

Social Media Policy

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Author Name and Job title	Lucy Wills, Web Officer
Sponsor Name and Job Title :	David Searle, Director of Strategy and Business Development
Date issued:	19 th March 2015
Next Version Date:	19 th March 2018
Review Period (1 year, 2 year etc)	3 years
Scope	All staff, governors and directors of the Trust
This policy has been Equality Impact Assessed	Yes

Uncontrolled once printed.

It is your responsibility to check against the intranet that this printout is the most recent version of this document.

Record of changes to this document

Version & Section Number	Amendment	Date of Change	Change/ Addition	Reason

Dissemination and Consultation with Stakeholders

Disseminated to (either directly or via meetings, etc.)	Position of Stakeholder or Name of Endorsing Committee	Format (paper or electronic)	Date
Information Governance	Information Governance Steering Group	Electronic	1 December 2014
People and Development	Terms and Conditions Meeting	Electronic	19 March 2015

The author must collect and keep evidence that consultation has taken place. This can be in the form of emails sent and received (if any), meeting minutes and notes taken of discussions. Changes made as a result of consultation must be recorded in the change section of the policy.

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Operational Summary

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Policy Aim

To set standards for the use of social media on behalf of the Trust and to provide general guidance for all staff on social media use.

Policy Summary

This policy is designed to help employees get the most out of social media tools, whilst maintaining a safe professional environment and protecting themselves and the Trust.

What it means for staff

This policy will help social media to be used positively by staff, encouraging patient engagement and promoting (and protecting) the Trust brand by providing guidance on how to use social media.

1. Introduction

Social media enables employees to share questions, ideas and knowledge with a broad group of fellow professionals, as well as engage with patients. There is a huge potential for strengthening the Trust's social media identity, to promote our Trust and services and to also raise awareness of specific public health campaigns.

However, social media can blur the boundary between an individual's private and professional lives. People are often unaware that the personal material they intend to share with friends can be accessible to a much wider audience and that once uploaded onto the web, it may not be possible to delete material or control how widely it is shared.

The use of social media for legitimate work-related purposes is encouraged, to improve engagement and support the Trust brand. The information in this policy will help employees to get the most out of social media tools, whilst maintaining a safe professional environment and protecting themselves and the Trust. A breach of this policy will be dealt with in accordance with the Trust Disciplinary Policy.

2. Purpose

The purpose of the Trust Social Media Policy is to:

- Ensure that employees clearly understand how the use of social media can impact, both positively and negatively, on the Trust
- Set standards for the use of social media by Trust staff
- State the position of the Trust on social media
- Ensure that social media is not used in a way that will breach this policy.

3. Explanation of Terms

Social media has come to be the catch-all name for a huge variety of internet-based platforms that enable people to communicate in various ways. The popular social media platforms are well known eg Twitter, YouTube, Facebook and Instagram. These are just a few of the hundreds of social media platforms available.

To an individual, social media is anything which allows information to be published, shared and commented on online without the influence of editors, organisations or the state.

To organisations, social media is a selection of online platforms which allow information to be published, shared and commented on online. It also enables organisations to communicate with individual stakeholders.

4. Duties

- The Communications Team is responsible for the overall approval of requests for new social media accounts/sites in a work context, approving social media use from Trust computers and providing advice to staff on their responsibilities regards social media use. Access is implemented by IT.
- Line Managers are responsible for communicating the Social Media Policy to their team, where appropriate, providing initial approval for social media use in support of the Trust brand, and developing this social media use proposal to be submitted to the Communications Team for final approval in liaison with the Information Technology Department (IT).
- Each individual is personally responsible for what they publish on social media and all employees are responsible for ensuring that they fully understand and comply with this policy. Staff who breach this policy will be dealt with in accordance with the Trust's Disciplinary Policy.

5. Process – Management of social media accounts

5.1 Patient privacy

The ethical and legal duty to protect patient confidentiality applies equally on the internet as to other media. Staff must not share anything that can identify a patient, public or staff (or any living individual) or otherwise constitutes disclosure of personal health information of a patient in the Trust. Staff must alert management if they see information posted by others, including patients themselves, which is confidential. This does not apply to patients sharing information about themselves on social media.

To protect patient privacy and protect a professional relationship, the Trust recommends that staff should not accept Facebook friend requests from current or former patients.

5.2 Setting up a social media account or campaign for a service or event

All employees of The Hillingdon Hospitals NHS Foundation Trust can apply to set up a social media account representing the Trust, however there should be a sound business reason for it. Any staff member wishing to set up a social media presence or interact with existing external sites where they are formally identified as an employee of The Hillingdon Hospitals NHS Foundation Trust must first obtain approval from their Line Manager, and then request permission in writing to the Communications Team, explaining the purpose of the work.

Staff must ensure that none of their online activities interfere with their job, colleagues or commitments to patients. Social media sites should only be used in work time if they directly support an employee in their employed position, and have been approved by their line manager and the Communications Team.

5.3 Staff personal social media pages

If a member of staff has their own personal social media pages, and if that account can identify them as a Trust employee, they must ensure that their profile and related content is consistent with how they wish to present themselves to colleagues and the public. Content that a Trust employee publishes on social media should not bring the Trust into disrepute.

All staff should consider conservative privacy settings to their own social media accounts, where these are available, but be aware that not all information can be protected on the web.

5.4 Social media discussion topics

Staff must adhere to the legal framework when posting on social media - libel, defamation, copyright and data protection laws apply. All employees must also be aware of fair use and financial disclosure laws. The Trust's Internet and Email Policy, Information Security Policy and Confidentiality Policy must be followed at all times.

Staff must not use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in the workplace. They should also show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory - such as politics and religion (see the Trust Equality and Diversity Policy). It would be inappropriate to post informal, personal or derogatory comments about patients or colleagues on public internet forums.

When identified as a Trust employee, each employee should stick to their area of expertise in order to provide worthwhile information and perspective to support the Trust brand.

5.5 Declaring conflicts of interest

Staff who post material online should be aware of their ethical and professional obligations, such as the General Medical Council (GMC) regulations, to declare any financial or commercial interests in healthcare organisations or pharmaceutical and biomedical companies. This ethical duty applies even where staff blog anonymously, as any material written in a professional capacity or by authors who represent themselves as employees of the Trust are likely to be viewed by the public as such and taken on trust. Failing to declare conflicts of interests could undermine public trust, compromise the professionalism of authors and in turn risk referral to the GMC.

5.6 Compliments and complaints

If an employee is made aware of any complaints/criticisms that fall within their area of expertise, they should work to resolve the complaint directly and contact the Communications Team for support.

If an employee is made aware of any complaints/criticisms that fall outside their area, they should ask the complainant to contact the Patient Advice Liaison Service, alerting them of the issue, and contact the Communications Team for support.

If a member of staff is made aware of a satisfied service user who may have an interesting story to tell, please let the Communications Team know.

6. Equality Impact Assessment

The Trust is committed to promoting an environment that values diversity. 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 placed at a disadvantage over others. This document has been equality impact assessed and this can be found in Appendix 1.

(Further guidance can be found in the Trust policy for the Development and Management of Trust Policy documents)

7. NHS Constitution

The Trust is committed to the principles and values of the NHS constitution and this document takes in to account these principles and values.

8. Process for Monitoring Compliance with the Document

The Communications Team is responsible for monitoring and maintaining the Trust's primary social media accounts. They use analysis tools to monitor social media traffic to highlight mentions on social media relevant to the Trust.

Element to be monitored	Lead	Tool / Methodology	Frequency	Reporting arrangements	Action Lead(s)	Change in practice and lessons to be shared
Mentions about the Trust on Twitter	Web Officer	Twilerts	Working hours	Assistant Director of Communications	Web Officer	Respond on Twitter & direct to PALS if appropriate
Mentions about the Trust on other social media	Web Officer	mention.com	Working hours	Assistant Director of Communications	Web Officer	Respond on Twitter or Facebook & direct to PALS if appropriate
Staff for breach of policy	Web Officer	Twilerts/mention.com	Working hours	Assistant Director of Communications	Web Officer	Communication with staff /report on Datix if appropriate

9. Dissemination of this Policy

This policy document will be available to all staff via the Trust Policy Information Management System, staff will be alerted to the policy by a standard general email.

9.1 Implementation of the Policy

The arrangement for the implementation of the policy, including training must be contained within the monitoring template of the policy document. The monitoring template will act as an action plan that will be monitored by the ratification committee

10. References

British Medical Association (BMA), Using social media: practical and ethical guidance for doctors and medical students, Standing up for doctors

NHS Confederation Publications, (2013) HR and social media in the NHS

Government Digital Service, Home Office (2012) Guidance on the use of social media

11. Associated Documentation

The following Trust policies and procedures should be noted in conjunction with this policy:

- Internet and Email Policy
- Code of Conduct for Employees in Respect of Confidentiality
- Data Protection Policy
- Disciplinary Policy
- Information Security Policy
- Dignity at Work Policy

Template: Standard Equality Impact Assessment Tool

Name of Policy or Document: Social Media Policy		
Name of Author: Lucy wills		
Who is this policy or service aimed at: (Staff, Patients/Carers, Visitors/General Public)	Staff	
Description and aims of the policy/service change	To set standards for the use of social media.	
Date EIA Completed		
Nature of the Change	Yes/No	Details of adverse impact identified
Does the policy/Service change affect one group less or more favourably than another on the basis of:	No	If yes to any of the following a full EIA must be completed
Race or Ethnicity	No	
Nationality	No	
Gender, Marital Status, Pregnancy and maternity	No	
Culture or Heritage	No	
Religion, Faith or belief	No	
Sexual orientation, transgender Gender Reassignment	No	
Age	No	
Mental Health	No	
Physical, sensory or Learning Disabilities	No	
Homelessness, Gypsy/Travellers, Refugees/Asylum Seekers	No	

I declare that in assessing the proposed documentation/change I have identified that
(Please delete as appropriate)

There is unlikely to be an adverse impact on different minority groups

Name: Lucy Wills	Post: Web Officer
Date: March 2015	Contact Number: 3494

Checklist for the Review and Ratification of Trust Policy Documents

Policy Title: Social Media Policy

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1. Title			
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?		Policy
2. Rationale			
	Are reasons for development of the document stated?	Y	
3. Development Process			
	Is the method described in brief?	Y	
	Are individuals involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with stakeholders and users?		
4. Content			
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5. Evidence Base			
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	N/A	
	Are the references cited in full?	N/A	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are local/organisational supporting documents referenced?	N/A	
6.	Approval		
	Does the document identify which committee/group will approve it?		
	If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Has the consultation record been completed?	Y	
	Is there an implementation action plan identifying how this will be done?	N/A	
	Does the plan include the necessary training/support to ensure compliance?	Y	
8.	Document Control		
	Does the document identify where it will be held?	Y	
	Have archiving arrangements for superseded documents been addressed?	N/A	
9.	Process for Monitoring Compliance		
	Are there measurable standards or KPI's to support monitoring compliance of the document?	N	
	Is there a plan to review or audit compliance with the document?	Y	Monitoring of social media activity
10.	Review Date		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so, is it acceptable?		
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the	Y	Communications

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	documentation?		

Minor Amendments Ratification Chair Approval			
<p>If as ratification committee/group chair you are happy to acknowledge and approve this document, please confirm this by email to the document author. Please enter your name and date of your approval in the box below.</p> <p>NB: A copy of the confirmation email must be sent to the Information Governance Team as evidence of approval before the document can be placed on to the intranet</p>			
Name		Date	
Ratification Committee/Group Approval			
<p>If the committee is happy to approve this document, please sign and date it and forward copies to the document author with responsibility for disseminating and implementing the document and the Governance Information Team who are responsible for maintaining the organisation's database of approved documents.</p> <p>A copy of the minutes demonstrating ratification has been agreed must also be sent as evidence of completing the process.</p>			
Name	Terms and Conditions Committee	Date	19/03/2015