it became fixed as a worst case scenario that other failings could be measured against. A part of the accountability phase was to set a precedence for holding future failing institutions to account, and it was deliberately constructed as such among the news workers. This complies with what Greer and McLaughlin (2016) call the 'institutional scandal machine' where scandals are produced and reproduced as a part of an increasingly aggressive news media environment, which also affects the coverage of healthcare institutions (Harrabin et al., 2003).

10.6 Covering healthcare and deviance

As a major news story, the Mid Staffordshire hospital scandal also sparked reflection on scandal, healthcare and deviance among news workers. All of the interviewed news workers who had worked on the story remembered their part of the coverage and the

impression it had made on them. One of the recurring reflections was the sense of participating in something important:

> "I guess it's quite humbling to think you can report on something so important like that, really. It's one of the wonderful things about our job, really" (Health correspondent, BBC News).

This comment shows a sense of modesty combined with professional fulfilment. The news workers generally did not think of themselves as individuals covering a scandal, but rather as a part of a larger context, which depending on theoretical perspective can be labelled as propagating elite worldviews (Glasgow University Media Group, 1976; 1980; Hall et al., 1979), informing the public (Curran & Seaton, 2010; McNair, 2009; Schultz, 1998a), telling a good story (Bird & Dardenne, 2009; Wahl-Jorgensen, 2013; Zelizer, 1990) or maintaining the institutional scandal machine (Greer & McLaughlin, 2016).

However, the sense of modesty and professional fulfilment also had another side as the scandal processes evolved and escalated. Although the scandal was still considered a good news story that repeatedly made headlines, some news workers also felt that it became repetitive:

> "I think after that [public inquiry] report there was a (…) sort of allergic response, sort of 'oh no, not another story about Mid Staffs'" (Health editor, ITN).

The Mid Staffordshire hospital scandal was covered on and off for almost five years, which exhausted some of the social actors involved, pointing to a degree of 'scandal fatigue' (Butler & Drakeford, 2005). This suggests that the negative coverage of healthcare institutions (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002) is not necessarily a result of an ideological desire to scandalise the NHS, but can be a structural component of health news that the news workers themselves sometimes find repetitive and unexciting.

The scandal processes of mediatisation and politicisation, and the interconnection between the two, were to some extent acknowledged by the involved news workers, and there was a feeling that the coverage had helped the scandal reach its full potential and generate the appropriate political responses:

> "(…) politicians really would've not made hay out of it had the media ignored it. But it was such a big story you couldn't ignore it, you know, it was gonna be reported one way or the other" (Health correspondent, BBC News).

"People wouldn't have known about it if it hadn't been in the media, (…) it wouldn't have created the political imperative that there was because of the media exposure" (Health correspondent, BBC News).

News workers saw themselves as key facilitators of accountability, which links back to the notion of the media as a watchdog holding power to account (Curran & Seaton, 2010; McNair, 2009; Schultz, 1998a). The 'institutional scandal machine' (Greer & McLaughlin, 2016) was thus not just seen by news workers as a way to enhance their own power, but as a means to fulfil their obligations to the public. However, as shown in previous research (Bennett, 1993; J. Lewis et al., 2005; Wahl-Jorgensen, 2002), the journalists' conception of the public functions as a professional construction that puts the news workers in a powerful position to make inferences. News workers can thereby legitimise the mediatisation and the conflation of media and political logic (Esser et al., 2014; Hjarvard, 2013; Meyer & Hinchman, 2002) by referring to the public as an imagined community (Anderson, 2006; Billig, 1995).

The self-perception of news workers as neutral was demonstrated when they were asked about whether they thought their coverage could undermine or build trust in the NHS. In general, they recognised that the scandal and the news coverage of it had an impact on the perception of the NHS, although they did not necessarily take responsibility for this impact:

"(…) it's not our job to try and restore trust for an institution, that's not our job. Our job is to tell the stories of patients and then hold those hospitals to account" (General reporter, ITN).

This comment emphasise the role of news workers as impartial storytellers (Bird & Dardenne, 2009; Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen, 2013), but using experiential and accountability interviews (Montgomery, 2007; 2008) is not impartial as demonstrated in this study. To 'tell the stories of patients' implies emotional narrative strategies that invite the audience to sympathise with the victims (Peelo, 2006), whilst to 'hold those hospitals to account' implies politicised narrative strategies that invite the audience to identify powerful social actors as folk devils (deYoung, 2011; Flinders, 2012). Some interviewees acknowledged that the institutional sources could influence the scandal storytelling, and specifically mentioned how Stafford Hospital's PR department changed and became more accommodating and transparent. This development was welcomed by the news workers, but did not stop the scandal from rolling. In general, the news workers

felt no obligation to repair the reputations damaged during the scandal storytelling. The news workers thus saw themselves as having influence on the Mid Staffordshire hospital scandal, but maintained that this influence was impartial. This insistence on neutrality in the constant negotiation of power relations appears to be closely linked to a professional identity that the interviewed news workers were reluctant to question.

10.7 Conclusion

The accountability phase of the Mid Staffordshire hospital scandal marked the end of the TV news coverage and the fixation of the scandal narrative. After individual nurses, the local institution and the NHS had been held to account for the failings, the media focus moved on to other stories. As such, the processes of the scandal's accountability phase resemble those described by Greer and McLaughlin (2016) since both the BBC and ITV coverage conjoined individual and institutional accountability. However, the transition from the amplification to the accountability phase was not completely clear-cut, which appears to be a result of the often messy nature of mediatised institutional scandals and the shifting power relations between the social actors involved.

On the individual and local level, the accountability phase involved a degree of de-politicisation of the scandal. The individuals blamed by the end of the scandal were members of staff, who had been almost completely missing from the narrative until this point. Meanwhile, the local managers from the activations phase, the NHS Chief Executive from the reactions phase and the NHS managers from the amplification phase had all disappeared from the scandal storytelling. This was combined with a return to the focus on the death and suffering of patients and interviews with local campaign groups, emotional narrative strategies that echoed the health news storytelling of the scandal's activations phase (Boyce, 2007; Seale, 2002) (see also section 6.2). In a way, the scandal narrative formed a full circle where the local social actors were labelled as folk devils in the beginning and at the end. Also, in the scandal process of criminalisation, wilful neglect was connected with individual social actors and not institutions. Thus, the process of constructing certain behaviours as deviant in which news media play an active role (Cohen, 1972; Ericson et al., 1987; 1988; 1991; Hall et al., 1979; Jewkes, 2004), was concentrated at the individual level.

The national institution was also held accountable, but this was done through policies and regulations. Thereby, on the national institutional level, the scandal process of politicisation continued. By establishing a public inquiry, the 'regulatory state' (Greer & McLaughlin, 2016) can announce its controlling measures as a response to public demands and acquit

itself of any complicity in the failings (Butler & Drakeford, 2005). The government's response to the public inquiry report was indeed a series of regulatory steps addressing the NHS culture, which was blamed for the failings. Although institutional behaviours and actions were not directly criminalised they were scrutinised to an extent where the reputation of the NHS was damaged, as the news workers themselves also acknowledged. The reputational damage to the NHS feeds into a wider tendency of scandalising healthcare systems, which risks undermining the trust the institutions (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002).

The role of the public as a social actor changed in the accountability phase of the scandal. On the one hand, the public was given a more powerful role in the scandal storytelling in the form of protests and vox-pops. This opened the news storytelling up to a counter-narrative where local residents defended their hospital and its right to construct healthcare. On the other hand, the attitudes of the public were still mainly inferred by news workers (J. Lewis et al., 2004; 2005), which included its support for the process of responsibilisation (Clarke, 2007). Allowing the public to monitor staffing levels at healthcare institutions was constructed in the storytelling as a way to avoid future scandals. Thereby, along with acting as 'mediated witnesses' (Peelo, 2006) to the failings, the public was also invited to form a part of the solution to the social problem identified by politicians and news media.

The accountability phase of the Mid Staffordshire Hospital scandal thus had two levels: a de-politicised local level where individuals and the local hospital were constructed as deviant and punished for their crimes; and a politicised national level where the NHS was scandalised and regulated. Towards the end of the accountability phase the Mid Staffordshire hospital scandal and its consequences were constructed as less and less newsworthy, and the fixated narrative was used as a 'media template' (Kitzinger, 2000) for other institutional failings. In this way, the scandal left a direct legacy as a benchmark for future scandals, but it also left an indirect legacy in the form of a damaged NHS reputation. This contributes to a shifting power balance between social actors, such as healthcare institutions, politicians and news workers, regarding the construction of healthcare and deviance. Having examined the scandal processes, narrative strategies, discursive statements and power relations between social actors in the encoding of the scandal storytelling as well as the four different phases of the scandal, I move on to conclude on the study and its findings in the following and final chapter.

Chapter 11. Conclusion: scandalising the NHS

In this study, I analyse how the BBC and ITV News at Ten's scandalised the NHS in their coverage of the Mid Staffordshire hospital scandal and the individuals and institutions involved. This is done by examining the research question:

- How did the News at Ten on BBC and ITV construct the Mid Staffordshire hospital scandal and the individuals and institutions involved between 17 March 2009 and 17 March 2014?

This overall research question is divided into three sub-questions, each addressed in the analytical chapters:

- How did verbal and visual statements construct power relations between social actors in the coverage of the Mid Staffordshire hospital scandal?
- How was TV health news constructed in the context of journalistic conventions, professional decisions and organisational structures?
- How did the TV news coverage construct scandal processes and narrative strategies to move the scandal through its different phases?

To engage with these research questions, the concepts of scandal processes, power relations, social actors, narrative strategies and discursive statements are examined in the context of a case study, which allows for wider conclusions regarding the social construction of healthcare and deviance. The media coverage of the Mid Staffordshire hospital scandal had a significant impact on several levels. It gave a voice to patients and relatives who had to struggle to get recognition for their loss; it changed the lives of managers and staff in the NHS who were blamed during the course of the scandal; it changed the local hospital and the community it was a part of; and it changed policies governing the NHS as a national healthcare system.

Theoretically, I draw on the epistemological approach of social constructivism (Berger & Luckmann, 1966) and theories of storytelling, discourse, encoding and scandal (Bird & Dardenne, 2009; Foucault & Gordon, 1980; Fowler, 1991; Greer & McLaughlin, 2016; Hall, 1980; Kress, 2003; Toolan, 2012), and the derived theoretical concepts of narrative strategies, power, social actors, discursive statements and scandal processes. My theoretical and conceptual framework draw on previous academic work, but the framework has not been used to understand TV health news storytelling and scandal before. Theorisation around institutional scandal is an expanding field, and my study makes

contributions to this field, adding to the understanding of processes such as whistleblowing, sub-scandals, politicisation, criminalisation and mediatisation. Theoretical work on scandal as deviance, such as Greer and McLaughlin's (2016) and Mawby's (2016), still needs to be developed and tested further to understand the processes, social actors and power relations involved in mediatised institutional scandal, and my research is meant to be a part of this. By adding to the theorisation of mediatised institutional scandal, my study can thus add understanding to the role that scandal can play in the social construction of healthcare and deviance.

Methodologically, I draw on Ethnographic Content Analysis (ECA) (Altheide, 1987) and in-depth qualitative interviews for the study. The ECA is informed by Critical Discourse Analysis (Fairclough, 1995a; 1995b) and Multimodal Discourse Analysis (Kress & van Leeuwen, 1996; Kress, 2003) using an amended version of Bentele's (1985) protocol design, which is an innovative combination of existing approaches. At the time of writing, very few previous studies have engaged with camerapersons, which appears peculiar given the key role of visuals in TV and online news. Finally, the use of videos for visual elicitation (Prosser, 2011) is developing as new technologies emerge, which needs to be explored further in terms of sociological research methods. In this regard, my study can contribute to the development of new directions in TV news research, which can be applied to online news research as well. As such, the combination of ECA and in-depth interviews is an innovative approach that has allows for new perspectives on the content and encoding of TV news in general and TV health news in particular.

Empirically, my research examines the Mid Staffordshire hospital scandal. At the time of writing, only one study has dealt with the Mid Staffordshire hospital scandal from a nursing perspective (Hutchison, 2016), and the media coverage of it has not been examined. Research into scandal has often focused on political scandals (Entman, 2012; Puglisi & Snyder, 2011; Sabato et al., 2000; Thompson, 2000; Tumber, 2004) or scandals involving sex or sexual abuse (Furedi, 2013; Gamson, 2001; Greer & McLaughlin, 2013). The few examples of research that does mention healthcare scandal are relative dated and have not taken the Mid Staffordshire hospital scandal into account (Butler & Drakeford, 2005; Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002), and analyses of how healthcare scandals are constructed in the media are remarkably scarce. Also, despite TV being the most common source of news in the UK by far (Ofcom, 2013a), this area has arguably been falling behind in terms of academic attention (Cushion, 2012). Thereby, this

study can add to the empirical knowledge of the important area of healthcare scandal and TV health news.

The application of these theoretical, methodological and empirical approaches has resulted in findings, which are examined further in the following. I firstly discuss my findings regarding storytelling and scandal, followed by my findings regarding the encoding of TV health news. Then, I discuss my findings regarding scandal processes, before I move on to the implications in terms of healthcare, deviance and power. Finally, I make a few concluding remarks regarding the possible future uses of my study and its findings.

11.1 Storytelling and scandal

As I examine in chapters 4, 7, 8, 9 and 10, the coverage of the Mid Staffordshire hospital scandal is a typical example of news storytelling with victims, villains and heroes (Bird & Dardenne, 2009). The scandal storytelling and its processes function as an instructive story about what is right and wrong, thereby defining the boundaries between moral concepts and social actors (Cohen & Young, 1973; Ericson et al., 1987; 1988; 1991; Jewkes, 2004), inviting the audience to engage with moral questions (Katz, 1987; Peelo, 2006). However, the news storytelling dealt with deviance among powerful individuals and institutions in the form of scandal, not criminals at the fringes of society. This gave the storytelling a different power dynamic between victims, villains and heroes.

The victims of the scandal narrative resembled the victims described in crime news research (Chermak, 1998; Reiner et al., 2003). Although my study is focused on the scandal storytelling as it unfold in TV news, it is important to remember that the victims were real persons who experienced real pain and distress. Their emotional appearance is therefore very understandable, even if it also played into a particular set of narrative strategies. The victims in the scandal storytelling were thus portrayed as innocent and vulnerable social actors who suffered and died in the hands of wrongdoers, and their verbal and visual appearance was often personalised and emotional. Since the victims were mostly elders, and in some cases children, they were in a sense 'ideal victims' (Christie, 1986; Kitzinger, 2004), which supported the construction of them as powerless. Relatives of victims had formed a campaign group, Cure the NHS (CTNHS), which managed to gain a degree of influence on the scandal storytelling. CTNHS activists appeared in a number of interviews, particularly in the scandal's early phases, giving personal accounts of the failings at Stafford Hospital. The personal and emotional storytelling invited the audience to sympathise with

the witnesses (Peelo, 2006), thereby creating an 'us' against which the 'them' could be defined.

This 'them' was constructed in the form of folk devils (Cohen, 1972; 2011) who were blamed and held accountable for the failings at the Mid Staffordshire NHS Foundation Trust. However, the nature of scandal makes identification of folk devils and the construction of deviance relatively complex (Bird & Dardenne, 2009; McRobbie, 1994). In the Mid Staffordshire hospital scandal, the news storytelling identified folk devils on several levels, including the local and the national as well as the institutional and the individual. To begin with, the folk devils were identified at the local level and were the Trust itself and its individual managers. As the scandal processes progressed, the NHS as a whole and a range of NHS institutions were blamed along with the NHS Chief Executive and several other leading figures. Towards the end of the scandal, the folk devils were identified as the local hospital, its nurses and to some extent the NHS and its culture. As such, the interaction between identifying powerful folk devils (deYoung, 2011; Flinders, 2012; Hatier, 2012; Hayle, 2013), trials by media (Greer & McLaughlin, 2012a; 2012b; 2013) and the scandalisation of the NHS (Entwistle & Sheldon, 1999; Harrabin et al., 2003; Seale, 2002) is a part of a wider tendency of news media to discredit powerful social actors and undermine their reputations (Gamson, 2001; Greer & McLaughlin, 2016; Lull & Hinerman, 1997; Sabato et al., 2000).

The heroes of the Mid Staffordshire hospital scandal narrative were constructed as an unstable alliance of news workers, whistle-blowers and to some extent politicians. Throughout the scandal storytelling, news workers positioned themselves as a collective of truth-speakers (Gans, 1980; Schudson, 2001; Schudson & Anderson, 2009) who presented the wrongdoing in a neutral and impartial manner. However, some of the narrative strategies they used were neither neutral nor impartial, but favoured the accounts of victims and whistle-blowers over those of authorities, which rebalanced the power relations between the actors. Whistle-blowers are increasingly constructed as witnesses and champions of justice (Thorsen et al., 2013; Wahl-Jorgensen, 2013), which is also the case with scandals (Liebes & Blum-Kulka, 2004; McCurdy, 2013), such as in this case study. Towards the end of the scandal storytelling when the narrative became fixed, politicians were constructed as problem-solvers who had the necessary power to change the culture of the NHS and prevent more suffering and death. However, this appears to have less to do with the influence of official sources (Chibnall, 1977; Glasgow University Media Group,

1976; 1980; Hall et al., 1979) than the power struggle between the state and its institutions over policies, responsibility and justice (Butler & Drakeford, 2005; Greer & McLaughlin, 2016). By constructing news workers, whistle-blowers and to some extent politicians as heroes the scandal narrative created a public 'us', which legitimised the scandalisation of the NHS and the storytellers' own role as powerful moral entrepreneurs.

11.2 Encoding TV health news

In chapters 5 and 6, I examine how the scandal narrative was constructed by combining verbal and visual discursive statements. The process of encoding the statements and stories (Hall, 1980) includes the construction of newsworthiness (Bednarek & Caple, 2012b; Caple & Bednarek, 2013) and a complex system of power relations between social actors. By making most of the verbal and visual statements, guiding the sources' discursive statements and editing the reports, the news workers are the group who has the most influence on the storytelling (Bird & Dardenne, 2009; Toolan, 2012). Although the BBC and ITV differ in size, I found the process of making discursive statements to be very similar in the two organisations. This appears to be related to the increasing importance of converging news formats and multi-skilling, which means that different styles are linked more to platforms and the nature of the story than to particular organisations.

The news workers' interviews with their sources can be set up in one of four ways: experiential interviews add emotional value to the stories, accountability interviews engage critically with authorities, expert interviews add information and affiliated interviews construct news workers as neutral experts (Clayman, 1988; Ekström & Lundell, 2011; Montgomery, 2006; 2007; 2008). The power relation between news workers and interviewees very much depend on the type of the interview. Whereas experiential, expert and affiliated interviews allow the interviewee to make their emotional or factual statements at length, accountability interviews allow news workers to put interviewees in a defensive position. For instance, the fact that both victims and authorities appeared frequently in the coverage of the Mid Staffordshire hospital scandal as demonstrated in chapter 4 did not mean that they had the same influence on the storytelling. The negotiation of power between social actors depend on how interviews are conducted, which means that news workers had a high degree of control over the storytelling and its construction of healthcare and deviance. Furthermore, whilst interviewees can control their verbal statements, the visual statements are solely decided upon by journalists and camerapersons. Different interview types are associated with different filming techniques,

so while experiential interviews are personal and intimate, accountability, expert and affiliated interviews are more neutral in their visual statements. Although the visual side of interview types has not been examined previously, I found it to be an important factor in the narrative strategies employed by news workers.

News workers also have to negotiate power amongst themselves. The hierarchical structures of TV news organisations means that programme editors and producers rank higher than correspondents and reporters, who in turn rank higher than camerapersons (Born, 2005; Epstein, 1974; Harrison, 2000; Schlesinger, 1987). This hierarchy is not hard and fast, and particularly working in the field opens up for negotiations and cooperative decision making. The process moves through stages, where the images are filmed before scripts are written and the whole report edited (Boyd et al., 2008; Orlebar, 2013). This gives visual storytelling a key role in health news storytelling, which in turn means that camerapersons have a degree of power that has not been acknowledged in previous research on TV news (except Kepplinger, 1982). Even so, visual statements also depend on practical circumstances, and can as such be coincidental rather than a result of deliberate narrative strategies.

On another level, the negotiations of power relations involve categorising stories as either health news or political health news. These two forms of news have different specialist correspondents who use different narrative strategies. Health journalists rely on emotional narrative strategies (Boyce, 2007; Seale, 2002) such as personalisation and experiential interviews (Montgomery, 2008) with case studies. To some extent, health specialists can also use expert interviews to supply information (Amend & Secko, 2012; Harrabin et al., 2003; McDaid, 2004; McGrath & Kapadia, 2009). Political specialists, on the other hand, rely on impartial storytelling and accountability interviews (Montgomery, 2008) where powerful social actors are held to account. Also, political specialists use allegories and metaphors as narrative strategies to engage the audience with their stories. Both specialisms are challenging in terms of getting suitable visuals, which is related to often having to work in restricted places such as hospitals or visually uninteresting places such as Westminster. The negotiation of storytelling and discursive statements means that the power relations between news workers are far from static. The coverage of the Mid Staffordshire hospital scandal was thus influenced by external developments including reports and responses as well as internal developments regarding how stories were categorised.

TV news was described by news workers as both impartial and emotional, pointing to journalistic notions of being a fourth estate that held power to account (Hampton, 2010; Schultz, 1998b) as well as being engaging storytellers (Bird & Dardenne, 2009; Wahl-Jorgensen & Hunt, 2012; Zelizer, 1990). The audience can thus function as electorate, consumers and participants (J. Lewis et al., 2005) who have their opinions and attitudes inferred by the news workers (Bennett, 1993; Dekavalla, 2012; J. Lewis et al., 2004). In the scandal storytelling this 'us' was contrasted to national institutions in the form of the NHS, thereby creating a shared national identity (Billig, 1995; Conboy, 2006). Furthermore, the negotiation of impartial and emotional storytelling influenced the degree to which scandal processes developed throughout the storytelling.

11.3 Scandal processes

As I examine in chapters 7, 8, 9 and 10, the Mid Staffordshire hospital scandal moved through the different phases described by Greer and McLaughlin (2016). When a report on the high mortality rates at the Trust was published on 17 March 2009, the scandal entered its *activations* phase*.* This phase was marked by emotional accounts of the death and suffering of the victims, while the blame was placed at the local level with the Trust and its managers. With the publication of a public inquiry report on 6 February 2013, the scandal entered its *reactions* phase. This phase was marked by an increased focus on the political implications of the scandal. The individual and institutional blame was now placed at the national level, with the NHS culture being criticised and the NHS Chief Executive David Nicholson going through a trial by media (Greer & McLaughlin, 2012a; 2012b; 2013). When a separate report on mortality rates at a number of NHS institutions was published on 19 June 2013, the Mid Staffordshire scandal entered its *amplification* phase. This phase consisted of a series of sub-scandals, each of them involving its own scandal processes. Finally, in late July 2013 the scandal entered its *accountability* phase, which marked the end of the coverage. On a local level, several nurses were disciplined and the hospital was prosecuted. On a national level, the culture of the NHS was addressed by a number of policies imposed by the government. In the aftermath of the Mid Staffordshire hospital scandal it has become a 'media template' (Kitzinger, 2000) for hospital failings, and as such a point of reference in the social construction of healthcare and deviance.

The scandal processes in the TV news coverage formed a circular movement going from the local to the national level and back. In the activations phase, the scandal storytelling was controlled by health correspondents who emphasised victims and placed the blame locally.

As the scandal processes of politicisation and whistleblowing gained traction during the reactions and amplifications phases, notions of individual and institutional blame reached the very top of the NHS and spread to a number of its institutions. The politicisation of scandals follows a general trend where scandals are becoming a weapon in the struggle between political and media authorities over the power to define key social concepts (Cappella & Jamieson, 1997; Milne, 2005; Sabato, 1993). In the case of the Mid Staffordshire hospital scandal, the politicisation meant a change from health news coverage to political health news coverage, which gave political correspondents greater control over the scandal storytelling. However, in the scandal's accountability phase, this scandal process was partially reversed as the blame was again placed with individuals and institutions at a local level, and the health correspondents regained some control over the scandal storytelling. As a part of the accountability phase, the scandal process of criminalisation also influenced the construction of deviance in a healthcare context, which firmly placed responsibility with the NHS and its staff. At the same time, the government's policy response to the scandal in the accountability phase maintained a degree of politicisation by blaming the NHS as a whole, although no individuals were held accountable at this level.

The scandal processes of politicisation and de-politicisation were a result of two factors. The first factor was the concept of impartiality in broadcast journalism (Cushion et al., 2016; Flood et al., 2011; Wahl-Jorgensen et al., 2016). Impartiality was narrowly interpreted by the news workers as political impartiality, so that siding with victims and whistle-blowers against the local and national institutions was acceptable while siding with one of the two main political parties was not. Strict rules were in place to guarantee balanced political coverage, which meant that no political folk devils could be named without a risk of promoting the other party's political agenda. In this regard, the scandal coverage of TV news is clearly differentiated from that of print news, which often takes political sides (Chalaby, 1998; Curran & Seaton, 2010; Cushion et al., 2016).

The second factor in the scandal processes of politicisation and de-politicisation was the role of the public inquiry into the failings. Public inquiries are increasingly used as a political strategy to contain scandals and redirect blame to the scandalised institutions instead of the politicians governing them (Butler & Drakeford, 2005; Greer & McLaughlin, 2016). In the case of the Mid Staffordshire hospital scandal, this strategy appears to have been successful. As the scandal escalated from the local to the national level, the logical result

would have been an implication of political responsibility, but no politicians or political institutions were held accountable. This demonstrates how professional values and political strategies allowed news workers and politicians to come out of the scandal as powerful identifiers and solvers of social problems, whilst the NHS and some of its staff and managers had their reputations seriously damaged.

Furthermore, the media coverage of the scandal had a significant influence on the outcomes, which points to a scandal process of mediatisation (Esser et al., 2014; Hjarvard, 2013; Meyer & Hinchman, 2002). Although news workers described how TV news is reactive rather than proactive, they also acknowledged that their coverage of the scandal had influenced its course. This confirms previous findings that news coverage can influence health policy and vice versa (Davidson et al., 2003). By telling the story of death and suffering, the TV news coverage helped create pressure for a public inquiry, which was opened by the new coalition government in 2010. In the wake of the public inquiry report, the media coverage also put pressure on David Nicholson to resign, and when he announced his decision to retire a few months later they interpreted it as a concession of his guilt. Finally, the TV news storytelling accepted the findings of the public inquiry and scandalised the NHS as a whole, which allowed the politicians to construct themselves as problem-solvers. Thereby, the scandal processes of politicisation, whistleblowing, sub-scandals, de-politicisation, criminalisation and mediatisation were closely interconnected throughout the scandal storytelling, which shows that the media's 'institutional scandal machine' (Greer & McLaughlin, 2016) is fuelled by the negotiations of power relations between social actors such as news workers, politicians and public institutions.

11.4 Healthcare, deviance and power

The coverage of the Mid Staffordshire hospital scandal is a part of the social construction of healthcare and deviance. By scandalising the NHS and questioning the legitimacy of traditional authorities in terms of healthcare and deviance, the scandal storytelling played into the shifting boundaries between right and wrong, trust and mistrust as well as health and illness. Although the principle of public healthcare and the almost sacred status of the NHS in British society were not challenged directly, the scandalisation of the institution did change the power balance between key social actors.

In contrast to news storytelling in previous periods (Chibnall, 1977; Glasgow University Media Group, 1976; 1980; Hall et al., 1979), I found that when it comes to scandal official authorities can no longer determine the nature of media storytelling. NHS authorities and

politicians are not the first point of call regarding statements about healthcare and deviance. Instead, the news workers themselves take the power to influence the construction of healthcare and deviance supported by victims and whistle-blowers. Thereby, the power relations between authorities and news workers, caretakers and patients as well as employers and employees are shifting. By weaving disparate verbal and visual discursive statements together into coherent storytelling, news workers play a key role in this change. In the case study used here, the news storytelling and the narrative strategies questioned the ability of the NHS and its leadership to safeguard the health of the public, which feeds into wider tendencies regarding mediatised institutional scandals and the coverage of healthcare systems (Butler & Drakeford, 2005; Entwistle & Sheldon, 1999; Greer & McLaughlin, 2016; Haran & Kitzinger, 2009; Thompson, 2000).

Although the power to influence the construction of healthcare and deviance is shifting away from official authorities, I found that the status of doctors and politicians was not directly challenged as part of the scandal storytelling examined here. Doctors have traditionally held a key position in defining health and the human body, which has also meant an influence on media coverage (Foucault, 1967; 1978; Karpf, 1988; Seale, 2002). The healthcare professionals whose authorities were challenged during the Mid Staffordshire hospital scandal only included managers and nurses. At no point were doctors identified as folk devils, which indicates that their power to define health and healthcare is still widely accepted by news storytellers, although some studies suggest that this could be changing as well (Seale, 2002).

In the same vein, I argue that the authority of politicians was not challenged in this particular case study. This is partially because of the idea of impartiality among broadcast news workers, but other studies have shown that politicians are by no means exempt from being scandalised (Flinders, 2012; Hatier, 2012; Puglisi & Snyder, 2011; Thompson, 2000; Tumber, 2004). However, in the case of the Mid Staffordshire hospital scandal, the political strategy of opening a public inquiry to which the politicians could respond appears to have avoided the question of political responsibility (Greer & McLaughlin, 2016). Politicians managed to retain the power to govern and regulate healthcare services, but this result was only reached by acknowledging the scandal storytelling and the discursive statements of victims and whistle-blowers. As such, politicians can bid for the power to influence the construction of healthcare and deviance, but they have to negotiate with other social actors including news workers, victims and whistle-blowers.

The principle of public healthcare remained unscrutinised throughout the coverage of the scandal. The scandalisation of the NHS focused on the institutions providing public healthcare, but the question of whether it should be a societal task was not formulated. By stressing the necessity to provide healthcare on the national level, the scandal storytelling enforced the sense of an 'us', which the audience was invited to identify with. This national 'us' (Anderson, 2006; Billig, 1995) was then contrasted to the healthcare provider in this case: the NHS and its leadership. In combination with other scandals, both regarding healthcare and other public services, the scandal here runs the risk of undermining the authority of public institutions, which can eventually have severe detrimental consequences for the societal levels of coherence, trust and health (Butler & Drakeford, 2005; Greer & McLaughlin, 2013; Lloyd, 2004; Milne, 2005; Sabato et al., 2000; Thompson, 2000). The Mid Staffordshire hospital scandal thus marks a significant point in a development where the power to influence the construction of healthcare and deviance is shifting. The power relations between social actors and their influence on the scandal storytelling reflect deeper and ongoing social changes, which suggests that the ways in which healthcare and deviance is constructed and put into practice are in a state of flux.

11.5 Concluding remarks

In my study I engage with news storytelling, scandal and power to arrive at a set of findings, which add to the understanding of how healthcare and deviance is constructed in the context of mediatised institutional scandal. Although my findings can contribute to the knowledge about news and scandal, there is a need for more work to be done in this field on the theoretical, methodological and empirical levels.

Theoretically, the understanding of how the construction of healthcare and deviance is changing needs to be addressed. The role of health news in this process is still severely under-researched, despite studies that show how news is a primary source of health information (Friedman et al., 2014; Seale, 2002; 2004). Furthermore, the theoretical framework of scandal has mainly focused on political or sex abuse scandals (Entman, 2012; Greer & McLaughlin, 2013; 2016; Thompson, 2000), which leaves room for further examination of the theoretical implications of healthcare scandals (Butler & Drakeford, 2005; Haran & Kitzinger, 2009).

Methodologically, there is room for the development of methods that focus on TV news, which has been overlooked in recent years (Cushion, 2012). One way of doing this could be to further test the application of Ethnographic Content Analysis to TV and /or online news

news (Altheide, 1987; Bentele, 1985) in order to examine verbal and visual statements and their interaction. Also, the visual side of TV news has long been neglected, and the role of camerapersons in the construction of TV news, such as the encoding of different interview types (Montgomery, 2007; 2008), could be examined much further. Also, the sources used in health news coverage could be interviewed to explore their role in the storytelling. As a part of a more visual approach to TV news research, visual elicitation (Prosser, 2011) using moving images needs to be explored further to determine its strengths and weaknesses.

Empirically, the connection between the Mid Staffordshire hospital scandal and other scandals can be examined as well. This could for instance be done comparatively by examining healthcare scandals and the media coverage of them over time or in different countries. As a part of this, it would be relevant to look at the similarities and differences between temporal and geographical contexts with and without public service media or public healthcare. This allows for further findings regarding historical and regional differences in how healthcare and deviance is constructed. The implications of processes such as globalisation and marketisation on healthcare would also add new perspectives to my study and enhance the understanding of the Mid Staffordshire hospital scandal.

As such, I found that the Mid Staffordshire hospital scandal provides a solid basis for examining how narrative strategies in TV health news, power relations between social actors, the encoding of discursive statements and the workings and interactions of scandal processes played into the social construction of healthcare and deviance. While the scandal itself is over at the time of writing and the news storytelling has moved on, the implications continue to make themselves evident. This can be observed in the day-to-day coverage of the NHS and the way in which it is regulated. As one observer noted:

> "[The Mid Staffordshire hospital scandal] has had quite a profound effect in the health service, (…) it's been quite a powerful thing that people have taken on board. I don't think we've reached the end of that road by any stretch of the imagination" (Health correspondent, BBC News).

Appendix 1: List of TV News Reports

This is a complete overview of the used TV news reports with a short description of the main topic of each report. The list comprises of all reports that mentioned the Mid Staffordshire hospital scandal between 17 March 2009 and 17 March 2014.

BBC reports

BBC-01	17/03-2009	HCC report
BBC-02	24/02-2010	Independent report
BBC-03	09/06-2010	Public inquiry
BBC-04	08/11-2010	Public inquiry
BBC-05	12/11-2010	Twin babies dead at Stafford
BBC-06	06/01-2013	Hunt on accountability
BBC-07	25/01-2013	Baby with dummy taped to face
BBC-08	05/02-2013	Public inquiry report
BBC-09	06/02-2013	Public inquiry report
BBC-10	09/02-2013	Hunt on missing prosecutions
BBC-11	16/02-2013	Hunt on whistleblowing
BBC-12	28/02-2013	Calls for Nicholson to withdraw
BBC-13	05/03-2013	Criticisms of Nicholson
BBC-14	12/03-2013	American expert
BBC-15	13/03-2013	Banning of NHS gagging clauses
BBC-16	26/03-2013	Government response to public inquiry report
BBC-17	05/04-2013	Death rates at Leeds
BBC-18	22/04-2013	Nurses' training
BBC-19	21/05-2013	Nicholson to retire
BBC-20	19/06-2013	CQC cover-up
BBC-21	20/06-2013	CQC cover-up
BBC-22	21/06-2013	CQC cover-up
BBC-23	03/07-2013	Tameside hospital
BBC-24	14/07-2013	Keogh report
BBC-25	15/07-2013	Liverpool care pathway
BBC-26	16/07-2013	Keogh report
BBC-27	25/07-2013	Nurses disciplined
BBC-28	29/07-2013	111 Service
BBC-29	31/07-2013	Trust dissolution
BBC-30	06/08-2013	NHS review report
BBC-31	18/09-2013	Number of nurses published
BBC-32	28/09-2013	Protests against closing services
BBC-33	15/11-2013	Willful neglect criminalised
BBC-34	16/11-2013	Willful neglect criminalised
BBC-35	19/11-2013	Government response to public inquiry report
BBC-36	18/02-2014	Care database
BBC-37	26/02-2014	Trust dissolved

ITV reports

ITV-01	17/03-2009	HCC report
ITV-02	24/02-2010	Independent report
ITV-03	08/11-2010	Public inquiry
ITV-04	18/04-2011	Bower apology
ITV-05	06/01-2013	Public inquiry
ITV-06	25/01-2013	Baby with dummy taped to face
ITV-07	03/02-2013	Survey of nurses
ITV-08	05/02-2013	Public inquiry report
ITV-09	06/02-2013	Public inquiry report
ITV-10	07/02-2013	Death rates
ITV-11	11/02-2013	Death rates
ITV-12	28/02-2013	Criticisms of Nicholson
ITV-13	05/03-2013	Criticisms of Nicholson
ITV-14	08/03-2013	Hunt on NHS culture
ITV-15	14/03-2013	Hunt on Nicholson
ITV-16	26/03-2013	Government response to public inquiry report
ITV-17	11/04-2013	Patient death investigation
ITV-18	15/04-2013	Trust under administration
ITV-19	21/05-2013	Nicholson to retire
ITV-20	12/06-2013	Criticisms of Nicholson
ITV-21	13/07-2013	Keogh report
ITV-22	14/07-2013	Keogh report
ITV-23	15/07-2013	Keogh report
ITV-24	16/07-2013	Keogh report
ITV-25	25/07-2013	Nurses disciplined
ITV-26	26/07-2013	Wales hospital criticised
ITV-27	29/07-2013	111 Service
ITV-28	31/07-2013	Changes in Stafford services
ITV-29	29/08-2013	Trust prosecuted
ITV-30	19/09-2013	Failing hospitals assistance
ITV-31	16/11-2013	Willful neglect criminalised
ITV-32	19/11-2013	Government response public inquiry report
ITV-33	27/01-2014	Neglect at Princess of Wales hospital
ITV-34	28/01-2014	Stafford nurse
ITV-35	26/02-2014	Trust dissolved

Appendix 2: List of Interviewees

The number of TV news workers who covered the Mid Staffordshire hospital scandal was relatively small, so to ensure the anonymisation of those who asked for it, all interviewees were anonymised throughout the study. Each interviewee was only interviewed once, so the 23 entries below represent 23 interviewees.

18/12-2014: Health Correspondent, BBC News

21/01-2015: Cameraperson, BBC News

22/01-2015: Health Correspondent, BBC News

02/02-2015: Political Correspondent, ITN

03/02-2015: Health Correspondent, BBC News

10/02-2015: Health Editor, ITN

11/02-2015: Political Correspondent, BBC News

17/02-2015: Health Editor, ITN

24/02-2015: Political Correspondent, ITN

26/02-2015: Cameraperson, BBC News

25/03-2015: General Reporter, ITN

29/03-2015: Cameraperson, BBC News

20/04-2015: Cameraperson, BBC News

20/05-2015: Political Correspondent, ITN

21/05-2015: Political Correspondent, BBC News

11/06-2015: Cameraperson, BBC News

15/06-2015: General Reporter, ITN

16/06-2015: Health Producer, BBC News

06/07-2015: Cameraperson, ITN

07/07-2015: Producer, ITN

28/07-2015: Cameraperson, ITN

29/07-2015: Cameraperson, ITN

11/08-2015: Cameraperson, ITN

Appendix 3: Ethical Approval

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30 October 2014

To whom it may concern

This is to confirm that the Ethics Committee of the Department of Sociology has approved the project **'Scandalising the NHS - Storytelling and Power in BBC and ITV News at Ten's Coverage of Mid Staffordshire Scandal'** on the 30th October 2014. The principal investigator of this project is Mr Jon Eilenberg, doctoral researcher at the Centre for Law, Justice and Journalism, Department of Sociology, City University.

Should you have any queries regarding the process of ethical approval, please do not hesitate to contact me at lena.karamanidou.1@city.ac.uk.

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INFORMATION SHEET

Scandalising the NHS - Storytelling and Power in BBC and ITV News at Ten's Coverage of the Mid Staffordshire Scandal

Thank you for taking the time to read this information sheet. Please ask if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The study examines the content and production of BBC and ITV News at Ten's coverage of the Mid Staffordshire Hospital scandal between 2009 and 2014.

The aim is to understand how the TV news represents scandal and the people and institutions involved. It also looks at journalistic storytelling, both visually and verbally, and how it defines the border between normal and deviant behaviour.

To do this, two methods are used: textual analysis and interviews. The textual analysis used here is a form of content analysis that focuses on language and meanings.

The interviews are a way to include the practitioners' perspective. The aim is to understand the professional considerations behind TV news on scandal in the NHS.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form (on the opposite page). If you decide to take part you are still free to withdraw at any time and without giving a reason.

If you wish, your name can be anonymised in any publications based on the study.

What will happen if I take part?

You are interviewed and the interview is recorded, transcribed and analysed. Direct quotes might be used in publications. You may be contacted later with follow-up questions.

What will happen after my participation?

The findings are published as a PhD thesis and in academic articles. Your interview and the transcripts are kept for up to 5 years before they are permanently deleted.

Also, the findings might be shared with relevant organisations, such as BBC, ITN, Ofcom or NHS, if they are found to be useful to them.

If you want, you can receive a summary of the findings, when the study is finished.

Further information and contact details

Researcher: Jon Eilenberg   jon.eilenberg.1@city.ac.uk

Supervisor: Chris Greer   chris.greer.1@city.ac.uk

Research Ethics Committee: Anna Ramberg   anna.ramberg.1@city.ac.uk

(if you wish to lodge a complaint)

CONSENT FORM

	QUESTION	YES	NO
1.a	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.		
1.b	I understand that my participation will involve: • being interviewed by the researcher • allowing the interview to be recorded • the possibility being contacted later with follow-up questions		
2.a	I understand that I have given approval for direct quotes to be used in the final report of the project, and future publications.		
2.b	I wish to be anonymised in any publication based on the study		
2.c	I *do not* wish to be anonymised in any publication based on the study		
3	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage without being penalised or disadvantaged in any way.		
4	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.		
5	I agree to take part in the above study.		

_____   _____   _____

Name of Participant   Signature   Date

Jon Eilenberg   __   _____   _____

Name of Researcher   Signature   Date

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