



Social Media Policy

Purpose of Agreement	The aim of this policy is to provide a standard framework for the use of social media by Trust employees and services, including contractors, non –executive directors and people associated with the Trust. It ensures that the Trust, staff and service users are not brought into disrepute, as a result of the inappropriate use of social media.
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1		Various	Various amendments were made to policy throughout the document. The policy now also includes a specific reference to the setting up of Trust/ service social media accounts.	May 2024
2		Page 6 & 8	Minor amendments to wording	September 2023
3		Page 7	Addition of guidance for use of social media during purdah	June 2023

Review Log:

Include details of when the document was last reviewed:

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V3	TBC			

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SOCIAL MEDIA POLICY

1. INTRODUCTION & PURPOSE

- 1.1 The aim of this policy is to provide a standard framework for the use of social media. It ensures that the Trust, staff, and service users are not brought into disrepute, as a result of the inappropriate use of social media.
- 1.2 It sets out the standard that should be followed by East Grinstead in Bloom; this includes apprentices, contractors, volunteers, non-executive directors, and governors. It covers both personal and organisational social media accounts.
- 1.3 Use of social media in people's own time, in a personal capacity without identifying themselves as employees of/ associated with the Trust and without discussing their work, would not normally fall under the remit of this policy. Professional code of conducts often do include personal social media accounts. It is our policy that registered staff will comply with codes of conduct in respect of social media.
- 1.4 When people use social media in a professional, or semi-professional capacity, (e.g. through a personal account which also identifies them as a Trust employee and is used to discuss professional issues) guidance is required.
- 1.5 Guidance is provided to ensure that social media accounts, operated on behalf of the Trust, are managed consistently and in line with information governance requirements. The policy includes what to consider and who to contact.

Introduction to social media

- 1.6 Social media is now the most popular way of communicating and sharing information and advice. 58% of the UK adult population use social networking sites (Skills for Health, 2017). It is a very quick, and cost effective, way to reach very large numbers and to build trust, and more people are using the internet to discover and share information about their health. 40% said information found via social media affects how they deal with their health (Skills for Health, 2017).
- 1.7 The online elements of EGiB brand plays a large part in the way in which it is perceived. Mistakes on any associated websites, information that is not helpful or is incorrect, online booking systems that don't work, not responding to online comments etc. can also lead to a negative user experience and can be damaging to the brand.
- 1.8 Social media brings a vast amount of opportunity; however, there are also a number of risks, both when using social media in a professional and personal capacity including:
 - unauthorised disclosure of Trust information and breaches of confidentiality or protectively marked information.
 - legal liabilities from offensive postings
 - personal data being disclosed without consent - breach of Data Protection Act

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- damage to the reputation of Solent NHS Trust
- identity theft
- breach of safeguarding
- virus or other malicious software infection
- publication of inappropriate content including, but not limited to operational material
- civil or criminal action relating to breaches of legislation.

2. SCOPE & DEFINITIONS

2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within East Grinstead in Bloom, in line with EGIB, Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to EGIB.

2.2 Social media defines a tool which facilitates two-way interaction online.

2.3 This includes:

- social networking channels such as Twitter, Facebook, Google+
- social recruitment sites such as LinkedIn
- video and picture sharing networks such as Instagram and YouTube
- social news discussions such as comments sections on news pages
- interactive training platforms such as webinars
- forums hosted on company websites
- blogs

2.4 Social media is focussed on building relationships, sharing knowledge and information and inspiring people to complete an action (click on a link, watch a video, share a post, etc).

3. PROCESS/REQUIREMENTS

3.1 Appropriate use of social media

3.1.1 People should note that there have been a number of cases in which NHS staff have been disciplined for inappropriate use of social media. All staff should follow their professional body code of conduct. Staff can be subject to police investigations if serious misuse of social media is suspected.

3.1.2 The following guidelines should be adhered to:

- Staff must not discuss confidential organisational information on any social media accounts.

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- Staff must follow all legal requirements around confidentiality, information governance and codes of conduct when using social media.
- Staff must not publish, make comments, forward or link to anything that would bring the Trust, staff or services in to disrepute refer to point 3.1.3 below e.g.:
 - pornographic material (that is writing, pictures, films and video clips of sexually explicit or arousing nature)
 - a false and defamatory statement about any person or organisation
 - material which is offensive, obscene, abusive, discriminatory, derogatory or may cause embarrassment to Solent, our patients, or our staff
 - any other statement which is likely to create any liability (whether criminal or civil, and whether for you or us)
 - materials in breach of copyright or intellectual property rights, or which invades the privacy of any person
 - bullying, harassing or discriminating against any other employee in any way whilst online.
- Staff must not post anything that they would not want in the public domain. Once it is published, it cannot be taken away. Even if a comment is deleted, it can still be found.

3.1.3 People are advised that they must refrain from any online behaviour which could be considered to be discriminatory, or which may constitute bullying or harassment of colleagues or service users. This includes, for example, making offensive comments relating to gender, gender reassignment, race (including nationality), disability, sexual orientation, religion/belief or age; using social media to bully another individual (“cyberbullying”) and posting images that are discriminatory or offensive or links to such images:

- Harassment is defined under the Equality Act (2010) as ‘violating dignity or, creating an intimidating, hostile, degrading, humiliating or offensive environment’.
- Incidents of discrimination, bullying or harassment, which take place via social media, will be managed in-line with the following policies, where appropriate - Dignity at Work Policy, Grievance Policy and the Disciplinary Policy.
- The Human Rights Act 1998 states that everyone has the right to privacy and the right to freedom of expression. However, these rights come with responsibilities and neither provide immunity if the manner in which a person chooses to exercise these rights offends or upsets another person.

3.2 Using social media during Purdah

3.2.1 Purdah describes the period of time immediately before elections or a referendum when specific restrictions on activities of civil servants and local government officials, where appropriate, are in place. It is important that NHS Providers follow the custom and practice of purdah to avoid any impression of influencing election process or its outcomes.

3.2.2 During purdah periods, people who use their social media account in a work capacity, and who identify themselves as working for the Trust, should remain neutral, refraining from any commentary and within the guidelines produced by the Trust in relation to purdah.

3.3 Identifying your employer

3.3.1 If you identify yourself as working for the Trust on social media platforms, it must be made clear that all comments and opinions are made in people’s personal capacity.

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3.4 Managing patient feedback via social media

3.4.1 People sometimes use social media as a way of complaining, venting their frustrations and endorsing services. The Communications Team can provide support regarding how to manage patient complaints and feedback online. People should also refer to the Trust's Complaints Procedures and Policies.

3.5 Social media accounts

3.5.1 If a service believes that using social media as a communication tool would benefit their service users and the Trust, the Communications Team must be notified and advice and guidance will be provided. The team will provide support and advice to maximise efforts, to ensure appropriate use of social media and to ensure the reputation of the Trust is upheld.

3.5.2 The following principles should be adhered to:

- The team / service need to be committed to the site. Creating a social media account which is not used will not present the service or Trust a positive light on the service or the Trust.
- Good practice is to monitor social media accounts every day and respond, when needed, in a timely manner.
- Any information posted online is in the public domain and can be freely viewed by anyone at any time, even if it has been deleted.

4. ROLES & RESPONSIBILITIES

4.1 East Grinstead in Bloom has overarching accountability for this policy and delegates the responsibility for ensuring this policy is applied consistently and fairly across the Trust, to the executive directors and senior managers of the Trust.

4.2 The Head of Communications is responsible for ensuring this policy is widely publicised and properly implemented.

4.3 The Communications Team is responsible for providing appropriate advice and support to people in the application of this policy, and the appropriate use of social media and for signing off the use of service social media platforms. The team will review social media activity in the interests in the reputation of the Trust.

4.4 Everyone is responsible for their own actions on social media and must comply fully with this policy, and their professional codes of conduct, at all times.

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4.5 If people have a concern that the use of social media is compromising patient/ staff safety or confidentiality, or that it is bringing the Trust into disrepute, they should speak with their line manager or refer to the Freedom to Speak Up - Whistleblowing Policy.

4.6 Managers should be aware of the professional use of social media within their team, and are responsible for the compliance with the policy within their team. Managers must be made aware if their team members would like to use social media, as part of their role, within working hours for the benefit of the service and service users.

5. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

5.1 An Impact assessment has been undertaken, no adverse consequences have been identified. A full impact assessment can be found in Appendix A.

6. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

6.1 Monitoring is only carried out to the extent permitted, or as required by law, and as necessary and justifiable for business purposes.

6.2 Managers reserve the right to restrict or prevent access to social media and other websites if they consider personal use to be excessive/ inappropriate during working hours.

6.3 If there are any concerns which points towards having been breached, the managers involved, and the Communications team, can request access to view the account in question.

6.4 If anyone notices any use of social media by other people in breach of this policy they should report it to their manager at the earliest opportunity.

6.5 If a manager is notified about a breach of this policy, they should report this to the Human Resources Consultancy Team and Communications Team.

6.6 If this policy is breached, the Trust reserves the right to take action under the Disciplinary Policy.

6.7 To determine if there is compliance with the policy the Communications Team will regularly review social media platforms. Media monitoring systems will be used for this process.

6.8 The Communications Team will work with the Trust's Associate Director of Corporate Affairs to undertake fit and proper person checks for members of the Trust Board.

7. REVIEW

7.1 'This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter

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on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.'

8. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 8.1 Skills for Health (2017) The Social Media Toolkit for Healthcare
- 8.2 Disciplinary Policy
- 8.3 Freedom to Speak Up Policy
- 8.4 Investigation Policy
- 8.5 Adult Safeguarding Policy
- 8.6 Safeguarding Children Policy
- 8.6 Freedom to Speak Up Whistleblowing Policy
- 8.7 Dignity at Work Policy
- 8.7 Equality and Human Rights Policy

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Appendix: A

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To outline what is considered appropriate use of social media to protect the reputation of the Trust.		
2. Who will be affected by it?	All staff who identify themselves as working for Solent NHS Trust on social media platforms.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	N/A		
4. What information do you already have on the equality impact of this document?	N/A		
5. Are there demographic changes or trends locally to be considered?	N/A		
6. What other information do you need?	N/A		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		x	
2. Can any group benefit or be excluded?		x	Applies to all staff
3. Can any group be denied fair & equal access to, or, treatment as a result of this document?		x	N/A
4. Can this actively promote good relations with and between different groups?		x	N/A
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		With communications team and other key departments in the Trust
6. Have you used a variety of different methods of consultation/involvement?	x		Via email and face to face
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	N/A

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<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	x		Consideration around emergency technology and Purdah
9. Are there any external implications in relation to this policy?		x	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?		x	