

# USE OF SOCIAL MEDIA POLICY

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**Executive**

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## History

Version	Date Issued	Brief Summary of Change	Author
1	December 2016	New policy	

For more information on the status of this document, please contact:	
Policy Author	Emma Alderman
Department	Workforce and Organisational Development
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Ratified by	EPF / TEC
Audience	All Staff

### Executive summary

As a progressive organisation we recognise the extensive benefits that can be sought from using social media and encourage our staff to be proactive in engagement with the Trust activities on Social Media. However it is important that staff are mindful that inappropriate use could damage their own reputation and that of the Trust.

The aims of the Social Media policy are:

- To enable staff to understand their responsibilities when using social media
- To highlight potential risk involved with posting on social media sites
- To document the Trusts intentions for the use of social media and understand the implications of inappropriate use of social media
- To sign post where to obtain further advice

For further information or queries please contact the HR Team  
emma.alderman@asph.nhs.uk or Communications team comms.mailbox@asph.nhs.uk

**See also –** Confidentiality and Data Protection Policy  
Information Governance Policy  
Internet Usage and Security Policy

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## Introduction

This policy forms part of Ashford & St. Peter's Hospitals NHS Foundation Trust's (ASPH) commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The Trust's values (the '4Ps') and Staff Pledge are integral to all aspects of day-to-day life in the organisation and underpin the application of all our employment policies and procedures.

This policy sets out the standard that should be followed by all Ashford and St Peters NHS Foundation Trust staff when using social media, either through individual social media accounts or through a Trust operated account.

Social media is a term commonly used for web-based tools available on the internet that allow people to interact with each other in some way by sharing information, knowledge, opinions and interests.

Examples of social media sites include:

- Social networking sites (e.g. Facebook, Google+, LinkedIn)
- Micro-blogging sites (e.g. Twitter)
- Blogs and personal websites
- Messaging boards/personal messaging (e.g. WhatsApp)
- Bookmarking websites (e.g. del.icio.ous)
- Photo and video content sharing sites (e.g. YouTube, Pinterest and Flickr)

This list is not exhaustive as social media is a constantly evolving area and the types of social media available may change over time.

The organisation does not allow access to social networking sites from work computers for the majority of staff. However, it is recognised that many staff use these sites on personal devices such as smart phones.

When a member of staff identifies that they work for the Trust and/or discusses their work on a social networking site, they must behave professionally and in a way that respects confidentiality and protects patients, members of the public, work colleagues and the reputation of the organisation.

### 1. Scope

This policy applies to all employees of the Trust, including but not limited to permanent, temporary, bank, contract, honorary and volunteer staff and all other persons and organisations carrying out any function or work for directly for or on behalf of the Trust (collectively hereafter as 'staff').

The policy sets out staff's responsibilities when using social media and the legal implications involved. It is not intended to stop members of staff from using social media

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sites in their own time, but to outline some areas of best practice and illustrate where problems can arise for individual staff members and the organisation.

## 2. Aim

The aim of this policy is to enable staff:

- to understand their responsibilities when using social media and what should, and should not, be electronically written or posted
- to highlight the potential risks involved when posting on a social networking site
- to document the organisation's intentions for the use of social media to understand the implications of using social media inappropriately
- to know where they can go for further advice.

## 3. Responsibilities

All staff have a responsibility to follow the principles set out in this policy.

Anyone who is found to have breached them may face disciplinary action in line with the Trust Disciplinary Policy.

In particular, staff should ensure that they are familiar with the Trust Confidentiality policy on patient confidentiality and follow it at all times.

Staff, volunteers and contractors are encouraged to observe professional guidance from their respective professional bodies. Registered clinicians are advised that they may put their registration at risk if they post inappropriate information on social networking sites. Posts must not compromise public confidence in the medical profession.

## 4. Principles

Staff who use social media in their personal life should be mindful that inappropriate use could damage their own reputation and that of the organisation.

When a member of staff identifies their association with the organisation – for example, by stating they work for the Trust or posting pictures of themselves in uniform or at work - and/or discusses their work, they are expected to behave professionally, and in a way that is consistent with the organisation's values and policies.

Even if a staff member does not directly associate themselves with the organisation, their link with the organisation can become known through images on friends' sites or on the organisation website, or by someone searching for names via internet search engines.

When using any social media channel staff should follow the principles outlined below.

### 4.1 Only use social media in your own time

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Unless work related, staff must not use personal social media sites during their working hours. Use of social media sites should be limited to allocated break times.

## **5.2 Make clear opinions are your own**

If a member of staff discloses that they work for the organisation or can be identified as an employee through association with other people, they should ensure their profile and related content is consistent with how the organisation would expect them to present themselves to colleagues and business contacts.

Staff should ensure others know that they don't represent Ashford and St Peters Hospital through their personal account or statements. They shouldn't state or imply that their personal opinions and content are authorized or endorsed by the Trust. We advise using a disclaimer such as "opinions are my own" to avoid misunderstandings.

The use of a disclaimer, however, does not override the need to follow other principles in this policy.

## **5.3 Do not set up official Trust sites**

All official social media sites are managed by the communications department. No other teams/staff within the organisation should set up corporate sites without the authorisation of the communications department.

Staff should not set up sites that are made to resemble an official site.

## **5.4 Always communicate as yourself**

If a member of staff associates themselves with Ashford and St Peters NHS Foundation Trust on their social media site, they are expected to post under their real name. This demonstrates openness and honesty, and accountability.

If an employee posts under a pseudonym and at a later stage these posts are associated with their real name, all previous posts will be admissible in a disciplinary investigation or hearing.

## **5.5 Respect others**

Posts must not contain anything contrary to the organisations equality and inclusion training. Anything containing racist, sexist, homophobic, sexually explicit, threatening, abusive, disrespectful or other unlawful comments must not be published. Inappropriate comments relating to protected characteristics set out in current legislation, for example disability, should also not be posted. Do not post anything on social media that may be viewed as discriminatory, does not recognise individual choice or does not preserve the dignity of those receiving care.

Staff should seek permission from colleagues before posting personal details or images that may link them with the organisation and should not post anything about someone if they

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have been asked not to. Staff must always remove information about a colleague if they have been asked to do so.

## 5.6 Maintaining boundaries

Using social media also creates risks, particularly where social and professional boundaries become unclear. You must follow the guidance in Maintaining a professional boundary between you and your patient.

If a patient contacts you about their care or other professional matters through your private profile, you should indicate that you cannot mix social and professional relationships and, where appropriate, direct them to your professional profile.

## 5.7 Be aware of how online posts are, or can become, public

When staff publish something on social media, they should assume it is in the public domain. Staff should be aware of privacy limitations when posting material. Even if something is initially shared with a limited group of followers or friends, it could still be copied and shared or published elsewhere.

Staff should carefully consider what they want to say before they publish anything, and work on the basis that anything they write or post could be shared more widely without their knowledge or permission.

Staff should configure their privacy settings and review them regularly because:

- social media sites cannot guarantee confidentiality, and do change settings
- the public, employers or any organisation staff have a relationship with may be able to access their personal information
- once information is online, it can be difficult to remove it.

Staff should be careful when sharing or retweeting posts, as they could be seen to be endorsing someone else's point of view.

A member of staff's ignorance of the workings or boundaries of a social media tool will not be considered as justifying a breach of this policy.

Similarly, whilst all relevant factors will be taken into consideration, reliance on any underlying medical condition to explain or justify inappropriate use of social media will not, of itself, absolve the staff member from responsibility.

## 5.8 Get your facts right

When posting information, staff must ensure it is factually correct. If they discover they have reported something incorrectly, they should amend it and make it clear they have done so.

## 5.9 Ensure comments are legal

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All comments must be legal and must not encourage people to commit a crime.

### **5.10 Understand the implications of defamation**

Defamation is the act of making a false statement about a person or organisation that is considered to harm their reputation. Defamation law can apply to any comments posted on the web, irrespective of whether they are made in a personal or professional capacity. -If an individual makes a statement that is alleged to be defamatory, it could result in legal action against the individual and the organisation they are representing.

### **5.11 Respect copyrights**

Staff must not use the Trust logo or the NHS logo anywhere on their social media sites, or copy photos from the organisations internet or intranet sites – these are copyright protected.

### **5.12 Be careful when talking about work-related issues**

Staff should only share information about the organisation that is in the public domain, and should not add disrespectful or untruthful comments on these issues.

Staff must also respect patient confidentiality, and should not disclose information that could identify a patient. See section 5.15 – Protect patient confidentiality.

### **5.13 Don't bring yourself or the Trust into disrepute**

Staff should not air grievances or publish anything that risks bringing the organisation into disrepute.

### **5.14 Be careful about the use of photos**

Staff should think carefully before posting photos that relate to their work. If staff post any photos of themselves or colleagues in uniform, or in an identifiable work setting, they must ensure that these represent a professional image of the organisation. Staff should not use a photo of themselves in uniform as their profile picture; this could give the impression that their site is an official site.

Staff must not post images containing patients on personal social media accounts. They should also not post images of a patient's injuries or clinical records (for example, patient report forms, electrocardiograms (ECGs), X rays or pictures of any incidents they have attended. This does not prevent staff sharing, retweeting or linking to images that have been published on official Trust sites.

### **5.15 Protect patient confidentiality**

Confidentiality must be respected by anyone who posts anything about their work on the internet, and under no circumstances should anything be posted that identifies a patient.

Staff should ensure they know the organisational policy on patient confidentiality and follow it at all times.

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The Department of Health (DoH) guidance on patient confidentiality is contained in the publication “Confidentiality: NHS Code of Practice (Nov 2003)”.

It states that all NHS staff have a duty to keep confidential all information about patients, and to not disclose this information to anyone not involved directly in their care. It is a legal obligation derived from case law; a requirement within professional codes of conduct; and is included in NHS employment contracts as a specific requirement linked to disciplinary procedures.

It is generally accepted that information provided by patients to the health service is provided in confidence and must be treated as such so long as it remains capable of identifying the individual it relates to. Once information is effectively anonymised it is no longer confidential. Whilst there are no clear obligations of confidentiality that apply to the deceased, the Department of Health and the General Medical Council agree there is an ethical basis for requiring that confidentiality obligations must continue to apply.

The following is patient-identifiable information and should not be disclosed:

- Patient’s name, address, full postcode or date of birth
- Pictures, photographs, videos, audio-tapes or other images of patients
- NHS number and local patient identifiable codes
- Anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.

The DoH definition of anonymised information is “information which does not identify a patient directly, and which cannot reasonably be used to determine identity. Anonymisation requires the removal of name, address, full postcode and any other detail or combinations of details that might support identification.”

#### Indirect breaches of confidentiality

Nothing written by staff should comment on, or provide additional information about, cases already in the public eye – for example, any incident that has already been reported in the media.

While individual pieces of information may not alone breach patient confidentiality, the sum of published information online could be sufficient to identify a patient.

In cases where an incident becomes public knowledge after information has been posted, the member of staff should consider whether the published details could now be considered to be breaching the patient’s confidentiality and, if so, remove them.

### **5.16 Respect safeguarding issues**

Posts made by staff must not encourage behaviour that could be linked to safeguarding issues, for example:

- Bullying

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- Luring and exploitation
- Theft of personal information
- Encouraging self-harm or violence
- Glorifying activities such as excessive drinking or drug taking

These kinds of posts may be investigated and result in disciplinary action.

### **5.17 Adhere to other Organisational policies and procedures**

Staff using social networking sites should always adhere to the organisations vision and values, as well as codes of conduct and policies which are part of their professional and employment requirements. These include:

- Professional code of conduct (e.g. Health Professions Council)
- Other codes of conduct (e.g. confidentiality clause in your contract)
- Relevant trust policies

## **6 Staff with authorised access to social media sites for work purposes**

The use of social networking is not normally permitted from Trust computers, and most of these sites are restricted by the Service’s web filtering software, managed by IM&T.

Some staff will be authorised to access social media sites either for monitoring purposes, or to post information on behalf of the organisation.

Staff who are given access to social media sites such as YouTube, Twitter and Facebook for work purposes must:

- only use these sites in an ethical and lawful manner – subject to the same principles as above, such as patient confidentiality, not bringing the Trust into disrepute and not posting sensitive information.
- not access their personal accounts – such as Facebook, Twitter and blogs, unless it is for the benefit of the Trust
- make total separation between their personal accounts and any accounts monitored or updated on behalf of the Trust.

## **7 Being harassed, bullied or victimised via a social networking site?**

If staff believe they are being harassed, bullied or victimised as a result of another member of staff’s post to social media , they can take action. Staff should access the organisation Dignity at Work policy which outlines the informal and formal action that can be taken.

Alternatively, they can inform their line manager or an adviser in HR, or report the incident to the police or to the social media site.

## **8 Misconduct**

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Any member of staff found to be using social media sites inappropriately, as outlined in the principles above, may be subject to disciplinary action and will be managed in line with the Trust Disciplinary policy.

Registered clinicians are advised that they may put their registration at risk if they post inappropriate information on social networking sites.

## 9 Further information

Any staff who are in any doubt about what they should or should not post on social media sites – particularly about their work – or who discover online content that may harm the reputation of the organisation, should contact the communications department by email to discuss the matter or raise their concerns via:

[comms.mailbox@asph.nhs.uk](mailto:comms.mailbox@asph.nhs.uk)

If a member of staff is contacted by the media about anything Trust-related they have written or to request other information or an interview, they should contact the communications department.

## References

British Medical Association (BMA) - Using social media: practical and ethical guidance for doctors and medical students. Online - [http://www.medschools.ac.uk/SiteCollectionDocuments/social\\_media\\_guidance\\_may2011.pdf](http://www.medschools.ac.uk/SiteCollectionDocuments/social_media_guidance_may2011.pdf) (May 2011)

Department of Health (DoH) - Confidentiality: NHS Code of Practice. Online <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice> (3rd November 2003)

General Medical Council (GMC) – Doctor's Use of Social Media. Online [http://www.gmc-uk.org/Doctors\\_use\\_of\\_social\\_media.pdf\\_51448306.pdf](http://www.gmc-uk.org/Doctors_use_of_social_media.pdf_51448306.pdf) (22 April 2013)

General Medical Council (GMC) – Confidentiality guidance: Disclosure after a patient's death Online - [http://www.gmc-uk.org/guidance/ethical\\_guidance/confidentiality\\_70\\_72\\_disclosure\\_after\\_patient\\_death.asp](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality_70_72_disclosure_after_patient_death.asp)

Nursing and Midwifery Council (NMC) – Guidance on using Social Media Responsibly. Online - <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/social-media-guidance.pdf> (25th February 2016)

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# Equality Impact Assessment Summary

**Name of Author:** Emma Alderman

**Policy/Service:** Social Media Policy

## Background

- Description of the aims of the policy
- Context in which the policy operates

The aim of the policy is:

This policy sets out the standard that should be followed by all Ashford and St Peters NHS Foundation Trust staff when using social media, either through individual social media accounts or through a Trust operated account.

## Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) outlining the data sources and any other information used
- The consultation that was carried out (who, why and how?)

All Trust employees are protected by this policy. It will have a positive impact on all people with a protected characteristic as it promotes equality through good practice.

The policy does not restrict freedom of speech but it does make people aware of the risks of sharing information about themselves, colleagues or the Trust on the internet.

A potential barrier is that many employees do not have IT access as part of their job. This will be overcome by managers cascading the policy through team meetings.

The policy was discussed and agreed with the EPF members in conjunction with the Health Informatics Team and Communications team.

## Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

The use of social media is not widely used by employees in the workplace currently and so there is no data available that provides any evidence of equality impact. As social media becomes more commonplace for Trust employees as a work communication method we will be able to identify any equalities impact and take action if necessary to remove barriers to any protected groups.

At present there is no evidence that the policy adversely impacts on particular equalities groups unwittingly.

**Conclusion**

- Provide a summary of the overall conclusions

Social media may present some barriers e.g. people who use assistive technology that is not compatible but it will not be used as the only form of communication.

In conclusion there are no equalities groups that are adversely impacted upon as a result of this policy.

**Recommendations**

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

At present there are no recommended changes as no equalities group is adversely affected and the policy has a further review date.

**Guidance on Equalities Groups**

<b>Race and Ethnic origin</b> (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	<b>Religion or belief</b> (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
<b>Disability</b> (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	<b>Sexual orientation including lesbian, gay and bisexual people</b> (consider whether the policy/service promotes a culture of openness and takes account of individual needs)

<p><b>Gender</b> (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</p>	<p><b>Age</b> (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or</p>
<p><b>Culture</b> (consider dietary requirements, family relationships and individual care needs)</p>	<p><b>Social class</b> (consider ability to access services and information, for example, is information provided in plain English?)</p>