

Please Note: This policy is currently under review.

Social Media Policy

This procedural document supersedes: CORP/COMM 24 v.3 – Social Media Policy



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Executive Sponsor(s):	Karen Barnard, Director of People and Organisational Development (P&OD)
Author/reviewer: (this version)	Adam Tingle, Senior Communications Manager
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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 4		<ul style="list-style-type: none"> • Updated some terminology and added a paragraph (point seven in key principles) about the use of groups within platforms such as WhatsApp and other informal social networks, page seven point seven. • Added a small section in key principles about the use of video sharing platforms such as TikTok. • Added an appendix 5 with a DBTH Staff code of conduct. 	
Version 3	9 April 2018	<ul style="list-style-type: none"> • Small changes made to titles of responsible parties to reflect current roles • Updates to social media networks mentioned within • Specific guidance related to messaging services such as WhatsApp and Facebook Messenger • Specific guidance related to the creation of staff groups on social media, for example Facebook Groups. 	Adam Tingle
Version 2	26 October 2015	<ul style="list-style-type: none"> • Addition to duties and responsibilities to explicitly state that all staff are responsible for challenging and highlighting abuse of social media for inappropriate use that may be considered offensive or harmful • Small changes made to titles of responsible parties to reflect current roles. 	Emma Shaheen
Version 1	12 December 2013	<p>□ This is a new procedural document. Please read in full.</p>	Emer Scott

Contents

Section		Page No.
1	Introduction	4
2	Purpose	4
3	Duties and Responsibilities	4
4	Key Principles	5
5	Training/Support	7
6	Monitoring Compliance with the Procedural Document	8
7	Definitions	9
8	Equality Impact Assessment	9
9	Associated Trust Procedural Documents	9
10	Data Protection	10
Appendices		
Appendix 1	Process for Creating Trust Social Media Accounts	11
Appendix 2	Social Media Guidance from Professional Bodies	12
Appendix 3	Guidance on Challenging Inappropriate use of Social Media	13
Appendix 4	Sharing Clinical and Patient Identifiable Data on Messaging Services	14
Appendix 5	Social Media Group Code of Conduct	15
Appendix 6	Equality Impact Assessment	16

1. INTRODUCTION

This document sets out the Trust’s policy on the use of social media, both in an official Trust capacity (e.g. Trust Facebook pages and Twitter accounts) and by individual members of staff,

either in a professional or personal capacity. The term 'social media' includes, but is not restricted to, platforms such as Twitter, Facebook, Instagram, YouTube, Pinterest, Google+, blogs, LinkedIn, Flickr, Keek, Reddit, Vimeo, WhatsApp, TikTok and SnapChat.

2. PURPOSE

Social media is an increasingly powerful way of engaging and communicating with target audiences, peers, professional bodies and key influencers. This accessibility has many benefits and social media is an increasingly important aspect of our business but it also comes with some risks. Staff using social media in a personal capacity may not realise that their postings and tweets can relatively easily be linked back to the Trust, impacting on our reputation. It is also important that appropriate professional boundaries between clinicians and their patients are not jeopardised by interactions via social media (e.g. by becoming Facebook 'friends').

This document explains our approach to social media and the process for creating and managing Trust accounts, including those in which individual staff regularly post on aspects of their work or professional expertise. It also provides staff with guidance and our expectations about their use of social media, both in a professional and a personal capacity.

3. DUTIES AND RESPONSIBILITIES

- The **Head of Communications and Engagement** has overall responsibility for the Trust's social media activity, including the creation of Trust accounts and guidance for staff, and for monitoring social media coverage of the Trust. The individual is also responsible for the accounts administered by the Communications Team.
- The **Director of People and Organisational Development** is responsible for any disciplinary or management action relating to inappropriate use of social media and for periodic random monitoring.
- **Divisional/Directorate management teams** and department heads are responsible for ensuring that any accounts linked to or administered by their areas are used appropriately.
- **Individual staff** who have corporate / official accounts linked to their roles at the Trust are responsible for ensuring their posts do not reflect adversely on us.
- **All staff** are responsible for ensuring that they do not post content, whether in a personal account or a Trust account that may reflect adversely on their own professionalism or on the Trust.
- **All staff** are responsible for challenging and highlighting abuse of social media for inappropriate use, that may be considered offensive or harmful (see Appendix 3). It goes without saying that it is absolutely forbidden for anyone to post material that breaches the confidentiality of another individual. This applies to patients and visitors, as well as staff (e.g. patients shouldn't post photos or information that features another patient without their knowledge or consent – this information is carried on the Trust's

website, as well as on posters dotted around the Trust. Finally, it forms part of ordinary GDPR arrangements).

- **All staff** are responsible for protecting themselves online from potential cybercrime and should consider the following guidance whilst using social media accounts <http://intranet/Library/Fraud/onlineSecurity20131018b.pdf>
- **The IT department** are responsible for providing the monitoring environment for the Trust.

4. KEY PRINCIPLES

1. We embrace social media and welcome its use by staff, patients and other key audiences. Benefits include:
 - Ability to get feedback and good ideas from staff, patients etc, fuelling innovation and improvement
 - Sharing news, keeping people in the loop and controlling our online presence
 - Continuing professional development – staff can access educational material/learn from others
 - Networking and connecting with key influencers
2. That's why we have unblocked access to social media platforms such as Twitter, Facebook and YouTube across the Trust, on the understanding that staff will only use them for professional purposes while at work, in line with our Email & Internet Policy. Abuse of this principle will be subject to the same management/disciplinary action as abuse of the Email & Internet Policy.
3. We welcome the creation of a select number of specific Trust accounts, where appropriate, in addition to our main corporate accounts. Examples could include Facebook pages (set up as organisational pages that people can 'like') or Twitter accounts for particular areas of the Trust; they could also include a 'DBTH Clinical Director' account. Accounts can only be created with prior approval from the Head of Communications and Engagement and the relevant Divisional/Directorate management team / department head. They also need to feature the Trust branding so it is clear to audiences that they are official DBTH accounts (please see Appendix 1 and Appendix 5).
4. Some staff may wish to use social media for professional reasons, posting content linked to their work at the Trust, discussing service improvement projects they're involved with, and so on. In such cases, they should always remember that even if they do not specifically mention the Trust it will be relatively easy for people to identify that they work here – for example, if their Twitter handle uses their name, their profile says they are a nurse in Doncaster or by putting information from different postings or social media platforms together (please see Appendix 2).
5. Staff who use social media for personal reasons also need to be aware that it is usually relatively easy for someone to identify where they work and what they do (e.g. by putting

together information from different postings or social media accounts). For that reason, they should never post anything that may reflect badly on their professionalism or the Trust. Cases from other NHS organisations include nurses being disciplined for posts about how much they hated their jobs or malicious / offensive comments about colleagues.

6. **The key principle is to presume that anything you post can be read by anyone, anywhere in the world.** Even if you have set your privacy settings to the maximum, that will not prevent one of your friends/followers from retweeting or posting your content. You can never totally delete something from the internet – once you have posted it, it is potentially out there for ever (e.g. reproduced on someone else’s blog).
7. As social media platforms become more and more embedded in our daily lives, as a Trust we must recognise this. As such, while we do not officially moderate or endorse WhatsApp groups between teams, we are aware that many have them. In cases such as this, colleagues shouldn’t, under no circumstances, ever post confidential details (including those of patients), and also maintain the same attitudes and behaviours as expected on this platform when at work. If these groups are used between areas, we recommend that they are overseen by managers, and any poor behaviour dealt with as per normal Trust policy. Wherever possible, we encourage services to use Microsoft Teams for organisational communication, however we recognise this is not possible for all. Note, when setting up a group on social media please ensure that you have permission from all parties before adding them in. You will be sharing their personal contact details and this should not be done without their prior consent
8. Finally, we ask colleagues to limit the use of platforms such as TikTok in clinical areas. This is not a network the Trust uses for official communication, and due to its nature of sharing short videos, patient information or other details may be inadvertently revealed and shared with a wider audience. Therefore we ask that its use is kept only for personal matters and outside of work (please see Appendix 4).

4.1 Points to remember when using social media

We care about our staff and the following guidance aims to protect you. Please don’t leave yourself open to having your account hijacked or to using social media in a way that may harm you professionally or personally.

- Never leave your social media browser open and unlocked (e.g. on a device that is not protected by a pin code or password) when you are not using it; this may enable someone else to tweet or post from your account. Log out of the account and, if you have your own computer, lock your screen when you leave the machine.
- Don’t ‘save passwords’ for social media sites when using a shared computer.

- Be aware that social media can blur the boundary between your personal, public and professional lives. Be conscious of your online image and how it may impact on your professional standing – patients and employers (current and future) may not be amused by the photos from your best friend’s stag do if they see them on Facebook or Twitter.
- Consider adopting conservative privacy settings where these are available, but be aware that not all information can be protected on the web. Even if your privacy settings are set to the maximum, it is possible that someone else may be able to see what you post – especially if your friends share it on their accounts too.
- When setting up a group on social media please ensure that you have permission from all parties before adding them in. You will be sharing their personal contact details and this should not be done without their prior consent
- If you opt to join in staff group on social media, adopt proper security settings and be aware that this means members of the team can contact you personally.
- You have exactly the same ethical and legal duty to protect patient confidentiality on the internet and social media as with any other media.
- It would be highly inappropriate to post informal, personal or derogatory comments about patients or colleagues on social media or other public internet forums, and could result in disciplinary action. See Appendix four for specific guidance on social media platforms.
- Staff who post online have an ethical obligation to declare any conflicts of interest.
- You mustn’t accept or send Facebook friend¹ requests from current or former patients.
- Defamation and contempt of court laws can apply to any comments posted on social media/the internet in either a personal or professional capacity.
- We are aware that some colleagues sometimes want to share pictures of activities or relating to patient progress when they have agreement from participating individuals via Trust communications channels. If you share a picture or post relating to a colleague or patient you must ensure you have consent from this individual, as well as ensure this individual has capacity to consent. If you wish to do this, please ensure that you delete the photograph once sent if you have taken it from a personal device. If at all unsure on this process, please contact the Communications team on 01302 644244 or email dbth.comms@nhs.net

5. TRAINING/ SUPPORT

- Anyone who wants to set up or administrate an official Trust social media account needs to complete a social media approved user training workshop.
- The Communications Team will support areas setting up official Trust social media accounts.
- A recent development has seen teams within the Trust creating informal groups and networks on social media apps, primarily to share information such as vacant shifts as well as organisational news. If doing this on Facebook, the Communications Team

¹ Trust Facebook pages will be set up as organisational pages that people can ‘like’, rather than being ‘friends’.

support colleagues in creating these groups with the proviso that the team undertakes the initial set-up, maintains administrative rights and has broad oversight of the group. We do however recommend that colleagues use officially endorsed platforms such as Microsoft Teams for this.

- The Communications Team will provide support around branding and design, to ensure it is consistent with the Trust brand and visual identity.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Report to
Social media use at work is appropriate i.e. being used for professional/business not personal reasons.	<ul style="list-style-type: none"> • IT • Communications Team 	<p>Periodic</p> <p>As relevant</p> <p>Weekly</p>	<ul style="list-style-type: none"> • Random monitoring of usage (being aware that people may be logged in but not actively using it). • Raising the alert if there is an unusual impact on bandwidth / internet speed • Weekly reports to the Executive Team as part of the weekly media roundup.
Appropriateness of postings on official Trust accounts.	<ul style="list-style-type: none"> • Division/Directorate / department nominated lead • Communications team 	<p>Ongoing</p> <p>Daily</p> <p>Weekly</p>	<ul style="list-style-type: none"> • Reading posts • Monitoring via Twitter. • Weekly reports to the executive team as part of the weekly media roundup.

Appropriateness of staff personal accounts.	<ul style="list-style-type: none"> • Communications team, where possible. • Other staff (appointed admins) 	<p>Ongoing</p> <p>Daily</p> <p>As relevant</p>	<ul style="list-style-type: none"> • Can be difficult to monitor but Comms Team ensure a daily check is done • All groups created via this channel have specific security settings to ensure posts are correct and proper before published • Other staff should inform the Communications Manager if they see inappropriate posting by a colleague.
Appropriateness of other social media references to Trust (e.g. that patients aren't breaching others' confidentiality).	<ul style="list-style-type: none"> □ Communications team 	<p>Ongoing</p> <p>Weekly</p>	<ul style="list-style-type: none"> • Monitoring via Twitter. • Weekly reports to the executive team as part of the weekly media roundup.

7. DEFINITIONS

Blog	Site where online articles/discussions are published
Content	Anything posted on a social media site e.g. a photo published on Instagram
Follower	Someone who subscribes to your Twitter account so they receive your postings
Friend	Someone you're linked with on Facebook
Handle	Your Twitter ID is known as a handle e.g. DBTH's Twitter handle is @DBTH_NHSFT
HootSuite	A tool that enables you to monitor and manage social media
Social media	Online sites/forums that enable you to connect with other people or groups, sharing ideas, content and information

Examples of social media platforms:

- Microblogging – for example, Twitter
- Blogging – for example, WordPress and Tumblr
- Video sharing – for example, YouTube and Vimeo
- Picture sharing – for example, Flickr and Instagram
- Social bookmarking – for example, Reddit and StumbleUpon
- Social sharing – for example, Facebook
- Professional sharing – for example, LinkedIn

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 6.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

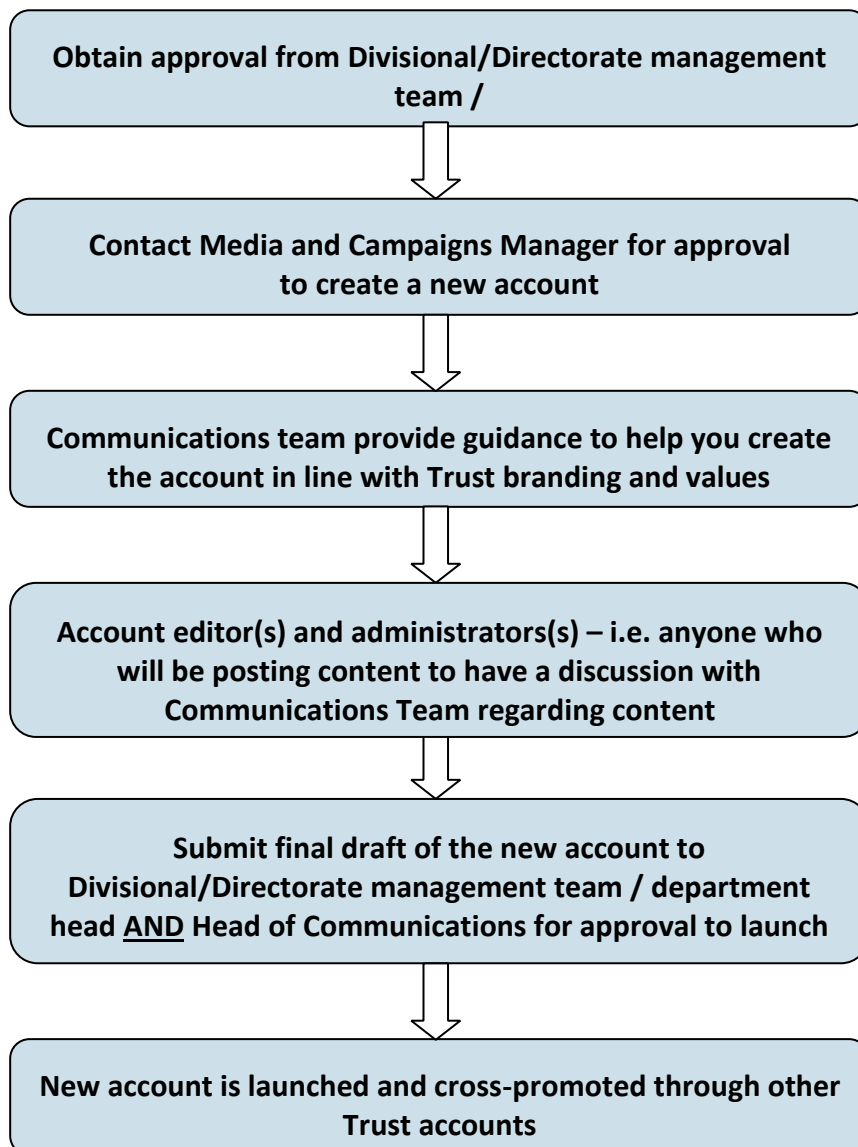
CORP/ICT 26	Use of the Internet and Email Policy
CORP/ICT 9	Information Governance Policy
PAT/PS 8	Safeguarding Adults Policy
PAT/PS 10	Safeguarding and promoting the welfare of children
CORP/EMP 4	Fair Treatment for All Policy
CORP/EMP 27	Equality Impact Assessment

10. 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/>

APPENDIX 1: PROCESS FOR CREATING TRUST SOCIAL MEDIA ACCOUNTS/GROUPS**APPENDIX 2: SOCIAL MEDIA GUIDANCE FROM PROFESSIONAL BODIES**

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

APPENDIX 3: GUIDANCE ON CHALLENGING INAPPROPRIATE USE OF SOCIAL MEDIA

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

- Ask the person taking the photographs, video/ audio recording to stop immediately. Staff 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 staff communicates information which breaches confidentiality, staff are advised to:

- Tell the person that this is a breach of confidentiality of the patient, unless their specific permission has been sought. Staff 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.

Staff 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 staff 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 Staff 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 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP COMM 24 v3	People and Organisational Development	Adam Tingle	Existing Policy	30.8.2021
1) Who is responsible for this policy? People and Organisational Development				
2) Describe the purpose of the service / function / policy / project/ strategy? The Policy explains our approach to social media and the process for creating and managing Trust accounts, it also provides guidance for staff using social media in a professional or personal capacity with the objective of increasing engagement with external stakeholders.				
3) Are there any associated objectives? No				
4) What factors contribute or detract from achieving intended outcomes? –resource on constraints on the in house team to support and monitor all accounts				
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? No				
<input type="checkbox"/> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – NA				
6) Is there any scope for new measures which would promote equality? No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			

g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	
8) Quality Rating of the service		
— tick (✓) outcome k		
Outcome 1 ✓	Outcome 2	Outcome 3
		Outcome 4
Date for next review:	August 2023	
Checked by:	Emma Shaheen	Date: 30.08.2021