

## SOCIAL MEDIA POLICY

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|--|---|
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| <b>Approved By</b>   | Governance and Risk Committee   |
| <b>Consultation</b>  | Governance and Risk Committee   |
| <b>Equality Impact Assessment</b>  | Completed   |
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| <b>Author</b>  | Senior Governance Officer,<br>NHS North of England Commissioning Support Unit |
| <b>Reference No</b>  | CO22  |
| <p><b>Policy Validity Statement</b></p> <p>This policy is due for review on the date shown above. The policy will remain valid, but must be reviewed within each 3 year period.</p> <p>Policy users should ensure that they are consulting the currently valid version of the documentation.</p> |   |

## Version Control

| Version | Release Date | Author  | Update comments   |
|---------|--------------|---|---|
| V1      | August 2015  | Senior Governance Manager, Commissioning Support Unit (CSU) | Annual review.  |
| V1.1    | July 2017    | Senior Governance Manager, Commissioning Support Unit (CSU) | Reviewed in line with expiration date. Minimal amendments made. |

## Approval

| Role     | Name                        | Date           |
|----------|-----------------------------|----------------|
| Approval | Governance & Risk Committee | 12 August 2015 |
| Approval | Governance & Risk Committee | July 2017      |

## Review

This document will be reviewed twelve months from its issue date and annually after its first review.

The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

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DRAFT

# 1. Introduction

~~The world of communication is changing.~~ Social media is changing the way we, and every organisation in the world conducts its business. Millions of people use social media ~~responsibly~~ every day and it ~~is becoming an increasingly~~ has become an important communications tool.

For the purposes of this policy, NHS South Tees Clinical Commissioning Group will be referred to as 'the CCG'.

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCG will develop relevant and appropriate documentation, processes and systems documents ~~documents~~ to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The CCG may wish to use social media to provide opportunities for genuine, open, honest and transparent engagement with stakeholders, giving them a chance to participate and influence decision making. These tools are used to build online communities and networks which facilitate peer to peer interactivity.

Staff should use their own discretion and common sense when engaging in online communication. They should know and follow the CCG Standards of Business Conduct & Declarations of Interest Policy. The same principles and guidelines that apply to staff activities in general also apply to online activities. This includes forms of online publishing and discussion, including blogs, wikis, file-sharing, user-generated video and audio, virtual worlds and social networks.

The following sections provide some general rules and best practices which you should abide by at all times.

## 1.1 Status

This policy is a corporate policy.

## 1.2 Purpose and aims

The purpose of this document is to provide guidance to CCG staff on social media/networking on the internet and the external use of other online tools such as blogs, discussion forums and interactive news sites. It seeks to give direction to staff in the use of these tools and help them to understand the ways they can use social media to help achieve business goals. This is a rapidly changing area and this policy is expected to be updated and amended as communication strategies evolve.

The purpose of this policy is to help protect the organisation, but also to protect staff interests and to advise staff of the potential consequences of their behaviour and any content that they might post online, whether acting independently or in their capacity as a representative of the CCG.

The aims of this document are to:

- Provide clarity to staff on the use of social media tools when acting independently or as a representative of the CCG and give them the confidence to engage effectively;
- Ensure that the organisation's reputation is not brought into disrepute and that it is not exposed to legal risk; and
- Ensure that internet users are able to distinguish official corporate CCG information from the personal opinion of staff.

## 1.2 Scope

This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties on behalf of the CCG.

## 2. Definitions

'Social', 'social media' or 'social networking' are the terms commonly used to describe web-sites and online tools which allow users to interact with each other in some way by sharing information, opinions, knowledge and interests.

The following terms are used in this document (note the below list is not exhaustive):

- Micro blogging – for example, Twitter
- Blogging – for example, WordPress, Tumblr, and Blogger
- Video sharing – for example, Flickr, Instagram, and YouTube
- Social bookmarking – for example, Reddit and StumbleUpon
- Social sharing – for example, Facebook
- Professional sharing – for example, LinkedIn

### 3. Policy for social media use

#### 3.1 Responsibilities

It is the responsibility of everyone within the organisation to use social media responsibly.

Whenever employees engage with social media and post information about their work or employer it is highly likely that the information will be circulated to a wide audience.

Although members of staff are not acting on behalf of the organisation in a formal capacity when engaging with social media in their personal lives they must be mindful that, depending on the content, their online posts could potentially be damaging to the CCG, for example if they are inaccurate, confidential or flippant. Staff must also be aware of the potential legal implications of material which could be considered abusive, libellous or defamatory.

#### 3.2 Social media in your personal life

The CCG recognises that many employees make use of social media in a personal capacity. While they are not acting on behalf of the organisation, employees must be aware they can damage the organisation if they are recognised as being a CCG employee.

Although it is acceptable for staff to say they work for the NHS or CCG in posts and during online conversations, they should ensure they are clear that they are not acting on behalf of the organisation and post a disclaimer such as “the views posted are my own personal views and do not represent the views of the CCG” or “Tweets are my own views”.

All employees should be aware that the CCG reserves the right to use legitimate means to scan the web, including social network sites for content that it finds inappropriate.

Any communication that employees make in a personal capacity through social media must not:

- Bring the CCG into disrepute by criticising or arguing with customers, colleagues or rivals; making defamatory comments about individuals including judgments of their performance and character, or posting links to inappropriate content
- Breach confidentiality, for example by revealing information owned by the organisation; giving away confidential or personal information about an individual (such as a colleague or customer contact)
- Include contact details or photographs of colleagues without their permission

- Discuss the CCG's internal workings or its future business plans that have not been communicated to the public
- Breach copyright, for example by using someone else's images or written content without permission or failing to give acknowledgment where permission has been given to reproduce something. If photos/videos are of the general public in public places then you can use them without obtaining permission
- Do anything that could be considered discriminatory, bullying or harassment of any individual, for example by making offensive or derogatory comments relating to protected characteristics under the Equality Act 2010
- Use social media to bully another individual or posting images that are discriminatory or offensive (or links to such content)
- Post information that breaches any of the conditions in CCG policies.

Incidents of discrimination, bullying or harassment which take place via social media will be managed in line with CCG policy.

### 3.3 Line manager guidance

Under this policy managers should be clear on the social media participation for any project and that individual staff members should be identified for managing the agreed social media for the project once appropriate approvals have been received. Managers requiring guidance should contact the appropriate lead for social media in the CCG.

### 3.4 Guidance for staff given access to social media on behalf of the CCG

Where access has been given to use social media sites, staff must not upload/post the following:

- Personal identifiable information of patients and/or their relatives
- Personal identifiable information of another CCG employee in relation to their employment including judgements of their performance and character
- Photographs of another CCG employee taken in the work situation without permission
- Defamatory statements about the CCG, its staff, services or contractors
- Confidential information on bulletin boards, forums or newsgroups
- ~~“Whistleblowing” posts, without already having raised concerns through the proper channels. All staff should be aware that the Public Interest Disclosure Act 1998 gives legal protection to employees who wish to whistleblow any concerns. HR35 Whistleblowing Policy~~ Raising Concerns at Work Policy incorporates the requirements of the Public Interest Disclosure Act 1998 (PIDA) and the Bribery Act 2010.

### 3.5 Photos and videos

Video is an excellent medium for providing stimulating and engaging content, which can potentially be seen by many people as it is easily shared on social media sites and embedded on other people's websites.

Images of individuals in photos/videos are treated as personal information where the person's identity is clear and can reasonably be worked out. In this instance, consent is required to use the images and you must take reasonable steps to tell the individual who you are, what you are taking their picture for and how they can access it. If photos/videos are of the general public in public places then you can use them without obtaining permission.

You must ensure that all video and media (including presentations) are appropriate to share/publish and do not contain any confidential, commercially sensitive or defamatory information.

If the material is official and corporate CCG content then it must be branded appropriately, and be labelled and tagged accordingly. It must not be credited to an individual or production company. Further guidance is available from the Information Labelling & Classification Procedure ([available on request from the CCG](#)).

## 4. Duties and responsibilities

|   |  |
|---|--|
| <b>Clinical Council of Members (CCOM)</b> | The <u>clinical</u> council of members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.  |
| <b>Chief Officer</b>                      | The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.   |
| <b>Chief Finance Officer</b>              | The Chief Finance Officer as (CCG Governance Lead) will ensure that use of email and the internet will:<br>comply with corporate branding be used in a manner to enhance the CCG's ability to engage with stakeholders<br>comply with statutory and regulatory rules as well as national guidance and best practice<br>They are also responsible for: <ul style="list-style-type: none"><li>• generating and formulating this policy</li><li>• identifying the appropriate process for regular evaluation of the implementation and effectiveness of this policy</li><li>• identifying the competencies required to implement this policy, and either identifying a training resource or approaching Workforce Learning and Development (Governance Directorate, <a href="#">Commissioning Support Unit NECS</a>) for assistance</li></ul> |



|  |  |
|--|--|
| <b>All line managers</b>                                 | All line managers are responsible for ensuring that appropriate processes are complied with when using email and the internet.   |
| <b>All Staff</b>   | All staff, including temporary and agency staff, are responsible for: <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> </ul> |
| <b><u>Commissioning Support Unit (CSU)</u> CSU Staff</b> | Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.  |

## 5. Implementation

This policy will be available to all staff for use in relation to the use of social media.

All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## 6. Training implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

## 7. Documentation

### 7.1 Other related policy documents

- Confidentiality and data protection policy
- Information governance and risk policy
- Information security policy
- Safeguarding children policy

- Safeguarding vulnerable adults policy
- Standards of business conduct and declarations of interest policy
- Equality and diversity policy
- Harassment and bullying policy
- ~~Whistleblowing~~ [Raising Concerns at Work](#) policy

## 7.2 Legislation and statutory requirements

- Equality Act 2010
- Data Protection Act 1998
- Freedom of Information Act 1998
- Human Rights Act 1998
- Employment Rights Act 1996
- Computer Misuse Act 1990
- Copyright, Designs and Patents Act 1988
- Bribery Act 2010

## 7.3 Best practice recommendations

- Royles, D, NHS Employers, *Driving a permissive use of social media - #NHSEngage*, <http://www.nhsemployers.org/Aboutus/news-dean/commentry/Pages/DrivingAPermissiveUseOfSocialMediaNHSEngage.aspx>, Accessed 29/07/2013
- Talbott, A, NHS Employers, *HR and Social Media in the NHS*, <http://www.nhsemployers.org/Aboutus/Publications/Documents/HR-social-media-NHS.pdf>, Accessed 29/07/2013
- White, C, NHS Networks, *Using social media to engage, listen and learn*, <http://www.networks.nhs.uk/nhs-networks/smart-guides/documents/Using%20social%20media%20to%20engage-%20listen%20and%20learn.pdf>, Accessed 29/07/2013
- [Information Governance Alliance, \*\*\*The Records Management Code of Practice for Health and Social Care 2016\*\*\*](https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care)  
<https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>, Accessed 9 May 2017

## 8. Monitoring, review and archiving

### 8.1 Monitoring

The Chief Officer will oversee, on behalf of the Governing Body, a method for monitoring the dissemination and implementation of this policy.

Monitoring information will be recorded in the policy database.

## 8.2 Review

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

**NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

## 8.4 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with [Records Management: NHS Code of Practice 2009. The Records Management Code of Practice for Health and Social Care 2016.](#)

## 9. Equality Analysis



North of England  
Commissioning Support

Partners in improving local health



An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

|                |   |
|----------------|---|
| <b>Policy</b>  | A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue. |
| <b>Service</b> | A system or organisation that provides for a public need.   |
| <b>Process</b> | Any of a group of related actions contributing to a larger action.  |



### STEP 1 - EVIDENCE GATHERING

|  |                            |
|--|----------------------------|
| <b>Name of person completing EIA:</b>  | <b>LIANE COTTERILL</b>     |
| <b>Title of service/policy/process:</b>  | <b>SOCIAL MEDIA POLICY</b> |
| <b>Existing:</b> <input type="checkbox"/> <b>New/proposed:</b> <input type="checkbox"/> <b>Changed:</b> <input checked="" type="checkbox"/>  |                            |
| <b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>   |                            |
| <p>The purpose of this document is to provide guidance to CCG staff on social media/networking on the internet and the external use of other online tools such as blogs, discussion forums and interactive news sites. It seeks to give direction to staff in the use of these tools and help them to understand the ways they can use social media to help achieve business goals. This is a rapidly changing area and this policy is expected to be updated and amended as communication strategies evolve. This policy aims to help protect the organisation, but also to protect staff interests and to advise staff of the potential consequences of their behaviour and any content that they might post online, whether acting independently or in their capacity as a representative of the CCG.</p> |                            |

|   |   |
|---|---|
| <b>Who will be affected by this policy/service /process? (please tick)</b>              |   |
| <input checked="" type="checkbox"/> Staff members                                       |   |
| <input type="checkbox"/> Other  |   |
| If other please state:  |   |
| <b>What is your source of feedback/existing evidence? (please tick)</b>                 |   |
| <input type="checkbox"/> National Reports <input type="checkbox"/> Staff Profiles       |   |
| <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents    |   |
| <input type="checkbox"/> Focus Groups <input checked="" type="checkbox"/> Previous EIAs |   |
| <input type="checkbox"/> Other  |   |
| If other please state:  |   |
| <b>Evidence</b>   | <b>What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)</b> |
| National Reports  |   |
| Staff Profiles  |   |
| Staff Surveys   |   |
| Complaints and Incidents  |   |
| Staff focus groups  |   |
| Previous EIA's  | Previous EIA identified a neutral impact as a result of this policy.  |
| Other evidence (please describe)  |   |



## STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

**Age** A person belonging to a particular age

No impact identified

**Disability** A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

No impact identified

|   |
|---|
| <b>Gender reassignment (including transgender)</b> Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.  |
| No impact identified  |
| <b>Marriage and civil partnership</b> Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters |
| No impact identified  |
| <b>Pregnancy and maternity</b> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.  |
| No impact identified  |
| <b>Race</b> It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.  |
| No impact identified  |
| <b>Religion or belief</b> Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.   |
| No impact identified  |
| <b>Sex/Gender</b> A man or a woman.   |
| No impact identified  |
| <b>Sexual orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes  |
| No impact identified  |
| <b>Carers</b> A family member or paid <a href="#">helper</a> who regularly looks after a child or a <a href="#">sick</a> , <a href="#">elderly</a> , or <a href="#">disabled</a> person   |
| No impact identified  |



### **STEP 3 - ENGAGEMENT AND INVOLVEMENT**

|  |
|--|
| <b>How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?</b> |
| <b>No as this is an existing established policy which has undergone only minor updates as part of the natural review cycle.</b>      |
| <b>Please state how staff engagement will take place:</b>  |
| <b>N/A – policy will be disseminated to staff as per section 9 of the policy.</b>  |



#### **STEP 4 - METHODS OF COMMUNICATION**

|   |
|---|
| <b>What methods of communication do you plan to use to inform staff of the policy?</b>  |
| <input checked="" type="checkbox"/> Verbal – through focus groups and/or meetings <input type="checkbox"/> Verbal - Telephone<br><input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets<br><input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other |
| <b>If other please state:</b>   |



#### **STEP 5 - SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

| Potential Challenge | What problems/issues may this cause? |
|---------------------|--------------------------------------|
| 1                   |                                      |



#### **STEP 6- ACTION PLAN**

| Ref no. | Potential Challenge/ Negative Impact | Protected Group Impacted (Age, Race etc) | Action(s) required | Expected Outcome | Owner | Timescale/ Completion date |
|---------|--------------------------------------|--|--------------------|------------------|-------|----------------------------|
|         |                                      |  |                    |                  |       |                            |

| Ref no. | Who have you consulted with for a solution? (users, other services, etc) | Person/ People to inform | How will you monitor and review whether the action is effective? |
|---------|--|--------------------------|--|
|         |  |                          |  |



#### **SIGN OFF**

|  |                             |
|--|-----------------------------|
| <b>Completed by:</b>                         | Liane Cotterill             |
| <b>Date:</b>                                 | May 2017                    |
| <b>Signed:</b>                               |                             |
| <b>Presented to: (appropriate committee)</b> | Governance & Risk Committee |
| <b>Publication date:</b>                     | July 2017                   |