

<b>Media and Social Media Relations policy</b>	
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Note: This policy has been assessed for any equality, diversity or human rights implications			

**Controlled document**

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Version 3	August 2015	Communications Manager	Review date expired + need to include social media.

<b>To be used in conjunction with:</b>	Freedom of Information policy Photography & Video Recording of Patients Policy Complaints Policy Official Visitor Policy
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<b>Executive Lead Signature:</b> (Only applicable for Strategies & Policies)	 <b>Director of Transformation</b>

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## **1 INTRODUCTION**

- 1.1** The Royal Devon and Exeter NHS Foundation Trust (The Trust) has developed this media relations policy to safeguard and promote the Trust's reputation for excellence and to maintain public confidence in its services and staff and that of the wider National Health Service.
- 1.2** As an NHS organisation, the Trust has a responsibility to the public to provide information about matters of a legitimate concern. This reflects the Trust's wish to be an open, accountable and transparent organisation.
- 1.3** We will seek to build a professional and courteous long-term dialogue with the media. By setting out our 'principles of engagement' with the media, we aim to foster and maintain positive dialogue.

Our principles of engagement are:

- We will endeavour to communicate with our staff, non-executive directors, governors and stakeholder first and at first-hand, though we recognise that with 24-hour digital media and the proliferation of user-generated content, this may not always be possible
- We will fulfil our responsibility as an accountable and open public organisation, while ensuring that we:
  - protect and promote the privacy, dignity, confidentiality and safety of patients and staff
  - meet legal obligations in relation to data protection and patient confidentiality
  - protect the Trust's commercial and security interests.
- All staff have a responsibility to refer all media enquiries immediately to the Trust's Communications Team or, if out of hours, the on-call duty manager. Contact between the Trust (all staff) and members of the media will be professional, appropriate, consistent, considered, timely and accurate.
- We will have due regard for NHS guidance and active legal proceedings including those external to the Trust (for example police investigation, employment tribunal, criminal court and inquest hearings).

### **1.4 Failure to comply with this policy could result in disciplinary action.**

## **2 PURPOSE**

- 2.1** The purpose of this policy is to set out arrangements for ensuring that media enquiries are dealt with promptly, efficiently and with courtesy and respect. Our aim is to respond professionally, to be open and transparent and to provide the media with up to date and accurate information – without compromising patient and/or staff confidentiality. We believe this will help the media to do their job as a pillar of democracy and to cultivate a respectful and productive dialogue with the media over time that will ultimately help to protect the reputation of the Trust.
- 2.2** In return we expect that the media to respect our duty to safeguard patient confidentiality and the operational priorities of the hospital.

### **3 DEFINITIONS**

#### **3.1 The Media**

- 3.1.1 Media are defined by the Trust as newspapers, magazines, freelance news agencies, newsletters, journals, television, radio and websites. This definition includes specialist clinical and professional trade press and publications, websites and broadcasting activity on behalf of partner organisations, lobby groups and groups representative of professions or trades.
- 3.1.2 For social media, see Social Media section below.

#### **3.2 Media contact**

- 3.2.1 Media contact can be verbal, in person or by telephone, or in writing by letter or email. The approach taken by the media varies and often will depend on the type of media involved and the deadline for a response.

### **4 DUTIES & RESPONSIBILITIES**

- 4.1 The Director of Transformation is the Executive Lead for Trust media and reputation management. The Head of Communications and Engagement leads this service on a day to day basis.
- 4.2 All Executive Directors have authority to authorise what is issued to the media on behalf of the Trust.
- 4.3 The Communications and Engagement Department manages media enquiries on behalf of the Trust as part of its reputation management role and advises Trust employees on how best to respond to media enquiries or pro-actively engage with the media.

### **5 MEDIA RELATIONS PROCESS**

#### **5.1 Media releases**

- 5.1.1 The Trust pro-actively seeks media coverage by issuing media releases (also known as a 'press release'). No employee is authorised to issue their own media release about Trust business or services in their capacity as an employee. Trust media releases are issued on Trust headed paper to inform the public, through the media, of news about the RD&E.
- 5.1.2 The media release is created and distributed to the media by the Trust Communications Team and will often offer an opportunity for the media to interview, photograph or film a Trust representative on the topic being promoted. Joint media releases may be authorised by the Communications Team for release by a partner or stakeholder organisation. This is common, for example, for academic research carried out in partnership with a university.
- 5.1.3 All news releases are uploaded to the Trust's website.

## **Media statements**

- 5.2.1 This differs from a media release because it is usually reactive not proactive and a direct and almost always written response to a specific media enquiry. Generally it is only sent to the media representative who asked the Trust for comment or a response but in the event of wider media interest it can be a useful tool to communicate the Trust position on an issue. In these cases, statements are often copied to staff and issued on the Trust website/intranet.
- 5.2.2 As with news releases, no employee is authorised to issue their 'own' statement about Trust business or services in their capacity as an employee.
- 5.2.2 All media enquiries are logged by the Trust Communications Team and often the Trust response/answer to a specific enquiry is given by email. Emailing Trust statements can reduce the incidence of mis-quoting and provides a clear record of what was given to the media.
- 5.2.3 Where appropriate, selected media statement news releases are uploaded to the Trust's website.

## **5.3 Co-ordinating a media facility**

- 5.3.1 When the Trust invites in media representatives or has organised an interview, photography or filming opportunity, this is called a media facility. A media facility is often also arranged to support VIP and official visitor visits, and will be arranged in accordance with the Official Visitor Policy.
- 5.3.2 In most instances a media facility is organised, hosted and managed by the Communications Team. Careful thought will be given to ensuring the media facility does not disrupt frontline healthcare services and that the privacy, confidentiality and safety of our patients and staff are not compromised.
- 5.3.3 Media interviews, photography or film may be requested of hospital staff of all grades, roles and professional expertise. The Communications Team will support, brief and advise colleagues in preparation for media interviews or photo opportunities. Staff are not obliged to take part and may reserve the right to decline, though in the vast majority of cases staff recognise the positive outcome of media coverage promoting an achievement or service improvement at the Trust.
- 5.3.4 Under no circumstances must any media representative be invited by Trust staff on to Trust property without the knowledge and authorisation of the Trust Communications Team. This also applies to specialist or trade press and PR representatives of partner/supplier organisations who wish to produce promotional or positive news and feature items about the Trust.
- 5.3.5 Trust staff are not permitted to invite media representatives on to Trust property in connection with other activities or responsibilities outside their Trust role. All media contact, invitations and hosting on Trust property must be agreed in advance by the Communications Team and in accordance with this policy.
- 5.3.6 Trust staff are not permitted under any circumstances to consent to being filmed or photographed in Trust uniform at any location without authorisation from the

Communications Team. This is to ensure that someone identifiable by their uniform as a member of staff conveys a positive representation of the Trust.

- 5.3.7 Patients and their families are not permitted to invite the media on to Trust property without the knowledge and authorisation of the Communications Team. The Trust is under no obligation to grant permission or facilitate a media visit in these circumstances. Patient privacy, dignity and confidentiality, maintaining health services and protecting the reputation of the Trust will take priority.

#### **5.4 Patient condition checks**

- 5.4.1 The media are often informed legitimately, for example by the police or ambulance service, that a casualty has been taken to the RD&E for treatment. Condition checks will not be given unless the media requesting the information has an accurate full name of the patient. This is to avoid placing inaccurate, misleading and potentially distressing information in the public domain.
- 5.4.2 In a number of circumstances the Trust is asked by a media representative for an update on the condition of a patient. The Trust will, where practicable and appropriate, try to obtain consent from the patient or the named Next of Kin for generic information about the patient's condition to be released to the media. Ideally, this consent should be recorded on the Patient Condition Update Media Consent Form, available from the Communications office. However, where it is judged inappropriate to complete the form, consent can be verbal but the Trust staff member gaining consent must make a contemporaneous written note of the date and circumstances when consent was given by the patient or their Next of Kin and send a note of this to the Communications Team for their records. The Trust will not divulge any information about a patient (including confirmation that a named individual is even at the hospital) unless given express consent by the patient or next of kin.
- 5.4.3 It may be more appropriate for the clinical/nursing staff treating the patient to seek consent, since they have an existing relationship with the patient/next of kin. However, a member of the Communications Team will be available to support clinical staff and meet with them and the patient/next of kin if required.
- 5.4.4. To protect patient confidentiality, a patient condition check can be given to the media only by the Communications Team, an Executive Director or an on-call duty manager. Other members of staff, for example ward staff, may be permitted to give a condition update but only if authorised by the Communications team, an Executive Director or an on-call duty manager.
- 5.4.5. Clinical staff must remain vigilant at all times for calls made directly to a ward or other department by the media and/or hoax callers asking for details of a patient's condition. Under no circumstances must any information be offered unless fully authorised by one of the staff members listed in 5.4.4.
- 5.4.5 The Communications Team is happy to provide further one-to-one training and a short written guide to this media consent process on request. All on-call managers are encouraged to request this.

#### **5.5 Media shielding**

- 5.5.1 The Trust has legal obligations under the Data Protection Act (1988) to protect the personal and sensitive data of its patients and staff. Individuals also have rights under the Human Rights Act 1998 to respect for privacy under Article 8 of the European Convention on Human Rights. This places the Trust under an obligation to

protect patients and staff from media intrusion on its premises, especially where this is neither sought nor welcome. Where a request is made by a patient or member of staff for media shielding, or a potential need for any media shielding is identified, the Trust's Communications Team must be contacted so that appropriate measures can be put into place.

## **5.6 Patient case study requests**

- 5.6.1 Sometimes requests may be received from media sources for details of histories for individual patients in order to produce a written, audio or video feature about a particular patient or group of patients. Points 5.4.2 - 5.4.4 apply all to requests except those relating to professional or learned journals, which are dealt with at section 4.8.7.
- 5.6.2 The Trust will treat requests for patient case studies on their individual merits and on a case by case basis. Patient privacy, dignity, confidentiality and welfare will be the priority in any decision. The Trust acknowledges that patient case studies can be an effective and powerful way of portraying information in the media because people can relate to others' stories or experiences.
- 5.6.3 No personal contact details of patients will be passed on to the media to facilitate patient case study material without the prior written consent of that patient. Generally the Trust recommends the patient makes contact with the media on their own terms.
- 5.6.4 The Communications Team will liaise with Trust colleagues to establish whether there is an appropriate patient to approach about working with the media as a case study. Under no circumstances will any information about the patient, including their medical history or contact details, be given without informed written patient consent being obtained first by the Communications Team.
- 5.6.5 The Communications Team will explain to the patient what is involved when working with the media as a case study and will offer to support the patient during an interview or picture opportunity.
- 5.6.6 The Trust cannot be held responsible if the resulting media coverage is inaccurate or misleading or does not meet the expectations of the patient featured in the case study. Any complaint about the media handling or coverage of the case study must be made by the patient directly to the media organisation involved.
- 5.6.7 Established arrangements exist in the Trust's Research Policy for handling patient data in relation to research. Where there is a possibility of an article in a professional journal giving rise to wider media interest, the Trust's Communications Team should be advised.

## **5.7 Freedom of Information (FOI) requests from media**

- 5.7.1 The Communications Team does not handle FOI requests from the media except where the Trust response gives rise to further questions requiring a media statement and/or interview. The Trust has an FOI Policy and a dedicated officer, within its Information Governance team, responsible for processing FOI requests. Any FOI requests from the media must be processed through the Trust's FOI handler, who will ensure that the Communications Team is consulted as appropriate. The Communications Team is routinely consulted on all draft FOI responses.
- 5.7.2 Most requests under the Freedom of Information Act (FOIA) are made directly to the Trust's Freedom of Information handler. However, not all such requests are made by



that route (see 5.7.3 below). The FOIA does not require a request under that Act to state that it is an FOI request. Therefore, if a request is received by a member of staff which may be a request under the FOIA it must be forwarded immediately to the Trust's FOI handler in the Information Governance Team. All such requests must be handled in accordance with the Trust's [FOI policy](#).

- 5.7.3 At times the media will ask the Communications Team for detailed statistical operational information – for example, waiting times, patient or staff vacancy numbers, comparisons with previous years etc – and it may not be clear whether it is more appropriate for the response to be handled by the Communications Team or the FOI team. Where the media ask the Communications Team for detailed information of this kind, the Communications Team will make a judgement based on circumstances – especially urgency and the overall news value/reputational significance of the story - whether they can and should respond or whether they will direct the media to submit an FOI instead.
- 5.7.4 However, as a general principle, as an open and accountable public-benefit organisation, the Trust will always endeavour to co-operate with and meet media requests for information, whether these are submitted as an FOI or if they come via the Communications Team.
- 5.7.5 Responses to requests for information need to be consistent with the responses that would be given to similar requests if they were made under the Freedom of Information Act 2000 (FOIA). Requests for information from the media can only be refused if disclosure of that information would be refused as exempt under the FOIA.
- 5.7.6 All signed off Trust FOI responses from July 2015 onwards are published in full on the Trust's website for public benefit. A link to this is also provided on the Trust's intranet.

## **5.7 Information about Trust staff**

- 5.7.1 All media enquiries relating to individual Trust staff members must be directed to the Trust Communications Team or (out of hours) to the Duty Manager. In general, no information will be given about individual members of staff without their prior knowledge and consent. Where there is a legitimate public interest (eg in the case of a police investigation involving a member of staff), communication material issued by the Trust will seek to protect the general interests of staff, patients and the wider public, whilst also protecting the individual's rights.

### **5.6.1 Consent for filming & photography**

- 5.8.1 Media representatives are not permitted to film or photograph patients on Trust property unless by prior arrangement with the Communications Team. This also applies when a patient or relative/friend may have invited media representatives onto Trust property or when a Trust member of staff is being interviewed or filmed in another capacity (private individual, representative of another organisation).
- 5.8.2 Before media representatives are authorised to take photographs or film on the Trust sites (in buildings or outside) written patient consent, if a patient is involved, will be obtained and filed by the Communications Team in its office for future reference.
- 5.8.3 When a patient is under 16 years old written consent will be required of a parent or guardian of that young person for them to be filmed or photographed. If the young person says they are reluctant or not comfortable with being pictured their view should be considered, and adhered to, even if parental/adult consent is given. The

Trust should seek the consent of carers for vulnerable adults, as well as ensuring the informed consent of the vulnerable person for any involvement in PR opportunities.

- 5.8.4 All images and film footage commissioned by and taken by, or on behalf of the Trust, are the property of the Trust. This material can be shared with or used by a third party only with the prior consent of the Communications Manager or Head of Communications and Engagement.
- 5.8.5 Written consent is also required when the Trust medical photographer (or any other photographer) is taking public relations images for the Trust or partner/stakeholder organisations to use in their own publicity material. This may be obtained by the Communications Team or staff involved in patients' care.
- 5.8.6 The Trust position on photography and video filming of patients by the hospital medical photographer or Trust staff is clearly set out in the Trust [Photography and Video Recording of Patients policy](#).

Requests for filming for commercial purposes such as television series will attract a location/facility fee to be agreed with the production company. This will be set out in a location agreement which must be checked and signed by the Trust.

## **5.9 Handling the media in a major incident**

- 5.9.1 The Trust Emergency Preparedness Plan clearly sets out Trust media relations response in the event of a major incident. This Plan is on the Trust intranet and each service or department manager should have an easily accessible hard copy of it in the work area.  
[https://hub.exe.nhs.uk/a-z/emergency-preparedness-and-business-continuity/emergency-preparedness-documents/?tabContainer\\_86e878802d9b4cb899539c709eada6c2\\_tab=2](https://hub.exe.nhs.uk/a-z/emergency-preparedness-and-business-continuity/emergency-preparedness-documents/?tabContainer_86e878802d9b4cb899539c709eada6c2_tab=2)

## **6. PROACTIVE CONTACT WITH THE MEDIA**

- 6.1 The Trust seeks media coverage to:
  - promote the Trust and the NHS to the public and partner organisations
  - raise awareness and inform the public about health-related topics
  - recognise staff achievement to boost morale and promote the Trust as an employer and leading healthcare provider to potential new recruits
  - fulfil its public duties as an accountable NHS organisation and demonstrate value for public money.
- 6.2 Proactive contact is when the Trust makes an unsolicited approach to the media to promote a positive story about the Trust. This contact with the media can only be done by the Trust Communications Team or Executive Directors or duty managers or by an employee on their instruction.
- 6.3. The Trust Communications Team actively promotes achievements of colleagues, service improvements, awards, innovative ways of working, changes to services, gifts or donations to the Trust, public health information advice and the outcome of independent or external audits and assessments.
- 6.4 By ensuring the Communications Team is involved from the outset and has approved and co-ordinated contact with the media, Trust employees get professional advice on

how to proceed and whether it is in the best interest of the Trust to pro-actively seek media attention.

- 6.5 The Communications Team will identify the most appropriate person to speak on behalf of the Trust to the media and will brief and advise that spokesperson before any media facility takes place.

## **7 REACTIVE CONTACT WITH THE MEDIA**

- 7.1 The media contacts the Trust for comment or information for broadcast or publications locally, nationally and internationally. All enquiries are logged by the Communications Team (see 14.1).
- 7.2 Journalists should not contact or 'cold-call' Trust employees and during office hours must get in touch through the Trust Communications Team on 01392 409641/2833 or [rde-tr.RDEComms@nhs.net](mailto:rde-tr.RDEComms@nhs.net). This includes patient condition checks.
- 7.3 It is essential that all media enquiries are politely and promptly directed, without any comment being made, to the Trust Communications Team to ensure that frontline hospital staff and services are not disrupted from their primary role of patient care; to enable a professional assessment of what the Trust response should be and to provide a consistent, accurate and appropriate representation of the Trust, in line with media needs and expectations.
- 7.4 Out of hours media enquiries should be directed in the first instance to the Duty Manager. Duty Managers have been trained on how to respond and whether the enquiry needs to be escalated to the duty Communications Officer or Executive Director level. The Duty Manager can be contacted via the main hospital switchboard.
- 7.5 The Communications Team provides media training to Duty Managers on request. A member of the communications team is also on-call 24/7 via Trust mobile phone to offer support and guidance and written materials, eg press statement or wording for internal communication, where necessary.

## **8 MEDIA HANDLING TRAINING**

- 8.1 The Communications Team can provide some in-house media training and advice, including interview techniques and understanding the media, for staff if media management is a required element of their role. This is in addition to ad hoc advice on any specific media issue or story that the Communications Team can always provide as a matter of routine.
- 8.2 The Communication Team can also arrange more detailed bespoke media training, focused on specific techniques for dealing with the challenges of broadcast media, delivered by an external supplier.
- 8.3 This bespoke training can also be further extended to how to handle challenging public meetings, for example on controversial service changes, and/or council scrutiny meetings where senior Trust staff may be quizzed under pressure. The two forms of training are linked because the personal and presentational skills required to be effective in the media can also be helpful in public/council meetings, and of course the media may be present at these meetings.

## **9 MEDIA CONTACT WITH STAFF AT EVENTS OR MEETINGS OR BY LETTER**

- 9.1 The principles and guidance in this policy apply to all Trust staff when they are on duty or attending any meeting or event (including away from Trust sites) as a Trust employee.
- 9.2 All staff should be mindful that if addressing a conference or meeting, it is possible that media representatives will be in attendance, whether or not they are clearly identified or have made this known. Comments made by staff acting in their professional capacity may subsequently be reported as a Trust view.
- 9.3 If speaking as a Trust representative, staff must ensure that what they say is based on fact, does not compromise patient confidentiality and is not damaging to the reputation or relationships of the Trust. Any comments made should, ideally, have been discussed first with the Communications Team or Chief Executive. It is not appropriate for an individual to offer personal comment or opinions if acting in their capacity as a Trust employee. This would not prevent staff from acting in a professional capacity to offer 'expert opinion' on current topics. However, if this was in response to a media request, the Communications Team would need to authorise the member of staff to do this before any opinion is given to the media.
- 9.4 When a Trust member of staff is being interviewed as a spokesperson for another organisation or in another capacity, for example trade union or professional body or as a private individual, they should inform the Trust Communications Team, particularly if there is likely to be reference made to their employment at the Trust. Members of staff should be aware that any comments made in this capacity have the potential to impact on the reputation of the Trust.
- 9.5 Elected Staff Side representatives of recognised trade unions are entitled to make comments on behalf of their members or organisation. They are not authorised to make comment to the media on behalf of, or to represent, the Trust.
- 9.6 If staff take part in media/PR work as individuals in their own right, they must make it clear to the media that they are not representing the Trust. Likewise no letter as a private individual, or in a non-Trust capacity, should ever be presented on Trust headed paper. In addition, staff taking part in media/PR work as individuals in their own right must not be filmed on Trust property as part of this without prior authorisation from the Communications Team, nor must they appear on camera in Trust uniform unless authorised by the Communications Team.

## **10 PHOTOCOPYING, SCANNING AND REPRODUCING OF PRINT MEDIA STORIES**

- 10.1 Under no circumstances must Trust staff photocopy, scan or reproduce printed newspaper/magazine/journal cuttings or share web links to media stories with large groups of staff because the Trust has not purchased a licence to do so. Non-compliance with this policy will breach copyright and the Trust could be liable to financial penalties.
- 10.2 The Communications Team monitors media coverage referring to the Trust and keeps an archive of significant coverage, but cannot reproduce articles to share with staff because the Trust has not purchased a licence to do so.

## **11 SOCIAL MEDIA**

- 11.1.1 Social media can be defined as a channel where information can be 'shared' across a network of contacts and often commented on freely by users as part of an on-going conversation.
- 11.1.2 At the time of writing, popular social media channels include Twitter, Facebook, Linkedin, Instagram, Pinterest, Youtube and Vimeo.
- 11.1.3 The Trust currently has a corporate presence on Twitter, Linkedin and Vimeo. At the time of writing only Twitter, Linkedin and Vimeo are accessible to staff from Trust computers.
- 11.1.4 The Communications Team are responsible for all posts made on the Trust's official Twitter, Linkedin and Vimeo feeds – for example, a Tweet posted on the @rdehospital feed.

### **11.2 Professional use of social media**

- 11.2.1 'Professional use' of social media is defined here as (for example) Twitter/Facebook page set up by a member of staff or department/area specifically for work purposes and clearly identifies them as working for the RD&E.
- 11.2.2 The Trust recognises the importance of social media in promoting our achievements and helping to shape public thinking about the Trust and our services, employees, partners and patients. We also recognise the importance of our staff joining in and helping shape a legitimate and appropriate conversation about our services and strategic direction through interaction on social media.
- 11.2.3 Staff and departments are therefore encouraged to use social media for work purposes provided the following guidelines are considered and followed where applicable.
- 11.2.4 Areas and departments wishing to start their own social media feed or page should first discuss their plans with the Communications Manager or Head of Communications.
- 11.2.5 Individual members of staff who want to start their own professional Twitter feed do not need to discuss this with the Communications Manager, although the Communications Team is happy to offer general social media advice to staff if needed.
- 11.2.6 Staff and departments/areas should be aware that any comments made on their feeds may be subsequently be reported as an RD&E view in the media, even if they specify their views are their own and not those of the Trust as a whole.
- 11.2.7 Some Dos and Don'ts for using social media professionally include:

- **Do** focus on the positive aspects of your work and tell others about achievements or successes
- **Do** be open, transparent and honest, but as a rule don't be negative and take care not to post anything that could damage the reputation or relationships of the Trust and or colleagues.
- **Do** be respectful of others opinions, even if these are inflammatory.
- **Do** ensure that any member of staff or patient shown/heard in an image, photograph, video or audio you want to publish has first consented to you publishing this on social media. In the case of patients, a member of the Communications Team must obtain written consent.
- **Do** report any online bullying or harassment you experience to your line manager.
- **Do** delete your feed – or change its appearance/wording as appropriate - once you no longer need it for Trust purposes.
- **Do Not** post anything that could compromise patient confidentiality, breach a professional Code of Practice, or breach other confidences. If you are unsure then seek advice from your line manager or the Communications Team. However, a good rule of thumb is: if in doubt, leave it out.
- **Do Not** escalate heated exchanged or get drawn into arguments, which are quite common on social media. Do get sensitive situations offline as quickly as possible.
- **Do Not** upload, post, forward or link to any abusive, obscene, discriminatory, harassing, derogatory or defamatory content. Do not post chain mail, junk mail, cartoons, jokes or gossip.
- **Do Not** openly promote or comment on goods and/or services provided to the Trust by a commercial profit-making third party and don't post a hyperlink to their website.

### 11.3 Personal use of social media

- 11.3.1 'Personal use' is defined here as a (for example) Twitter/Facebook page set up by a member of staff purely for personal reasons and not in their capacity as a professional.
- 11.3.2 These pages are private to the individual concerned and a forum for an individual's freedom of expression and therefore it would be inappropriate to suggest any regulation of these in a Trust policy. It should also be emphasised that the Trust does not monitor personal social media pages set up by staff.
- 11.3.3 However, staff are advised to remain mindful of the fact that by its nature, much of social media is highly visible (whether intentionally or not) to large networks of people. These could include patients and their families, the media and Trust colleagues and Members, among others.
- 11.3.4 Where relevant staff should also be mindful of their respective professional Codes of Practice when using social media both professionally and personally and take care not to breach these, whether by accident or design.

- 11.3.5 In light of this, staff are strongly advised not to discuss potentially contentious or controversial work-related matters – such as those that may bring the Trust into disrepute or seriously harm its reputation - or to publish any sensitive or confidential details about their work on their personal social media pages, particularly when that page clearly identifies the person as an employee of the Trust. Should such comments be seen by a wider audience (as described in 11.3.3 above) and then reported to the Trust out of concern, that employee may face an investigation leading to possible disciplinary action, consistent with other applicable Trust policies.
- 11.3.6 Members of staff must inform their line manager if they see anything posted by a colleague on social media (whether on a professional or personal social media page) that causes them professional concern; for example, a breach of confidence, discussion of sensitive or contentious work-related issues, or material that could seriously harm the reputation of the Trust.
- 11.3.7 Once made aware of a concern, line managers should then seek advice from the Human Resources department as appropriate. They should also inform the Communications Manager if they feel the concern may trigger any media interest. The Communications Manager is happy to provide general non-specific guidance on this issue within the context of this policy, but any specific actions in relation to any employee should be agreed only with and following clear advice from the Human Resources department.
- 11.3.8 If a member of staff sees on any social media accounts derogatory and damaging remarks towards the Trust or any of its employees they should alert the Communications Manager so appropriate action can be taken. Employees should refrain from responding themselves to these remarks. The Communications Team will respond to remarks made on the Trust's social media accounts during the normal course of account monitoring.

## **12 ARCHIVING ARRANGEMENT**

- 12.1 The original of this policy will remain with the author, (the Communications Manager). An electronic copy will be maintained on the Trust Intranet, P- Policies – Trust-wide - M), Archived copies will be stored on the Trust's Governance Shared Drive and will be held for 10 years.

## **13 PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY**

- 13.1 In order to monitor compliance with this policy, the auditable standards will be monitored as follows:

<b>No</b>	<b>Minimum Requirements</b>	<b>Evidenced by</b>
<b>1.</b>	No unauthorised media contact has occurred	Press articles
<b>2.</b>	There has been no misuse of social media	Social media feedback
<b>3.</b>	Advertising on the Trust Intranet as appropriate	Feedback from staff

### **13.2 Frequency**

In each financial year an audit will be undertaken to ensure that this policy has been adhered to and a formal report will be written and presented at the Hospital Operations Board.

### **13.3 Undertaken by**

Communications Manager.

### **13.4 Dissemination of Results**

At the Hospital Operations Board Committee which meets monthly

### **13.5 Recommendations/ Action Plans**

Implementation of the recommendations and action plan will be monitored by the Hospital Operations Board

13.6 Any barriers to implementation will be risk-assessed and added to the Trust risk register.

13.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Leads' through e-mail notification for cascade to relevant staff; and at the Infection Control Operational Group.

## **14 REFERENCES**

None

## **15 ASSOCIATED TRUST POLICIES**

**Health Information Policy**  
**Official Visitor Policy**



## APPENDIX 1: Communication Plan

### COMMUNICATION PLAN

The following action plan will be enacted once the policy etc. has been approved.

<b>Staff groups that need to have knowledge of the policy</b>	All staff
<b>The key changes if a revised policy</b>	Minor update to policy to include use of social media
<b>The key objectives</b>	<p>To provide information about matters of a legitimate concern to the public. This reflects the Trust's wish to be an open, accountable and transparent organisation</p> <p>To safeguard and promote the Trust's reputation for excellence and to maintain public confidence in its services and staff and that of the wider National Health Service.</p> <p>Seek to build a professional and courteous long-term dialogue with the media. By setting out our 'principles of engagement' with the media, we aim to foster and maintain positive dialogue.</p>
<b>How new staff will be made aware of the policy, e.g. induction process, cascade etc.</b>	Induction process and available for all staff to view on Trust Intranet + ad hoc promotion and awareness of the policy, particularly for social media, to staff as and when appropriate.
<b>Training available to staff</b>	Incorporated into local departmental induction + verbal advice and guidance for all staff from communications as and when appropriate
<b>Any other requirements</b>	Particular attention should be given to the revised Section 11 - Duties and responsibilities of staff in regard to social media.

## APPENDIX 2: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	Media and Social Media Relations Policy
Division/Directorate and service area	Communications and Engagement
Name, job title and contact details of person completing the assessment	James Garnett, Communications Manager
Date completed:	September 2015

**The purpose of this tool is to:**

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

**1. What is the main purpose of this document?**

The policy specifies how to build a professional and courteous long-term dialogue with the media whilst protecting the confidentiality of the patients and staff

**2. Who does it mainly affect? (Please insert an "x" as appropriate:)**

Carers ☐ Staff ☒ Patients ☒ Other (please specify)

**3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below?**

**4.** (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

**Please insert an "x" in the appropriate box (x)**

Protected characteristic	Relevant	Not relevant
Age	<input type="checkbox"/>	X
Disability	<input type="checkbox"/>	X
Sex - including: Transgender, and Pregnancy / Maternity	<input type="checkbox"/>	X
Race	<input type="checkbox"/>	X
Religion / belief	<input type="checkbox"/>	X
Sexual orientation – including: Marriage / Civil Partnership	<input type="checkbox"/>	X

5. Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to... (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

None.

6. Do you think the document meets our human rights obligations? Yes

*Feel free to expand on any human rights considerations in question 6 below.*

**A quick guide to human rights:**

- **Fairness** – how have you made sure it treats everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?

An Equality Impact Assessment has been completed and submitted to HR (appendix 1). This policy is intended to protect the confidentiality, privacy and dignity of patients and to ensure that frontline healthcare services are not disrupted by media activity. The impact of this policy is neutral in that it applies to all patients and employees.

**7. If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.**

<b>“Protected characteristic”:</b>	None
<b>Issue:</b>	
<b>How is this going to be monitored/ addressed in the future:</b>	
<b>Group that will be responsible for ensuring this carried out:</b>	