



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Communications and Media Policy

This procedural document supersedes: CORP COMM 5, 23, 24, 27 and 29



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1 INTRODUCTION

This Communications and Media Policy brings together several previous policies into one clear and comprehensive framework. It supports all colleagues across Doncaster and Bassetlaw Teaching Hospitals (DBTH) in delivering consistent, professional and effective communication.

The policy provides practical guidance on media relations, social media use, internal messaging, public engagement, and the appropriate use of digital tools such as video platforms, websites and artificial intelligence. It also outlines how to manage high-profile visits and create accessible patient information. Every section is designed to help colleagues communicate safely, responsibly and in line with legal, ethical and data protection standards.

At the centre of this work is the Communications and Engagement Team. The team is responsible for managing media enquiries, running the Trust's internal and external channels, delivering campaigns, supporting events, advising on branding and tone, and helping to maintain, protect and enhance the organisation's reputation. The team plays a key role in both planned communications and urgent or reactive situations.

As the way we communicate continues to evolve, this policy ensures the Trust remains clear, credible and consistent in every interaction. Whether sharing an update with colleagues, posting on social media, preparing information for patients, or responding to the press, this policy helps ensure our communications reflect the professionalism and values of DBTH.

This document is underpinned by a range of resources available on the Trust's extranet, the Hive. These include additional guidance, templates and support to help colleagues apply the policy in practice and communicate with confidence.

2 PURPOSE

This policy explains how communication at Doncaster and Bassetlaw Teaching Hospitals (DBTH) should be planned, delivered and managed. It sets out a clear framework to ensure that all communication activity, whether internal or external, reflects the Trust's values, the DBTH way, supports its strategic priorities and meets legal, ethical and data protection requirements.

It is designed to help colleagues communicate clearly, professionally and safely. This includes responding to media enquiries, using social media, producing patient information, updating the website or intranet, and engaging with the public. The policy also outlines the role of the Communications and Engagement Team and explains how colleagues can access support and guidance when needed.

This policy applies to all colleagues across the Trust, including contractors, students and volunteers, who are involved in any kind of communication or public-facing activity.

The aims of this policy are to:

Define the role of the Communications and Engagement Team: This includes managing media relations, running campaigns, overseeing internal messaging, supporting VIP visits, and maintaining the Trust's brand. The team also manages the website and the Hive, providing support and oversight for colleagues

who create or update content on these platforms. The policy explains how content is developed, reviewed and approved to ensure accuracy, consistency and alignment with organisational priorities.

Promote openness and trust: It supports clear and honest communication with patients, colleagues, media contacts and the wider community.

Make communication easier to understand and follow: It provides practical guidance for using different platforms and tools, including press releases, social media, posters, leaflets, videos and digital updates.

Protect privacy and data: It ensures that all communications follow the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, helping to safeguard sensitive and personal information.

Support colleagues to communicate with confidence: It equips colleagues with the knowledge, resources and training needed to use communication channels responsibly and professionally.

Safeguard and promote the Trust's reputation: It helps to ensure that all communications reflect the professionalism, values and high standards of DBTH.

Celebrate and share success: It encourages colleagues to promote achievements, innovations and improvements across services and teams.

Maintain consistency in communication: It outlines how to use the Trust's branding correctly and maintain a professional look and tone across all materials, whether print or digital.

Ensure content is well managed and accessible: It supports the creation and maintenance of clear, accurate and accessible content on the Trust's website and intranet, ensuring that information shared with colleagues and the public is always up to date.

Keep pace with change: It includes guidance on emerging technologies, such as artificial intelligence, to help colleagues make informed and responsible choices as communication continues to evolve.

This policy is here to help all colleagues communicate well, with confidence, and in a way that protects the people we care for and the reputation of the organisation.

3 DUTIES AND RESPONSIBILITIES

Everyone at DBTH has a role in making sure communication is clear, consistent, and in line with Trust values and the DBTH Way. This policy applies to all types of communication, including written, visual and digital. It covers day-to-day messaging, media engagement, online activity and anything shared with patients, colleagues or the public.

3.1 Communication and Engagement Team

This team provides expert guidance and support to help colleagues communicate effectively and in line with Trust standards. The team is responsible for:

- Managing media enquiries and preparing official responses.
- Leading the development of internal and external campaigns and messaging.
- Maintaining and updating the Trust website, extranet (the Hive), and social media accounts.
- Ensuring the correct use of branding, templates and tone of voice across all materials.
- Supporting VIP visits and public events.
- Supporting urgent and crisis communications as per emergency preparedness resilience and response documentation and policy (EPRR).
- Advising on the creation of patient information and other resources.
- Administering the DBTH Colleagues Facebook Group and upholding its code of conduct, in addition to other Trust sanctioned groups and pages.
- Monitoring policy compliance and reporting any concerns to senior leaders.

3.2 Managers and Service Leads

Managers are expected to:

- Make sure colleagues in their team are aware of and follow this policy.
- Check that team communication is appropriate, accurate and professional.
- Support colleagues to use communication channels in the right way.
- Refer to the Communications and Engagement Team for advice or sign-off when needed.

3.3 All Colleagues

Colleagues are expected to follow this policy whenever they are communicating in a work capacity.

Colleagues must:

- Use communication channels in a way that reflects the Trust's values, the DBTH Way and professional standards.
- Never share confidential, personal, or patient information inappropriately.
- Seek approval or advice from the Communications and Engagement Team when creating or sharing communications that could be seen by a wider audience (internal and external).
- Use only approved templates, branding and platforms when producing materials on behalf of the Trust.
- Treat all communication, whether internal or external, as a reflection of the organisation's reputation.
- Ask for help if unsure about any communication, especially anything that could have a public impact or raise concerns.

If colleagues are using social media or online platforms and can be identified as part of Team DBTH, they must take extra care to ensure posts are respectful, professional and in line with this policy. Inappropriate online activity may have professional consequences.

This policy is here to support colleagues, not catch people out. Following it helps ensure we all communicate clearly, safely and in a way that supports our patients, our colleagues and our Trust.

4 COMMUNICATION PLATFORMS AT DBTH

The Trust has a well-established, embedded and recognised range of communication platforms. These channels have been developed over a number of years to ensure they are as effective and efficient as possible, supporting timely, accurate and professional communication with colleagues, patients and the wider public.

With the exception of Microsoft Teams, the Communications and Engagement Team manages and oversees all official platforms used across DBTH. This includes both internal and external channels that allow us to share updates, promote engagement and support day-to-day operations across the organisation.

These platforms help ensure that information is consistent, accessible and aligned with the Trust's values, brand, DBTH Way and strategic priorities. The following section outlines how each platform is used and what colleagues need to know when contributing to or sharing content through them.

Below is a summary of the Trust's main communications channels at the time of writing this document, both internally for colleagues, and externally for the public and partners. Note, all primary care communications are cascaded on behalf of the Trust by Integrated Care System colleagues.

Please note, our communications channels are subject to change, development and removal as per service and organisational need.

4.1 Internal channels

The Hive - The Trust's intranet, available on any internet-enabled device. It is updated daily with news, resources and announcements.

- Annual interactions: Over 5.3 million.
- Best for: Core updates, policies, campaign materials and service-wide information.

DBTH Round-Up - A short-form newsletter sent each Friday sent to all colleagues summarising key weekly updates.

- Annual readership: Approximately 170,000.
- Best for: Operational reminders, urgent updates and calls to action.

DBTH Buzz - A long-form newsletter sent every Tuesday featuring organisational news, colleague recognition and event highlights.

- Annual readership: Over 330,000
- Best for: Culture-building stories, colleague shout-outs and celebrations and other organisational updates.

DBTH Staff Facebook Group - A private group with over 7,250 members, moderated by the Communications and Engagement Team.

- Monthly activity: Around 500 posts and 25,000 interactions.
- Best for: Sharing information, Informal engagement, colleague-led stories, events and recognition.

Email distribution lists - Covering all colleagues, line managers (250+), ward leads and other professional groups. With the exception of the manager's distribution list, all email lists are automated and linked to the Trust's Electronic Staff Record (ESR), meaning starters and leavers are automatically added and removed. The manager's distribution list is reviewed monthly, with individuals added and removed as appropriate. As a general rule, the team aim to limit all-user emails to no more than one per week.

- Best for: Targeted or time-sensitive messages, calls to action and leadership cascades.

Team Brief - A bi-monthly all-colleague session hosted by the Executive Team. Recordings and summaries are shared for those unable to attend.

- Best for: Senior updates, organisational strategy and two-way communication

DBTH Staff App - Available on iOS and Android, offering a mobile-friendly version of the Hive with push notifications.

- Annual interactions: Approximately 2.9 million.
- Users: Over 6,000.
- Best for: On-the-go access, quick links, service-specific links and push notifications.

Microsoft Teams – Used Trust-wide for messaging, calls, file sharing and collaborative working within and across teams.

4.2 External channels

DBTH.nhs.uk - The Trust's main public website, with service information, patient resources and news.

- Annual interactions: 5.8 million
- Annual page views: 2.2 million
- Best for: Public-facing information, referrals, recruitment and campaigns

Facebook (DBTH page) - The Trust's most popular public platform. Regular posts highlight services, share health messaging and celebrate teams.

- Followers: Over 55,000
- Annual reach: Over 2.5 million.
- Best for: High-reach community updates, positive engagement and service highlights

LinkedIn - Used to share professional updates, job opportunities and organisational news.

- Followers: New and growing
- Best for: Employer branding, recruitment and professional visibility

YouTube - Hosts video content produced by the Communications and Engagement Team, including explainers, service updates and event coverage.

- Best for: Educational content, awareness campaigns and visual storytelling

Posters, banners and leaflets - Designed by the team, with patient information approved via the professional panel. Used throughout Trust sites.

- Best for: On-site campaigns, patient information and behaviour change messaging.

Press and local media - Used to share press releases, interviews and statements with local newspapers, radio and TV.

- Best for: Wider public communication, reputation management and emergency response

Please note: Use of social media platforms by the Trust does not imply endorsement of those platforms, their owners, or any third-party content. The Trust reserves the right to pause, amend or delete its social media accounts at any time in line with organisational needs, reputational considerations, or operational priorities.

5 MEDIA RELATIONS

5.1 Handling Enquiries

All media enquiries must be directed to the Communications and Engagement Team. Colleagues must not contact journalists directly or respond to media requests independently. This ensures a consistent, professional response that aligns with the Trust's values and messaging. If you are contacted by a journalist - whether in person, by phone, email, or via social media - please alert the Communications and Engagement Team immediately.

5.2 Interviews and Statements

While the preference is for media-trained colleagues to handle interviews and provide statements, it is recognised that this is not always possible. In such cases, the Communications and Engagement Team will offer full support, including guidance on key messages, briefing materials, and preparing individuals for interviews. This ensures that colleagues are confident and equipped to represent the Trust effectively.

All written statements made to the media, or interviews given, must be handled directly by the Communications and Engagement Team, approved by the Director or Deputy Director of Communications and Engagement, with appropriate final sign-off from a relevant Executive Director.

As per Emergency Preparedness, Resilience and Response (EPRR) operating procedures, the team will endeavour to provide media training to the relevant colleagues every three years.

5.3 Proactive Engagement

Colleagues are encouraged to notify the Communications and Engagement Team about positive news, events, or achievements suitable for media coverage. This allows the team to coordinate opportunities for promoting the Trust and its services in a professional and controlled manner.

The Communications and Engagement Team have sole responsibility for the development and publishing of press releases (packaged news stories to give to publications). These will co-developed with relevant teams, individuals, and signed-off by a relevant Executive Director before publishing.

6 CRISIS COMMUNICATION AND URGENT RESPONSE

In the event of a major incident or emergency, clear, coordinated communication is critical to protecting patient safety, supporting colleagues, and safeguarding the reputation of the Trust.

Crisis communication refers to urgent communication activities required during serious incidents that may affect the Trust's operations, reputation, or the safety of patients and colleagues. This can include, but is not limited to, site evacuations, catastrophic events, critical service disruptions, or major public health incidents.

The Communications and Engagement Team's crisis response is fully aligned with the Trust's Emergency Preparedness, Resilience and Response (EPRR) documentation and policy.

Communications activity during an emergency is an integrated part of the organisation's wider EPRR framework, working under the direction of the Executive On-Call, Manage On-Call and in coordination with Silver and Gold Command structures.

Note, the Communications and Engagement team does not operate an on-call rota.

7 TONE, STYLE AND PRESENTATION OF COMMUNICATIONS

All communication produced on behalf of the Trust must reflect the professionalism, inclusivity, and values of the organisation. Consistency of tone, style, and presentation helps build trust with our audiences, supports clarity, and ensures all communications align with the principles of the DBTH Way.

All communications must also:

- Be politically neutral, non-partisan, and non-controversial.
- Adhere to wider NHS communication standards and guidance, supporting the reputation of both DBTH and the NHS nationally.
- Comply with Pre-Election Period (formerly Purdah) requirements during election periods, ensuring that Trust communications do not influence, or appear to influence, political debate or election outcomes.

Communications should present information clearly, accurately, and without bias, maintaining the Trust's position as an impartial, professional public sector organisation.

The following guidance outlines the key expectations for written communication, visual style, and brand presentation across all platforms and materials.

7.1 Written tone and style

Please note, a full DBTH Style Guide is available via the organisation's extranet. Below are a few highlights of the principles we follow:

Use of English: All communications must use UK English conventions, ensuring that language is clear, accessible and professional. Avoid jargon or overly technical terms unless necessary, and always aim for a respectful, inclusive and patient-focused tone.

Names and titles: Use individuals' full names and job titles on first reference (e.g., Dr Jane Smith, Consultant Anaesthetist). The correct name of our organisation is Doncaster and Bassetlaw Teaching Hospitals. The full name, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, should only be used in formal documents or where legally required. After the first mention, the organisation can be abbreviated to DBTH or referred to as the Trust.

Our hospitals: Use the full and correct names of our hospital sites:

- Doncaster Royal Infirmary (DRI)
- Bassetlaw Hospital (BH)
- Montagu Hospital (MH)

Do not refer to Bassetlaw Hospital as "Bassetlaw District General Hospital" or Montagu Hospital as "Mexborough Montagu Hospital." Abbreviations for these incorrect names should also be avoided.

Headings and capitalisation: Capitalise only the first word of headings, subheadings and titles, unless a proper noun is used (e.g., "How we care for our patients" rather than "How We Care For Our Patients"). This style supports readability and creates a clean, modern look.

Inclusive language: Communications must reflect DBTH's commitment to equality, diversity and inclusion. For example, use "colleagues" instead of "staff" in internal communications, and avoid exclusionary or insensitive terms. Avoid using jargon and acronyms.

Audience awareness: Always tailor language, tone and detail to the intended audience. Communications should be understandable, engaging, and aligned with DBTH's values, whether aimed at patients, partners, colleagues or the public.

This style guidance is dynamic and reviewed regularly to meet evolving standards. The latest version is available on the Trust's extranet (the Hive), or by contacting the Communications and Engagement Team.

7.2 Visual style, branding and templates

To maintain a strong, recognisable organisational identity, colleagues must use approved templates and branding guidelines in all communications.

Templates and resources: The Communications and Engagement Team has developed a number of approved resources, including templates for posters, PowerPoint presentations, newsletters and promotional materials. These are accessible via the Hive. If bespoke designs are required, colleagues should contact the Communications and Engagement Team directly for support.

PowerPoint presentations: All PowerPoint decks used for internal or external events must use the latest approved Trust templates. Colleagues must not use old or outdated versions, as these may no longer meet the Trust's branding standards. Updated templates are available on the Hive, and advice can be sought from the Communications and Engagement Team if needed.

Use of the Trust logo: The DBTH logo is a registered brand mark and must only be used with permission from the Communications and Engagement Team. This includes use on partner materials, publications, or external documents. The team can also provide the Trust logo in different file formats (.eps, .png, .jpg) depending on need and ensure it is used correctly and consistently.

For any branding queries or design requirements, colleagues are encouraged to seek advice from the Communications and Engagement Team to ensure all materials reflect the professionalism of DBTH, or visit the service's Hive pages.

8 IMAGES, POSTERS, ADVERTISING, QUOTES AND CHARITABLE PROMOTION

Clear, consistent and professional communication across Trust sites and channels is essential to maintaining a welcoming environment for patients, visitors and colleagues. To support this, the following standards apply:

8.1 Images

All images used internally or externally must adhere to the Trust's uniform policy and relevant professional standards. This includes compliance with Infection Prevention and Control (IPC) best practice. As such, any image showing colleagues sat on patient beds, knelt on the floor, or otherwise in breach of Infection Prevention and Control guidance will not be used. This applies to all media – including internal communications, professional publications, and social media.

If colleagues are aware of any images being used which contravene best practice, they should alert the Communications and Engagement Team immediately, who will investigate and rectify as appropriate.

All photography captured within the Trust must comply with appropriate consent protocols. Where possible, written consent should be obtained before capturing or using images (online form here: <https://www.dbth.nhs.uk/photography-consent/>). Patients or individuals lacking the capacity to consent must not be photographed or included in any imagery.

Unless specifically authorised, colleagues must not take photographs within patient areas. While the Trust encourages sharing of service highlights through internal channels, all submissions must comply with the above guidance. The Communications and Engagement Team reserve the right to decline or delete any imagery that does not meet these standards.

A central image library is maintained by the Communications and Engagement Team, containing pre-approved imagery for professional use. This library is audited regularly, with photographs over five years old archived and removed from active use. Individuals featured in the image library have the right to withdraw their permission at any time by contacting the Communications and Engagement Team.

8.2 Trust quotes and endorsements

Any external use of quotes, endorsements, or testimonials from Trust colleagues or services must be reviewed and approved by the Communications and Engagement Team. This ensures that messaging is consistent, appropriate, and aligns with the Trust's values and reputation.

8.3 Posters and physical displays

The Trust is committed to maintaining clean and professional environments across its hospital and community sites. To support this:

- Colleagues must use designated bulletin boards for displaying Trust-approved information. Any posters placed onto bare walls within main corridors and thoroughfares will be removed without exception.
- All materials displayed must have received appropriate sign-off from the Communications and Engagement Team or the relevant service lead (for example in wards and services).
- Posters promoting external businesses, services, or unrelated activities are prohibited.
- Specific noticeboards are maintained for use by union representatives and agreed union communications.

Unauthorised materials may be removed without notice and the Communications and Engagement Team will endeavour to undertake regular audits.

8.4 Advertising

The Trust has an external advertising partner who manages all approved commercial advertising across Trust sites. No advertisements - including posters, digital displays or leaflet drops - are permitted without appropriate sign-off.

If a local business wishes to promote a special offer to colleagues via the Trust's internal communication channels, it must offer a clear benefit or discount to members of Team DBTH. Approval must be obtained from the Director or Deputy Director of Communications and Engagement before any communications are issued.

8.5 Charity promotion

The Trust's preferred charity partner is Doncaster and Bassetlaw Teaching Hospitals Charity. Some charities, such as Macmillan Cancer Support, have long-standing, formal agreements with the Trust which allow limited promotional activity.

Other external charities are generally not permitted to display physical posters or maintain a presence on Trust sites unless specific, pre-agreed permission has been granted by the Communications and Engagement Team in consultation with senior leadership and DBTH Charity.

9 SOCIAL MEDIA

The Communications and Engagement Team leads on all the Trust's main accounts on the platforms listed within this document. Each channel operates against a clear schedule with defined goals, supporting the service's overall strategy and operational plan.

As a Trust, we value social media as a tool for engagement and communication with colleagues, patients, and key audiences. Its benefits include:

- **Encouraging feedback:** Promotes innovation and service improvement.
- **Sharing news:** Keeps audiences informed and helps manage our online presence.
- **Warning and informing:** Supports urgent communication during emergencies.
- **Professional development:** Provides access to educational materials and professional insights.
- **Networking:** Connects colleagues with key influencers, partners, and professional peers.

9.1 Access and professional use

To support these benefits, the Trust provides access to platforms across Trust sites. This access is provided on the understanding that colleagues use these platforms professionally during work hours, in accordance with the Email and Internet Policy. Misuse will be managed through the same disciplinary processes as other policy breaches.

9.2 Official Trust Accounts

In addition to the Trust's corporate accounts, the Communications and Engagement Team supports the creation of service-specific social media accounts, such as departmental Facebook pages. These accounts must meet the following conditions:

- Approval must be obtained from the Director of Communications and Engagement and the relevant Divisional or Directorate leadership.
- Accounts must clearly display official Trust branding (see Appendix 1 and Appendix 5).
- Accounts must serve a clear organisational or public interest purpose.
- Clear administrative responsibilities must be assigned, with the Communications and Engagement Team retaining access to all accounts.

9.3 Professional use of personal accounts

When posting work-related content on personal accounts, colleagues should:

- Remember that posts can often be linked to the Trust, even if the organisation is not named explicitly.

- Ensure that all content reflects positively on both the individual and the organisation (see Appendix 2 for guidance).
- Adherence to professionals standards and Infection Prevention and Control standards.

Note, the Communications and Engagement Team retain the right to remove any and all content on Trust accounts, groups and pages as per the Trust's Code of Conduct (see appendix).

9.4 Personal use of social media

Colleagues are reminded that personal social media posts can often be traced back to their professional roles at the Trust. Examples from other NHS organisations have demonstrated that posting inappropriate or offensive comments can lead to disciplinary action. Always think before posting.

To protect personal privacy, colleagues are encouraged to avoid using their full name or explicitly referencing their place of work on social media platforms.

- **Assume all posts are public:** Even with strict privacy settings, content can be shared, copied, or stored indefinitely.
- **Maintain professionalism:** Avoid posting content that could call into question your reputation or professionalism or that of the Trust.

9.5 WhatsApp and informal

Platforms such as WhatsApp are commonly used within teams for informal coordination and work-related updates. However, WhatsApp is not formally adopted for Trust-wide or corporate communications.

Due to the need to share personal phone numbers, and the inability to fully moderate or control content shared within WhatsApp groups, this platform is not considered suitable for broader application within the Trust's communications approach, however there is utility for smaller and more focused groups.

Additionally, colleague should note that content shared via WhatsApp may be subject to Freedom of Information (FOI) requests or other legal disclosure.

Where WhatsApp is used informally within teams, colleagues must ensure:

- Messages remain professional, appropriate, and reflective of the Trust's values.
- Patient-identifiable or confidential information is never shared under any circumstances.

Any breach of confidentiality through messaging platforms is a violation of Trust policy and data protection regulations and will be investigated in line with existing procedures.

Microsoft Teams is the Trust's preferred platform for formal and secure messaging where work-related communication is required. Teams offers appropriate levels of security, access control, and auditability, and should be used for communications involving patient information, sensitive material, or operational planning.

Colleagues are encouraged to seek advice from the Communications and Engagement Team if they are unsure about the appropriate use of messaging platforms for work-related communication.

9.6 TikTok and video-sharing platforms

To protect patient privacy and maintain professionalism:

- The use of TikTok or similar public video-sharing platforms is prohibited in clinical areas unless undertaken in partnership or consultation with the Communications and Engagement Team.
- Colleagues should refrain from posting Trust-related content on non-approved platforms (see Appendix 4).

Where video content is required for professional purposes, this must be developed and shared through approved Trust channels, with appropriate oversight from the Communications and Engagement Team.

9.7 Points to remember when using social media

We value our colleagues and want to help you avoid risks associated with social media use. Follow this guidance to safeguard your accounts, maintain professionalism, and uphold Trust standards:

- **Secure your accounts:** Always log out of social media accounts and lock your devices when not in use. Avoid leaving browsers open on devices without a PIN code or password, as others could post on your behalf.
- **Avoid saved passwords:** Do not save passwords for social media platforms on shared or public computers.
- **Maintain boundaries:** Social media can blur the lines between personal, public and professional lives. Be mindful of how your online presence may be perceived, as patients or future employers may come across posts you consider private.
- **Use privacy settings:** Adopt conservative privacy settings where available, but remember they cannot guarantee complete confidentiality. Even private posts can be shared or saved by others.
- **Obtain consent for group participation:** If creating or joining social media groups, ensure you have permission before adding others, as this involves sharing their personal contact details.
- **Protect patient confidentiality:** Your ethical and legal duty to safeguard confidentiality applies to social media just as it does in clinical settings. Never post patient details or images without explicit, documented consent.
- **Maintain infection prevention and control (IPC) standards:** Any photographs, videos or posts shared in a professional capacity must comply with the Trust's IPC requirements. This includes ensuring appropriate use of personal protective equipment (PPE), maintaining clinical environment standards, and protecting patient privacy.
- **Avoid inappropriate comments:** Refrain from making informal, personal, or derogatory comments about patients, colleagues or services. Such behaviour may result in disciplinary action. (See Appendix 4 for further guidance.)
- **Declare conflicts of interest:** Colleagues posting work-related content online must disclose any conflicts of interest where relevant.
- **Maintain professional boundaries:** Do not send or accept Facebook friend requests from current or former patients or their relatives.
- **Be mindful of legal implications:** Comments made online, whether in a personal or professional capacity, may be subject to defamation, contempt of court, or other legal risks.

- **Sharing photos or posts:** If sharing images of colleagues, patients or activities:
 - Ensure appropriate consent has been obtained and recorded.
 - Verify the individual's capacity to give consent.
 - Ensure all images comply with IPC standards, presenting clinical areas and individuals professionally and safely.
 - Always delete images from personal devices after use.
 - If in doubt, contact the Communications and Engagement Team via dbth.comms@nhs.net or 01302 644244.
- **Understand your digital footprint:** Everything posted online contributes to your digital footprint. Even deleted content may be archived, screen-grabbed or retained elsewhere. Post responsibly.

If at all unsure, or if you need further support, contact the Communications and Engagement Team.

10 USE OF AUDIO AND VIDEO APPS

Audio and video tools play an essential role in facilitating meetings, communication, and documentation across the Trust. However, their use must comply with the General Data Protection Regulation (GDPR), UK data protection legislation, and the Trust's Data Protection Policy to ensure that personal information is managed lawfully, securely, and ethically.

Consent and transparency

- All participants must be informed at the start of any meeting, event, or session if it is being recorded. This aligns with GDPR's "right to be informed".
- Explicit consent must be obtained from all participants prior to recording. This includes clearly stating the purpose of the recording, how it will be stored, and who will have access to it. Refer to the Trust's Data Protection Policy for further guidance on obtaining and recording consent.

Confidentiality and personal data protection

- Recordings that include personal data—such as voice, video, identifiable images, or sensitive discussions—must be treated as special category data and protected in accordance with GDPR and the Trust's Data Protection Policy.
- Avoid inadvertently capturing or exposing confidential or sensitive information unless it is strictly necessary and there is appropriate authorisation in place.
- All recordings must be stored securely, with encryption, access controls, and other safeguards as outlined in the Trust's data security protocols.

Purpose limitation

- Recordings must only be used for their original, stated purpose (e.g. training, documentation, or meeting minutes). Any further use requires new, specific consent.
- Recordings made for formal procedures such as investigations or complaints must follow the Trust's policies on complaints handling and governance.

Storage and retention

- Recordings containing personal data must be stored in line with the Trust's Records Management Policy and Data Protection Policy, ensuring secure handling and restricted access.

- This includes recordings from Microsoft Teams meetings, which may contain identifiable colleague or patient information.
- Always ask for permission before recording any session on Teams, and inform participants of the intended purpose and retention.
- Any recordings that include patient-specific or clinical information must be handled in accordance with policies relating to medical records, ensuring they are stored, accessed, and retained securely and appropriately.
- Retain recordings only for as long as necessary and in line with the Trust's data retention schedule. As a general best practice, routine meeting recordings should not be kept longer than 30 days, unless there is a specific operational or legal reason to retain them.
- Recordings made solely for the purpose of supporting minute taking must be deleted within 30 days of their creation.
- Once the defined retention period has expired, recordings must be securely deleted.

Data subject rights

- Individuals have rights under GDPR regarding any recordings that contain their personal data—including the right of access, rectification, restriction, or erasure.
- All requests relating to data rights must be referred promptly to the Information Governance team, who will provide guidance and coordinate a response in line with the Data Protection Policy.

Approved platforms

- Only Trust-approved platforms, such as Microsoft Teams, may be used to record meetings or events. These platforms must meet the Trust's security and data protection requirements.
- Recordings must not be stored on personal devices or unapproved cloud storage platforms, to minimise the risk of data breaches.

Prohibited activities

- Making recordings without the explicit consent of all participants is not permitted and may result in disciplinary action.
- Recordings must not be shared without proper authorisation, nor edited in ways that misrepresent discussions or create false impressions.
- Any misuse of recordings may constitute a breach of the Trust's Data Protection Policy and could lead to investigation under the Trust's disciplinary procedures.

Colleague training and awareness

- All colleagues must complete mandatory Information Governance training, which includes the proper use of audio/video tools and GDPR responsibilities.
- Additional training and support can be provided upon request by the Information Governance or Digital Services teams.

10.1 Colleagues being filmed by the public

The Trust recognises the increasing occurrence of patients, visitors, or their families filming consultations or episodes of care without the consent of clinicians or colleagues. This behaviour is not permitted under Trust policy and must be managed to protect the privacy and dignity of all individuals involved.

Filming and consent are covered in the Trust's Photography and Video Policy (PAT/PA 14):

Only individuals who have provided informed consent should appear in a photograph or video.

Patients or colleagues who have not given consent must never appear in the background of a shot. Patients and visitors must not secretly record colleagues, other patients, or consultations.

The full policy can be accessed here: [Photography and Video Policy](#).

If you are being filmed without consent, colleagues may say the following:

"Filming in our hospitals by patients, their friends, and families is not allowed without the express permission of the senior nurse in charge or appropriate service lead. This is to protect the privacy of patients and colleagues, and any sensitive information which may be displayed as part of the consultation or episode of care, and is in accordance with Trust policy. If you engage in this behaviour, you may be asked to leave."

Escalation procedures:

- If individuals continue to film without permission, including audio recordings, colleagues may escalate the issue by contacting security.
- Security personnel may intervene to address the situation and, if necessary, ask individuals to leave the premises.

11 VIP VISITS

Visits by VIPs and celebrities can enhance the Trust's reputation, motivate colleagues, and provide positive engagement opportunities with the wider community. However, these visits must be carefully managed to ensure safety, security, and minimal disruption to patient care and daily operations.

Pre-approval:

- All VIP and celebrity visits must be approved by the Communications and Engagement team, with sign-off by an appropriate member of the Executive Team before any arrangements are made.
- Invitations to VIPs and celebrities should not be extended without prior consultation with and approval from the Communications and Engagement team. This ensures consistency, oversight, and alignment with the Trust's strategic priorities.

Visit plans:

- A detailed visit plan must be prepared and approved before the visit takes place. This plan should include:
 1. A clear itinerary outlining locations to be visited and the purpose of the visit.
 2. Identified colleagues responsible for escorting and assisting the visitors.
 3. Security measures to ensure the safety of all individuals involved.
 4. A communication plan to manage media interest or publicity arising from the visit.
 5. Plans must be developed in collaboration with the Communications and Engagement team, Security, Executive lead and relevant department leads to ensure smooth coordination.

Accompaniment:

- VIPs and celebrities must always be accompanied by designated colleagues during their visit. This ensures they remain within approved areas and do not inadvertently disrupt patient care or operational activities.
- The Communications and Engagement team will assign an escort team, which may include colleagues familiar with the visitor's interests or the purpose of the visit.

Confidentiality:

- Under no circumstances should VIPs or celebrities have access to patient records or confidential information.
- Areas to be visited must be inspected beforehand to ensure sensitive materials, such as patient charts or private communications, are not visible.
- VIPs wishing to meet patients must secure prior consent from the individuals involved, and all discussions must adhere to GDPR and confidentiality requirements.

Media and publicity:

- Any media involvement related to the visit must be coordinated through the Communications and Engagement team.
- Press coverage should highlight the positive aspects of the visit and align with the Trust's values.
- Unauthorised filming or photography by the visitors, their entourage, or media representatives is strictly prohibited unless pre-approved by the Communications and team.
- Any visiting journalists will be tightly managed, with responsibility to ensure that patient information and related items are not compromised.

Unscheduled visits:

- In the event of unscheduled visits by VIPs or celebrities, colleagues must immediately notify the Communications and Engagement team.
- Visitors should be directed to the reception or a holding area until appropriate arrangements are made. Security should be informed as necessary.

VIP admissions:

- If a VIP or celebrity is admitted as a patient, this should be discussed with the relevant senior nurse or clinician. They will advise whether it needs to be flagged with the Communications and Engagement team for awareness. As with any patient, confidentiality must be maintained, and information shared only on a need-to-know basis.
- The identity and details of the admission must remain strictly confidential. Security and Communications personnel will coordinate to ensure privacy and, if required, liaise with personal protection officers.

Post-visit documentation:

- All VIP and celebrity visits must be logged within the Trust's visitor registry, maintained by the Communications and Engagement team.

By adhering to these guidelines, the Trust ensures that visits by VIPs and celebrities are managed professionally, positively impact the organisation, and protect the privacy and dignity of patients and colleagues.

12 CREATING PATIENT INFORMATION

All service users will have different preferences and needs for information, however it is recommended that information should be shared through a face-to-face discussion with an appropriate colleague or visiting clinician, unless otherwise requested by the service user. Other formats, e.g. leaflets and DVDs, should supplement this discussion as a valuable way of reinforcing and reminding service users of the important information already discussed. This written, audio-visual or web information should be provided as part of a discussion between colleague and the service user.

Where in-house information for service users is required the division/directorate are responsible for ensuring that service users have been fully involved in the need for, design of and content of any Trust produced information provided.

The following guidance outlines the process for producing patient information about treatments, procedures, services, or medical conditions at DBTH.

Check if relevant information already exists:

- Review the patient information directory on the Trust's website.
- Explore resources from national charities and organisations, such as Diabetes UK or the British Heart Foundation, to avoid duplicating existing materials.
- For previously created Trust materials requiring updates, contact the Communications and Engagement Team for guidance.
- Procedure-specific leaflets can be accessed through Eido Healthcare – details for access can be obtained by contacting the Communications and Engagement team directly.

Seek Clinical Governance approval

- Consult your Clinical Governance lead to validate the content from a subject-specialist perspective.
- Accuracy and approval by the Clinical Governance team are mandatory for progressing with your leaflet.

Feedback from service users

- Ensure the leaflet:
 - Is tailored to the audience and purpose.
 - Enhances the patient experience and provides clear support.
 - Addresses patient safety, treatment risks, benefits, and alternative options.
 - Guides users to raise concerns with the PALS service.

Note: Surgical leaflets must include the sentence:

"Any personal pre-existing conditions may further increase the risk of surgery. These will be discussed with

you at the time your consent is taken to proceed with surgery. Please ask any questions or discuss any concerns at this time."

Submit your content

- Complete the submission form, including:
 - Your leaflet as a Word file.
 - High-quality, copyright-compliant images submitted separately (e.g., as JPEGs).
- The Reader Group will review your content for compliance and quality.
- The graphic design team will format your approved content into the Trust's branded leaflet template.

For other formats, such as videos or posters, follow these steps:

Contact the Communications and Engagement Team:

- Phone: 01302 644244
- Email: dbth.comms@nhs.net

Video production:

- Reach out to Medical Photography on 01302 644244.

Conference posters and illustrations:

- Contact Graphics on 01302 644244.

Patient information should supplement, not replace, clinician discussions, reinforcing key points and improving service user understanding. Following these steps ensures your materials meet the Trust's professional and quality standards while supporting our service users effectively.

13 ACCESSIBLE INFORMATION

Creating accessible content ensures that information is easier to access and understand by everyone, not just those with disabilities or additional needs. Accessibility is also a legal requirement, ensuring all communications meet specific standards. The following guidelines will help improve the accessibility of your content for colleagues, partner organisations, and the communities we serve.

Accessible content benefits all users and helps foster inclusivity. Follow these basic principles:

Limit the use of PDFs: PDFs are not user-friendly for many and present challenges such as:

- Not resizing to fit the browser.
 - Difficulty navigating and orienting within documents.
 - Limited accessibility for screen readers.
 - Being harder to update and track usage.
- Instead, use web pages with text and images. If a long document is necessary, consider creating a summary as a webpage and supplementing it with a downloadable PDF. For more information, see the Gov UK guidance on PDFs vs HTML.

Make your webpages easier to read and navigate:

- Write simply and clearly.
- Use short sentences (15–20 words).
- Keep paragraphs to five sentences or fewer.
- Use headings and bullet points to organise content.

Writing style and content:

- Use active verbs (e.g., “We will send you an appointment” instead of “An appointment will be arranged for you”).
- Avoid jargon, acronyms, and all capital letters.
- Do not right-justify text, and limit the use of centred text.
- Remember that not everyone can read confidently or has English as a first language—use simple language and supportive visuals where appropriate.

Images should be meaningful and accessible:

- Add captions or alt text to describe images. Screen readers use alt text to inform users about an image.
- Be specific and align alt text with the page content.
- Avoid phrases like “image of” or “picture of.”
- Mark decorative images as such to avoid confusion for screen readers.
- Replace images containing text with readable text alternatives, as screen readers cannot interpret text in images.

Links should be clear and usable:

- Underline links and ensure they are in colour (usually blue).
- Use meaningful link text that makes sense independently (e.g., “Learn about accessible content” instead of “Click here”).
- Avoid using the same link text for different URLs on the same page, as it confuses users.

For services requiring easy read materials:

- Use short, clear sentences and images to accompany text.
- Limit jargon and complicated words unless necessary for frequent usage.
- Aim for 15 words or fewer per sentence.
- Consult existing resources, such as those from [NHS England](#) or [Mencap](#).

Use the Easy Read Leaflet template available through the Communications and Engagement Team and ensure images are sourced from appropriate platforms like Photosymbols or the [Leeds and York Partnership NHS Trust 'Easy on the I'](#) website. Always credit images as follows:

Images/resources copyright © LYPFT.

Further advice and resources

- For creating accessible documents, see the Checklist for accessible Word documents.
- For detailed accessibility guidance, visit the Gov UK accessibility page.
- For additional support, contact the Communications and Engagement Team for guidance.

13.1 Sign-off process for patient information

The approval process for creating and distributing patient information ensures accuracy, professionalism, and compliance with Trust standards. Follow these steps:

1. **Clinical Governance approval**
 - Submit your draft to your Clinical Governance lead.
 - Ensure the content is accurate, up-to-date, and clinically approved.
 - The Clinical Governance team validates medical accuracy and ensures adherence to best practices.
2. **Service user feedback**
 - Gather input from service users (minimum of five) to evaluate clarity, relevance, and readability.
 - Incorporate their feedback to enhance the material's quality and usefulness.
3. **Content submission**
 - Provide the following to the Communications and Engagement Team:
 - The draft document in Word format.
 - High-quality images, ensuring copyright compliance (submitted separately).
4. **Reader Group review**
 - The draft is reviewed by the Trust's Reader Group to ensure the information is clear, accessible, and patient-focused.
5. **Design and branding**
 - Once approved, the Trust's Communications and Engagement Team formats the content into the standard patient information template, ensuring alignment with Trust branding and visual clarity.
6. **Final sign-off**
 - The final version is reviewed by the Communications and Engagement Team to confirm compliance with the **Developing Information for Service Users Policy (CORP/COMM 5)**.
 - Approved materials are added to the patient information directory or distributed as needed.

13.2 Distribution of information

Patient and public information leaflets are on the Trust's website here: <https://www.dbth.nhs.uk/patients-visitors/patient-information-leaflets/> which is easily accessible for colleagues via the Trust Extranet.

It is the responsibility of the Division/Directorate specialty leads and department managers to implement a mechanism for ensuring that the most current information is readily available, stored appropriately and that all old and withdrawn information is disposed of.

When reviews of information used for clinical care and patient treatment have taken place a copy of the document should be logged with the relevant timeframe that it was in use.

14 USE OF ARTIFICIAL INTELLIGENCE

This guidance explains how colleagues at Doncaster and Bassetlaw Teaching Hospitals (DBTH) can responsibly use Artificial Intelligence (AI) chatbots in their work. It is intended as practical advice only—any formal policy or broader AI framework will be developed and led by the Digital Transformation Team.

The Trust currently has official access to Microsoft Co-Pilot, and colleagues are encouraged to explore its productivity features where appropriate.

AI chatbots such as ChatGPT, Claude, Microsoft Bing AI, Google Bard, Meta Llama 2, Grok, OpenAI, and others are now widely accessible and increasingly popular tools. Like previous technology shifts—such as the move from typewriters to word processors—AI offers opportunities to enhance productivity and efficiency. Rather than treating its use as a poorly kept secret, DBTH encourages colleagues to responsibly explore the benefits these tools can offer.

AI can support efficiency but does not replace human creativity, experience, or professional judgement. The quality and reliability of AI-generated content entirely depends on the quality of your input and your understanding of the topic.

We encourage the responsible use of AI tools to enhance productivity without compromising confidentiality, data security, quality, or our professional standards, and in line with Trust Information Governance policy.

14.1 What is AI Chatbot?

AI Chatbots are computer programmes that use natural language processing and machine learning to simulate human conversation. They can generate text, summarise documents, answer queries, or assist with administrative tasks.

Currently, DBTH does not hold specific contracts with any AI providers, although colleagues may freely use publicly available tools. This may change in the future as national and local guidance evolves.

14.2 How to use AI Chatbots in practice

Example prompts:

- **Writing an email:** "Write a polite and concise email reminding colleagues about the training session scheduled on Thursday at 10am."
- **Summarising a document:** "Summarise this document clearly into three bullet points: [paste text—never confidential]."
- **Simple graphic ideas:** "Suggest a simple layout for a PowerPoint slide explaining hand hygiene procedures."

Always read, edit, and refine any AI-generated output. It is also important to prompt chatbots to write in UK English and, where possible, align with the Trust's DBTH Style Guide to meet organisational standards.

14.3 Confidentiality and data security

Anything entered into a public AI chatbot may be retained by the provider and could be used for future AI training or analysis.

- **Never input confidential, sensitive, or personal information** about patients, colleagues, or the organisation into these tools.
- If you are uncertain whether your information is sensitive, do not input it into a chatbot.

DO use Chatbots for:

- Drafting initial versions of emails, reports, proposals or plans (with human review and finalisation).
- Summarising non-sensitive information (with checks for accuracy and completeness).
- Drafting meeting agendas, organising notes, or creating basic action lists.
- Generating answers to frequently asked, non-sensitive questions (with accuracy verification).
- Developing simple presentation layouts or visual ideas.
- Supporting individual learning and professional development (coordinated with Digital Transformation colleagues).
- Assisting with basic, non-confidential data insights.
- Structuring project plans or outlines.

DON'T use Chatbots for:

- Clinical decision-making or advice.
- Medical diagnosis or treatment suggestions.
- Sensitive, emotional or confidential conversations.
- Sharing confidential, personal, or sensitive information.
- Relying on AI-generated content without human review or approval.

Ethical considerations

- **Bias:** Regularly review outputs to identify and address bias or inaccuracies.
- **Transparency:** Be honest and open about your use of AI when appropriate. Our professional and ethical responsibilities remain unchanged.

The bottom line

AI Chatbots can be valuable tools, particularly for supporting colleagues less confident in writing, administrative work, or basic digital tasks. However, they must always complement—and never replace—professional skills, creativity, judgement, and empathy.

This guidance will be updated regularly to reflect technological developments.

Broader AI initiatives beyond chatbot use will be coordinated through the Digital Transformation Team.

15 WEBSITE AND EXTRANET MANAGEMENT

The Trust's public website and staff Extranet (the Hive) are key communication tools for patients, colleagues, and partners. Maintaining clear, accurate and accessible content is essential to supporting patient care, organisational transparency, and internal engagement.

Content should always:

- Be clear, concise, and easy to follow.
- Be written with the intended audience in mind, avoiding unnecessary jargon or complex language.
- Use neutral, professional language and avoid political content or opinions.
- Avoid the use of unnecessary decorative elements such as emojis, excessive graphics, or Word Art.
- Include clear calls to action where appropriate.
- Use descriptive link text (for example, 'view our referral guide' instead of 'click here') to ensure clarity and accessibility.

Content must be produced to a high standard to support organisational credibility and meet accessibility requirements.

15.1 Oversight and administration

The Communications and Engagement Team holds overall responsibility for the oversight, management and administration of the Trust's website and Extranet. This includes:

- Day-to-day uploading and scheduling of news items and updates.
- Maintenance of key corporate pages, including information about the Trust, campaigns, and organisational developments.
- Archiving and deleting outdated, superseded or redundant content.
- Conducting six-monthly audits of all website and Extranet content to ensure information remains accurate, accessible, current and in line with national guidance and accessibility standards.
- Maintaining contracts for web hosting, content management system (CMS) support and any associated technical services, ensuring compliance with organisational security and procurement requirements.

Content is managed in line with relevant legal, accessibility and regulatory obligations for public sector digital services.

15.2 Service-specific pages

Responsibility for maintaining service-specific pages rests with the services themselves. Services must ensure their content is accurate, regularly reviewed, and appropriate for their audiences.

The Communications and Engagement Team can:

- Organise training and issue user accounts to enable colleagues to directly update service pages.
- Support services by carrying out smaller updates or minor edits on request.
- Offer advice and guidance to services looking to improve or restructure their content.

Guides on how to request page edits, access or training are available on the Hive.

15.3 Third-party websites and development

The Trust does not permit the creation or use of independent third-party websites or digital platforms to represent Trust services. All service information must be hosted within the Trust's official web and Extranet platforms.

Any request for additional web development, major restructuring or new online features must be submitted to the Communications and Engagement Team for consideration. Approval is subject to security, governance, resourcing and operational requirements, and the use of third-party tools or sites is highly unlikely to be approved due to strict data security and information governance standards.

Unauthorised use of external websites or third-party hosting is prohibited and may result in action under Trust procedures.

For any queries regarding website or Extranet content, development or access, colleagues should contact the Communications and Engagement Team.

16 TRAINING/SUPPORT

Effective training and support are essential to ensure colleagues can confidently and professionally engage with the Trust's communication channels and adhere to policy guidelines. This section outlines the resources and guidance available to colleagues involved in media, social media, and other communication activities.

Social media training

- **Tailored guidance:** The Communications and Engagement Team offers one-on-one advice tailored to specific departmental needs, ensuring alignment with the Trust's communication strategy.

Support for official accounts

- **Account setup:** The Communications and Engagement Team will assist with the creation of official Trust social media accounts, ensuring they adhere to branding and organisational guidelines.
- **Ongoing advice:** Guidance on best practices, content strategies, and audience engagement is available to account managers.

Informal social media groups

- **Creation and management:** Informal groups, such as Facebook or WhatsApp groups, must be established with oversight from the Communications and Engagement Team. This includes:
 - Initial setup and branding.
 - Assigning administrative rights with at least one representative from the Communications and Engagement Team.
 - Clear guidance on appropriate use and professional conduct.
- **Platform recommendations:** Microsoft Teams is the preferred platform for work-related communication to ensure data security and professionalism.

Branding and design

- **Standardised templates:** The Communications and Engagement Team provides branded templates (available for the Hive) for leaflets, posters, and digital content to maintain a consistent visual identity across all Trust materials.
- **Custom designs:** Bespoke design services, including graphics and illustrations, are available upon request to support campaigns and initiatives.

Ongoing support

- **Helpdesk services:** The Communications and Engagement Team is available to answer queries, troubleshoot issues, and provide on-demand support.
- **Resources and guides:** Comprehensive resources, including policy documents, user guides, and video tutorials, are accessible via the Trust's intranet (The Hive).

By investing in training and support, the Trust ensures that all colleagues are equipped to communicate effectively, uphold professional standards, and contribute to a positive and engaging organisational culture.

17 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Trust is committed to ensuring compliance with this policy through regular monitoring and oversight. This helps maintain professionalism, protect the Trust's reputation, and ensure all communication activities adhere to legal, ethical, and organisational standards.

Key areas of monitoring

- **Social media usage:**
 - Ensure social media platforms are used for professional and business purposes during work hours, in line with the Trust's Email and Internet Policy.
 - Confirm that posts on official Trust accounts reflect organisational values and maintain a consistent tone and messaging.
 - Monitor personal social media accounts, where feasible, to address any inappropriate or non-compliant references to the Trust.
- **Content appropriateness:**
 - Verify that all communications—internal and external—are accurate, professional, and in alignment with Trust policies.
 - Assess posts on social media, website updates, and multimedia content to ensure adherence to branding, data protection, and accessibility standards.
- **Media engagements:**
 - Track responses to media enquiries and monitor the delivery of accurate and consistent messaging.
 - Ensure all media interactions are managed through the Communications and Engagement Team to uphold the Trust's reputation.
- **VIP and celebrity visits:**
 - Verify adherence to protocols for pre-approval, visit planning, and confidentiality during VIP and celebrity visits.

Monitoring methods

- **Periodic audits:**
 - Conduct random checks on official Trust social media accounts and internal communication channels to evaluate compliance.
 - Perform routine reviews of website updates, newsletters, and patient information materials for quality assurance.
- **Reporting and escalation:**
 - Weekly reports summarising key communication activities and issues will be shared with the Executive Team.
 - Any significant breaches or concerns will be escalated promptly to senior leadership for action.

- **Feedback mechanisms:**
 - Encourage colleagues and stakeholders to report any concerns or incidents of non-compliance.
 - Use feedback from audits, incident reports, and colleagues observations to identify areas for improvement.
- **Data analytics and insights:**
 - Analyse engagement metrics from social media and communication platforms to assess the effectiveness of campaigns and adherence to policy guidelines.

Key areas of monitoring and compliance tracking

What is being monitored	Who will monitor	Frequency	How reported/reviewed
Social media use at work	IT and Communications and Engagement Team	Weekly	Random usage checks; bandwidth analysis; issues reported to Executive Team.
Appropriateness of Trust account postings	Communications and Engagement Team	Ongoing (daily reviews)	Daily checks of posts and bi-weekly summaries to the Executive Team.
Colleagues personal social media compliance	Communications and Engagement Team	Ongoing	Escalation of observed issues and incident-based reviews.
VIP and media-related activities	Communications and Engagement Team	After each event	Post-event reviews and documentation in visitor or media logs.
Multimedia recordings and AI usage	Information Governance Team	Quarterly	Review adherence to GDPR and policy compliance; feedback to departments using these technologies.

18 DEFINITIONS

The following definitions clarify terminology used throughout this policy:

General terms

- **Blog:** A website or online platform where articles, discussions, or updates are regularly published.
- **Content:** Any material shared on communication channels, including text, images, videos, and links.
- **Follower:** An individual who subscribes to receive updates from a social media account.

- **Friend:** A connection on social media platforms, such as Facebook, where users mutually agree to link profiles.
- **Handle:** A unique identifier for a social media account, typically preceded by “@”.

Social media platforms

- **Blogging:** Platforms for publishing longer written content, such as WordPress or Tumblr.
- **Microblogging:** Platforms where users post short updates or messages, such as X (formerly Twitter).
- **Picture sharing:** Platforms dedicated to sharing images, such as Instagram or Flickr.
- **Social bookmarking:** Platforms like Reddit that allow users to share, discuss, and rate web content.
- **Social sharing:** General platforms for connecting and sharing content, such as Facebook.
- **Professional networking:**
Platforms designed for professional engagement, such as LinkedIn.
- **Video sharing:** Platforms where videos are uploaded and shared, such as YouTube or Vimeo.

Key concepts in compliance

- **Data protection:** Compliance with GDPR and other legislation to ensure the secure handling and storage of personal data.
- **Patient confidentiality:** A legal and ethical obligation to safeguard personal and medical information shared by patients.
- **Professionalism:** Behaving in a manner that upholds the Trust’s values, reputation, and commitment to high standards.
- **Transparency:** A commitment to openness and honesty in all communication activities.

This section ensures a shared understanding of terms used in this policy and their relevance to communication practices within the Trust.

19 EQUALITY IMPACT ASSESSMENT

The Trust is committed to designing and delivering services, policies, and procedures that are inclusive and accessible to all. We aim to meet the diverse needs of our patients, communities, and workforce—ensuring that no individual or group is disadvantaged, whether through protected characteristics or broader barriers such as digital exclusion, neurodiversity, or varying levels of health literacy.

Our responsibilities in relation to equality, diversity, and inclusion are outlined in our Equality Schemes, supported by the Fair Treatment for All Policy (CORP/EMP 4) and the Equality Analysis Policy (CORP/EMP 27).

In line with these principles, an Equality Impact Assessment (EIA) has been carried out for this procedural document. The EIA process helps identify and, where possible, remove or mitigate any unintended or disproportionate impacts based on factors such as age, disability, race, sex, gender identity, sexual orientation, religion or belief, and socio-economic status.

The assessment found no detriment to any group.

20 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/ICT 26	Use of the Internet and Email Policy
CORP/ICT 9	Information Governance Policy
PAT/PS 8	Safeguarding Adults Policy
PAT/PS 10	Safeguarding and promoting the welfare of children
CORP/EMP 27	Equality Impact Assessment

21 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

22 REFERENCES

Government Communication Functional Standard (GovS 011: Communication) (2023)

Sets out how UK government and public sector bodies (including NHS Trusts) should manage professional communications, including media relations and internal messaging.

<https://www.gov.uk/government/publications/government-functional-standard-govs-011-communication>

CIPR Code of Conduct (latest revision 2024)

Outlines the professional and ethical standards for public relations and communications professionals, including honesty, integrity, and confidentiality.

https://www.cipr.co.uk/CIPR/About_Us/Professional_Standards/CIPR/Professional_Standards.aspx

Using social media as a medical professional (General Medical Council, 2024)

Guidance for doctors on how to use social media responsibly, maintaining professionalism and confidentiality online.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/using-social-media>

NMC Guidance on Using Social Media Responsibly (2023)

Advice for nurses and midwives on using social media in a professional, safe, and patient-respecting manner.

<https://www.nmc.org.uk/standards/guidance/social-media-guidance>

HCPC Guidance on Social Media (2023)

Provides standards and best practice for allied health professionals using social media while maintaining professional boundaries and confidentiality.

<https://www.hcpc-uk.org/standards/meeting-our-standards/guidance-on-social-media>

GCS Propriety and Ethics in Communications (2022)

Sets the professional conduct expectations for government and public sector communicators,

including transparency and accountability.

<https://gcs.civilservice.gov.uk/publications/propriety-and-ethics-in-government-communications>

Internal Communications Best Practice: Modern Communications Operating Model (2019)

Framework for effective internal communication in public sector organisations, focusing on leadership engagement and strategic alignment.

<https://gcs.civilservice.gov.uk/publications/modern-communications-operating-model>

Code of Conduct for Data-Driven Health and Care Technology (Department of Health and Social Care, updated 2021)

Guides the safe and ethical use of data-driven technologies, like AI, within the NHS.

<https://www.gov.uk/government/publications/code-of-conduct-for-data-driven-health-and-care-technology>

Ethics Guide to Artificial Intelligence in PR (CIPR AI in PR Panel, 2023)

Best practice for the ethical use of AI in public relations and communications, including transparency and bias mitigation.

https://www.cipr.co.uk/CIPR/Our_work/Policy/AlinPR.aspx

ICO Guidance on AI and Data Protection (2020)

Explains how to apply UK GDPR and protect personal data when using artificial intelligence in communications and other activities.

<https://ico.org.uk/for-organisations/guide-to-data-protection/key-data-protection-themes/guidance-on-ai-and-data-protection>

UK General Data Protection Regulation (UK GDPR) (2018)

The legal framework setting out data protection principles for handling personal information in the UK.

<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources>

Data Protection Act 2018

Primary UK legislation governing the use of personal data, including healthcare communications.

<https://www.legislation.gov.uk/ukpga/2018/12/contents>

The Eight Caldicott Principles (National Data Guardian, 2020)

Principles guiding how NHS and social care organisations handle patient-identifiable information.

<https://www.gov.uk/government/publications/the-caldicott-principles>

Accessible Information Standard (DCB1605) (NHS England, 2016, updated 2017)

Mandates how NHS organisations must identify, record, and meet communication needs of patients and service users.

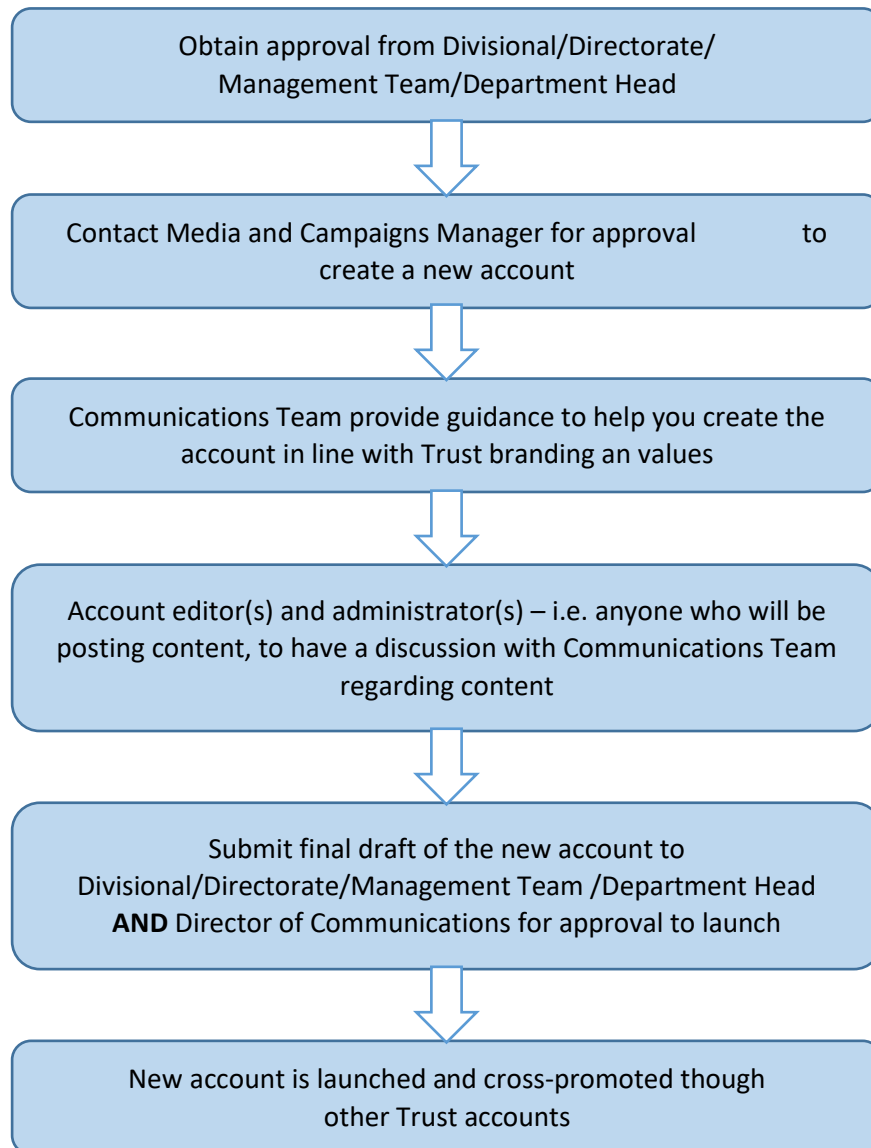
<https://www.england.nhs.uk/ourwork/accessibleinfo>

Public Sector Bodies Accessibility Regulations 2018

Requires public sector websites and mobile apps to be accessible to all users, particularly those with disabilities.

<https://www.gov.uk/guidance/accessibility-requirements-for-public-sector-websites-and-apps>

APPENDIX 1: PROCESS FOR CREATING TRUST SOCIAL MEDIA ACCOUNTS/GROUPS



APPENDIX 2: SOCIAL MEDIA GUIDANCE FROM PROFESSIONAL BODIES

- <https://www.england.nhs.uk/long-read/social-media/>
- [The Royal College of General Practitioners' social media highway code](#)
- <http://www.rcgp.org.uk/policy/rcgp-policy-areas/social-media-highway-code.aspx>

APPENDIX3: GUIDANCE ON CHALLENGING INAPPROPRIATE USE OF SOCIAL MEDIA

On becoming aware of inappropriate taking of photographs, video, or audio recordings, colleagues are advised to:

- Ask the person taking the photographs, video/ audio recording to stop immediately. Colleagues must advise the person(s) that they could be in breach of the Human Rights Act (1998) in relation to the respect and protection of patients against interference of privacy, dignity and safeguarding of welfare.
- Advise the person that they must not upload to social media any images or video/audio recordings that they have taken.
- Record the name and address of the person taking the images, video/audio recordings and complete an incident form, using DATIX.
- Inform a senior manager and make a decision as to the most appropriate course of action if the person(s) refuses to stop. If appropriate the Security Department should be called, and if necessary the Police.

APPENDIX 4: SHARING CLINICAL AND PATIENT-IDENTIFIABLE DATA ON MESSAGING PLATFORMS

As a member of the Trust you must ensure that patient data remains confidential at all times, unless correct permissions are sought. As informal groups on social media become more common place, ensuring that appropriate conversations are held is of the utmost importance and protecting a patient's confidentiality remains a priority. Do not share clinical and patient identifiable information on these platforms.

If a member of colleagues communicates information which breaches confidentiality, colleagues are advised to:

- Tell the person that this is a breach of confidentiality of the patient, unless their specific permission has been sought. Colleagues must advise the person(s) that they could be in breach of the Human Rights Act (1998) in relation to the respect and protection of patients against interference of privacy, dignity and safeguarding of welfare.
- Inform the group's administrator to delete these messages
- Inform a senior manager and make a decision as to the most appropriate course of action if the person(s) refuses to stop.

Colleagues groups are an excellent way of increasing informal communications between teams, and **should be** ideally used for:

- Team updates about events/ dates and training
- Rota vacancies/ needing support for cover
- General communications updates
- Good news stories
- Celebrating success and members of colleagues achievements.

They **should not** be used for:

- Providing/sharing clinical information or
- Formal communications instructing members on work they have to do. That should continue to take place through established communications channels such as hand over meetings, emails and other established processes.

APPENDIX 5: SOCIAL MEDIA GROUP CODE OF CONDUCT

The following pertains to the DBTH Colleagues Facebook group.

All members must be a current and serving member of Team DBTH (this includes those contracted by Sodexo and Saba, while long-term locums will be considered on a case by case basis).

- Please be civil and respectful towards your colleagues - this is a place to share, celebrate and inform. It is also a place to share feedback, whether we have done something good, or need to improve.
- Any posts which are political or controversial will be declined - as a public body we must remain neutral as well as uphold professional standards at all times.
- Any comments which use bad or offensive language will be removed.
- Please try to refrain from individual requests such as asking X department to get in touch with you.
- If you have an issue related to HR, pay or similar, please go through the appropriate channels - while we can signpost you within this group if you are unsure who to speak to, issues and enquiries need to be raised and dealt with by the appropriate people.
- Charity related posts will be approved on a case by case basis - however posts which relate to businesses will be largely declined.
- We will try our very best to approve posts both positive and negative whenever appropriate, however if the initial enquiry is answered, or point is made, and the discussion is no longer constructive, it may be removed.
- If an enquiry is personal or pertains to a sensitive issue, you may be contacted by an admin and the issue escalated outside of the group.
- Please be aware that the majority of users (those aside from the admins) are using their personal accounts. Please don't private message people and for any Trust business use email or professional methods of communication.

If members consistently fail to adhere to the code of conduct, they will be removed.

APPENDIX 6: EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Communications and Media	People and Organisational Development	Adam Tingle	New policy	January 2025
1) Who is responsible for this policy? Name of Care Group/Directorate: <i>Zoe Lintin, Chief People Officer</i>				
2) Describe the purpose of the service/function/policy/project/strategy? Who is it intended to benefit? What are the intended outcomes? <i>To support the policy leads in the development and review of APDs and create a unified process</i>				
3) Are there any associated objectives? Legislation, targets national expectation, standards: <i>Trust standard</i>				
4) What factors contribute or detract from achieving intended outcomes? – noncompliance within services				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - <i>No</i>				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] <i>No</i>				
7) Are any of the following groups adversely affected by the policy? <i>No</i>				
Protected Characteristics	Affected?	Impact		
a) Age	<i>No</i>			
b) Disability	<i>No</i>			
c) Gender	<i>No</i>			
d) Gender Reassignment	<i>No</i>			
e) Marriage/Civil Partnership	<i>No</i>			
f) Maternity/Pregnancy	<i>No</i>			
g) Race	<i>No</i>			
h) Religion/Belief	<i>No</i>			
i) Sexual Orientation	<i>No</i>			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27</i>				
Date for next review: May 2028				
Checked by: Emma Shaheen Date: May 2025				