

<b>DOCUMENT CONTROL</b>	
<b>Title:</b>	<b>Social Media Policy</b>
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<b>Scope:</b>	
This policy applies to any Pennine Care employee, in particular any staff team or member who wish to use social media professionally.	
<b>Purpose:</b>	
The purpose of this policy is to outline Pennine Care NHS Foundation Trust's approach to the use and management of social media platforms as a marketing, communication and engagement tool.	
<b>Requirement for Policy</b>	
Best Practice and Reputation Management of the Trust, Good Governance regarding use of Social Media	
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<b>Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):</b>	
CO11	Information Security Policy
IG006	Information Sharing Policy
HI005	Internet Access Policy
<b>Policy Associated Documents:</b>	
TAD_CO102_01	<a href="#">Social Media Request Form</a>
<b>Other external documentation/resources to which this policy relates:</b>	

**CQC Regulations****This guideline supports the following CQC regulations:**


## Contents Page

1.	Introduction	5
2.	Purpose	5
3.	Benefits of Social Media	5
4.	Risks of Social Media	6
5.	Risk Management and Approval Process	6
6.	Principles of Use	8
7.	Using Social Media for Personal Use	9
8.	Equality Impact Analysis	9
9.	Freedom of Information Exemption Assessment	9
10.	Information Governance Assessment	9
11.	Safeguarding	9
12.	Monitoring	10
13.	Review	10
14.	References	10

## **1. INTRODUCTION**

Social media is the term commonly given to websites and online platforms that allow users to interact with each other by sharing information, opinions, knowledge and interests. It involves building communities or networks, encouraging participation and engagement.

This includes:

- Blogs
- Podcasts
- Message boards
- Social networking websites

Social media has now become more widely recognised by the NHS and when used appropriately, can be an effective tool for communicating and engaging with a range of key stakeholders including patients, the public, staff professionals and partner agencies. However, it does pose reputational and information governance risks that need to be managed through a consistent approach and proactive monitoring.

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 and enable organisations to communicate with individual stakeholders.

## **2. PURPOSE**

The purpose of the policy is to outline Pennine Care NHS Foundation Trust's approach to the use and management of social media platforms as a marketing, communication and engagement tool. It outlines supportive risk management and approval processes, as well as key principles to support staff to make best use of social media in order to promote their service or enhance the reputation of the Trust.

## **3. BENEFITS OF SOCIAL MEDIA**

Social media platforms are critical to enabling the NHS to listen and use patients' concerns and ideas to provide a clinically excellent and sustainable NHS.

Social media provides another platform in which to engage with patients and service users, staff, promote Pennine Care and its services, and raise awareness of specific health promotion campaigns.

Participation in social media enables the Trust to engage with an audience that might not be reached through traditional media such as local newspapers and newsletters.

Key benefits include:

- Provide service users with another method of asking questions and sharing positive/negative feedback about their service experiences.
- Supporting a more open, honest and transparent culture

- Enhanced engagement with a target audience through a campaign,
- Promote specific events, courses and activities,
- Drive traffic to the Pennine Care website where more information is available.
- Send information/support directly to service users mobile devices.
- Engage with other service providers, partners and NHS Trusts,
- Share best practice, work with partner organisations,
- Keep up to date with professional news, training and developments
- Monitor what is being said about Pennine Care online and provide appropriate responses in a timely manner.

#### **4. RISKS OF SOCIAL MEDIA**

Risks associated with the use of social media are as follows:

- Unauthorised disclosure of business information and potential confidentiality breach – social networking sites provide an easy means for information to leak from an organisation, either maliciously or otherwise.
- Malicious attack associated with identity theft.
- Legal Liabilities from defamatory postings by employees.
- Ill-considered or unjustified comments left on sites may adversely affect public opinion toward an individual or organisation.
- Malicious code targeting social networking users causing virus infections and consequential damage.
- Systems overload from heavy use of sites with audio/visual features

#### **5. RISK MANAGEMENT AND APPROVAL PROCESS**

The Communications department has overall responsibility for managing the Trust's presence and use of social media.

Any social media accounts, profiles or pages set up on behalf of the Trust will be overseen by Communications. Communications will maintain a register of all social media sites that have been authorised and those who are authorised to use them. They will conduct a quarterly review of all sites to ensure they are being used and maintained appropriately. Any sites deemed not to be meeting this policy or not fulfilling their purpose will be shut down.

Any staff member or service wishing to make use of social media in an official Pennine Care capacity must adhere to the following processes:

##### **Approval Process:**

- Individuals or services must obtain approval from the relevant Line Manager and Director to proceed.
- A social media request form (TAD\_CO102\_01) must be submitted to the Communications Manager who will review the request and determine authorisation.

- Rather than setting up separate profiles, it may be more beneficial to promote services via the established Pennine Care social media platforms. This must first be explored
- Staff must demonstrate relevant skills and knowledge to apply social media appropriately. Training needs may be identified by the Communications Manager before authorisation is permitted.
- Communications will have overall editorial control of content for all social media sites and log in details must be provided upon request.
- Social media sites must be named and branded in line with Trust guidelines, as approved by the Communications Manager
- This policy must be read in conjunction with the Information Security Policy and Internet Access Policy, with consideration being given to how the site will be securely and appropriately used before permission is granted to proceed.
- Excessive use of social media should be avoided so not to adversely impact on ability to carry out general duties. Therefore, managers should determine terms and hours of operations (i.e., Monday to Friday, 9am to 5pm). This will need to be included on the site description and agreed before permission is granted.

### **Additional Users**

- Communications must be notified if a staff member with access to a social media platform leaves the Trust or moves onto another role so their access rights can be amended accordingly.
- Communications must be notified before additional or alternative team members are given access to social media accounts to ensure they have read and understood this policy and received training/support as required

### **Responding to complaints**

- Any complaints or issues made by service users/patients on social media sites should be escalated to the Communications Manager who will advise on the appropriate action to take. Complaints will normally be dealt with off-line by referring service users to PALS or complaints.
- No response should be made until recommended action has been agreed.

### **Requests for information**

- Members of the public are able to make Freedom of Information requests via Trust social media sites, and the 20 working days we have to respond to requests start as soon as the request is posted on the site.
- Any requests for information held by the Trust should be forwarded to the Freedom of Information team – [foi.penninecare@nhs.net](mailto:foi.penninecare@nhs.net)  
No response should be made until recommended action has been agreed with the Freedom of Information Team.

### **Addressing Non-Compliance**

- Line managers are responsible for ensuring authorised users comply with this policy. Failure to do so could result in disciplinary action.

- Any staff members found to be misrepresenting the Trust or disclosing confidential or patient identifiable information via social media should be reported to their line manager and the Communications Manager.
- The line manager is responsible for taking appropriate action to address the issues concerned, which may include disciplinary action.

## 6. PRINCIPLES OF USE

The following principles aim to provide employees with useful information to consider prior to participating in or developing social media platforms. These will help employees get the most out of social media, whilst maintaining a safe professional environment and protecting themselves and the Trust.

- You are personally responsible for what you publish so don't publish anything you would not say to the press or at a public meeting. Many media outlets monitor social media sites and will quickly pick up on controversial messages.
- Social media should not be used as a method of discussing internal Trust business.
- Social media should not be used to provide clinical care to patients.
- Don't talk about personal issues.
- Try to use language that you would use with your friends and family, rather than NHS jargon but remember to be professional.
- Link to [www.penninecare.nhs.uk](http://www.penninecare.nhs.uk) and the Trust's corporate social media platforms as much as possible:
  - Facebook.com/PennineCareNHSFT
  - Twitter.com/PennineCareNHS
- Do not use clip art or images taken from search engines/other websites on social media accounts as you may be breaking copyright laws, for which the Trust is liable and could be fined. Communications can support you in sourcing suitable images, please contact the department.
- Information posted online should not contain confidential or patient identifiable information. It must not discriminate or appear to support discriminatory attitudes. It must not be libellous, breach copyright or undermine the reputation of the organisation.
- If you are permitted to use social media as an official representative of Pennine Care, you should identify yourself by using your full name and role.
- Never give out personal details such as home addresses and telephone numbers
- Only cite or reference service users, clients, partners, colleagues or suppliers with their approval
- Ensure online activities do not interfere with your job, your colleagues or commitments to patients.
- Remember to regularly promote your site to service users you come into contact with to help increase followers.
- Access to social media sites is available from desktop PCs and mobile devices upon request from the ICT department.
- In order to evaluate the impact of social media and monitor its effectiveness, the identified site editor should conduct a monthly review.

## **7. USING SOCIAL MEDIA FOR PERSONAL USE**

Staff are free to make use of social media platforms for their own personal use outside of working hours.

However, if a staff member has their own personal social media profile which identified them as an employee of Pennine Care, they must ensure the content is consistent with how they wish to present themselves to colleagues, patients and partners, and that it does not contravene this policy.

Staff members wishing to use social media for their personal use do so at their own discretion. The Trust will not provide training to staff to use social media for their own personal use.

## **8. EQUALITY IMPACT ANALYSIS**

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

## **9. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT**

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

## **10. INFORMATION GOVERNANCE ASSESSMENT**

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

## **11. SAFEGUARDING**

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

## **12. MONITORING**

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

## **13. REVIEW**

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

## **14. REFERENCES**