

# Social Media & Instant Messaging Policy

CO22



## **Version Control**

<b>Version</b>	<b>Date Approved</b>	<b>Committee</b>	<b>Date of next review</b>	<b>CCG Lead</b>
2	3 <sup>rd</sup> May 2016	Executive Committee	May 2018	Debbie Cornell
3	September 2018	Executive Committee	September 2020	Debbie Cornell
4	October 2020	Executive Committee	October 2022	Debbie Cornell

## **Equality Impact Assessment**

<b>Date</b>	<b>Issues</b>
August 2020	See Section 8

## **Accessible Information Standards**

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [SUNCCG.sccg@nhs.net](mailto:SUNCCG.sccg@nhs.net)

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## 1. Introduction

The world of communication is changing. Social media is changing the way we, and every organisation in the world conducts its business. Millions of people use social media responsibly every day and it is becoming an increasingly important communications tool.

For the purposes of this policy, NHS Sunderland Clinical Commissioning Group will be referred to as 'the CCG'.

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The CCG may wish to use social media to provide opportunities for genuine, open, honest and transparent engagement with stakeholders, giving them a chance to participate and influence decision making. These tools are used to build online communities and networks which facilitate peer to peer interactivity.

Staff should use their own discretion and common sense when engaging in online communication. They should know and follow the CCG Standards of Business Conduct & Declarations of Interest Policy. The same principles and guidelines that apply to staff activities in general also apply to online activities. This includes forms of online publishing and discussion, including blogs, wikis, file-sharing, user-generated video and audio, virtual worlds and social networks.

The following sections provide some general rules and best practices which you should abide by at all times.

### 1.1 Status

This policy is a corporate policy.

## 1.2 Purpose and aims

The purpose of this document is to provide guidance to CCG staff on social media/networking on the internet and the external use of other online tools such as blogs, discussion forums and interactive news sites. It seeks to give direction to staff in the use of these tools and help them to understand the ways they can use social media to help achieve business goals. This is a rapidly changing area and this policy is expected to be updated and amended as communication strategies evolve.

The purpose of this policy is to help protect the organisation, but also to protect staff interests and to advise staff of the potential consequences of their behaviour and any content that they might post online, whether acting independently or in their capacity as a representative of the CCG.

The aims of this document are to:

- To provide clarity to staff on the use of social media tools when acting independently or as a representative of the CCG and give them the confidence to engage effectively;
- To ensure that the organisation's reputation is not brought into disrepute and that it is not exposed to legal risk; and
- To ensure that internet users are able to distinguish official corporate CCG information from the personal opinion of staff.

## 1.3 Scope

This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties on behalf of the CCG.

## 2. **Definitions**

'Social', 'social media' or 'social networking' are the terms commonly used to describe web sites and online tools which allow users to interact with each other in some way by sharing information, opinions, knowledge and interests.

The following terms are used in this document (note the below list is not exhaustive):

- Micro blogging – for example, Twitter
- Blogging – for example, WordPress, Tumblr, and Blogger
- Video sharing – for example, Flickr, Instagram, and YouTube
- Social bookmarking – for example, Reddit and StumbleUpon
- Social sharing – for example, Facebook
- Professional sharing – for example, LinkedIn

### 3. Policy for social media use

#### 3.1 Responsibilities

It is the responsibility of everyone within the organisation to use social media responsibly.

Whenever employees engage with social media and post information about their work or employer it is highly likely that the information will be circulated to a wide audience.

Although members of staff are not acting on behalf of the organisation in a formal capacity when engaging with social media in their personal lives they must be mindful that, depending on the content, their online posts could potentially be damaging to the CCG, for example if they are inaccurate or flippant. Staff must also be aware of the potential legal implications of material which could be considered abusive or defamatory.

Staff must at all times comply with Data Protection Legislation and Privacy and Electronic Communications Regulations with regards to their use of social media.

#### 3.2 Social media in your personal life

The CCG recognises that many employees make use of social media in a personal capacity. While they are not acting on behalf of the organisation, employees must be aware they can damage the organisation if they are recognised as being a CCG employee.

Although it is acceptable for staff to say they work for the NHS or CCG in posts and during online conversations, they should ensure they are clear that they are not acting on behalf of the organisation and post a disclaimer such as “the views posted are my own personal views and do not represent the views of the CCG” or “Tweets are my own views”.

All employees should be aware that the CCG reserves the right to use legitimate means to scan the web, including social network sites for content that it finds inappropriate.

Any communication that employees make in a personal capacity through social media must not:

- Bring the CCG into disrepute by criticising or arguing with customers, colleagues or rivals; making defamatory comments about individuals including judgments of their performance and character, or posting links to inappropriate content
- Breach confidentiality, for example by revealing information owned by the organisation; giving away confidential information about an individual (such as a colleague or customer contact)
- Breach the rights of data subjects under the Data Protection Act 2018 or General Data Protection Regulations.
- Include contact details or photographs of colleagues, customers or patients without their permission

- Discuss the CCG's internal workings or its future business plans that have not been communicated to the public
- Breach copyright, for example by using someone else's images or written content without permission or failing to give acknowledgment where permission has been given to reproduce something. If photos/videos are of the general public in public places then you can use them without obtaining permission
- Do anything that could be considered discriminatory, bullying or harassment of any individual, for example by making offensive or derogatory comments relating to protected characteristics under the Equality Act 2010
- Use social media to bully another individual or posting images that are discriminatory or offensive (or links to such content)
- Post information that breaches any of the conditions in CCG or NHS policies.

Incidents of discrimination, bullying or harassment which take place via social media will be managed in line with CCG policy.

### 3.3 Line manager guidance

Under this policy managers should be clear on the social media participation for any project and that individual staff members should be identified for managing the agreed social media for the project once appropriate approvals have been received. Managers requiring guidance should contact the appropriate lead for social media in the CCG.

### 3.4 Guidance for staff given access to social media

Where access has been given to use social media sites, staff must not upload/post the following:

- Personal identifiable information of patients and/or their relatives
- Personal identifiable information of another CCG employee in relation to their employment including judgements of their performance and character
- Photographs or video of another CCG employee taken in the work situation without permission
- Defamatory statements about the CCG, its staff, services or contractors
- Confidential information on bulletin boards, forums or newsgroups
- "Whistleblowing" posts, without already having raised concerns through the proper channels. All staff should be aware that the Public Interest Disclosure Act 1998 gives legal protection to employees who wish to whistleblow any concerns. HR35 Whistleblowing Policy incorporates the requirements of the Public Interest Disclosure Act 1998 (PIDA) and the Bribery Act 2010.

### 3.5 Photos and videos

Video is an excellent medium for providing stimulating and engaging content, which can potentially be seen by many people as it is easily shared on social media sites and embedded on other people's websites.

Images of individuals in photos/videos are treated as personal information where the person's identity is clear and can reasonably be worked out. In this instance, consent is required to use the images and you must take reasonable steps to tell the individual who you are, what you are taking their picture for and how they can access it. Individuals also have a legal right to remove that consent at any time. If photos/videos are of the general public in public places then you can use them without obtaining permission providing the footage is brief, incidental, and an individual is not engaged in a personal or private activity. It is considered best practice to advise people that a video is being taken either verbally or with a sign.

You must ensure that all video and media (including presentations) are appropriate to share/publish and do not contain any confidential, commercially sensitive or defamatory information.

If the material is official and corporate CCG content then it must be branded appropriately, and be labelled and tagged accordingly. It must not be credited to an individual or production company. Further guidance is available from the Information Labelling & Classification Procedure.

## 4. **Implementation**

This policy will be available to all staff for use in relation to the use of social media.

All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## 5. **Training implications**

It has been determined that there are no specific training requirements associated with this policy/procedure.

## 6. Documentation

### 6.1 Other related policy documents

- Confidentiality and data protection policy
- Information governance and risk policy
- Information security policy
- Safeguarding children policy
- Safeguarding vulnerable adults policy
- Standards of business conduct and declarations of interest policy
- Equality and diversity policy
- Harassment and bullying policy
- Raising Concerns at Work policy

### 6.2 Legislation and statutory requirements

- Equality Act 2010
- Data Protection Act 2018
- Freedom of Information Act 1998
- General Data Protection Regulations 2016
- Human Rights Act 1998
- Employment Rights Act 1996
- Computer Misuse Act 1990
- Copyright, Designs and Patents Act 1988
- Bribery Act 2010
- Privacy and Electronic Communications Regulations 2003

### 6.3 Best practice recommendations

Royles, D, NHS Employers, *Driving a permissive use of social media - #NHSEngage*, <http://www.nhsemployers.org/Aboutus/news-dean/commentry/Pages/DrivingAPermissiveUseOfSocialMediaNHSEngage.aspx>, Accessed 29/07/2013

Talbott, A, NHS Employers, *HR and Social Media in the NHS*, <http://www.nhsemployers.org/Aboutus/Publications/Documents/HR-social-media-NHS.pdf>, Accessed 29/07/2013

White, C, NHS Networks, *Using social media to engage, listen and learn*, <http://www.networks.nhs.uk/nhs-networks/smart-guides/documents/Using%20social%20media%20to%20engage-%20listen%20and%20learn.pdf>, Accessed 29/07/2013

## 7. Monitoring, review and archiving

### 7.1 Monitoring

The Accountable Officer will oversee, on behalf of the Governing Body, a method for monitoring the dissemination and implementation of this policy.

Monitoring information will be recorded in the policy database.

## 7.2 Review

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the second page of this document.

**NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

## 7.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: DH Code of Practice for Health and Social Care 2016.

## 8. Equality Analysis

### Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### Name(s) and role(s) of person completing this assessment:

**Name:** Beverley Smith

**Job Title:** Senior Governance Officer

**Organisation:** North of England Commissioning Support Unit (NECS)

**Title of the service/project or policy:** Social Media and Instant Messaging Policy

#### Is this a;

**Strategy / Policy**

**Service Review**

**Project**

**Other** Not applicable

#### What are the aim(s) and objectives of the service, project or policy:

The purpose of this document is to provide guidance to CCG staff on social media/networking on the internet and the external use of other online tools such as blogs, discussion forums and interactive news sites. It seeks to give direction to staff in the use of these tools and help them to understand the ways they can use social media to help achieve business goals. This document provides the awareness required by staff should they chose to use instant messenger applications when a secure method of messaging isn't made available by the organisation and the associated risks. This is a rapidly changing area and this policy is expected to be updated and amended as communication strategies evolve. This policy aims to help protect the organisation, but also to protect staff interests and to advise staff of the potential consequences of their behaviour and any content that they might post online, whether acting independently or in their capacity as a representative of the CCG.

## Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing quality of opportunity</li> <li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

The policy is based on the Sunderland CCGs' former policy and published information governance considerations for staff on the use of instant messaging software in acute clinical settings from the NHS. There is new information included in the document however the conclusion of 'no impact' is appropriate.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If any of the above have not been implemented, please state the reason:</b>		
Not applicable.		

## Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Executive Committee	Approval	October 2020

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

### Duties and Responsibilities

<b>Executive Committee</b>	The Governing Body has delegated responsibility to the Executive Committee for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Chief Officer</b>	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
<b>Chief Finance Officer</b>	The Chief Finance Officer as CCG Governance Lead will ensure that use of social media will: comply with corporate branding be used in a manner to enhance the CCG's ability to engage with stakeholders comply with statutory and regulatory rules as well as national guidance and best practice They are also responsible for: <ul style="list-style-type: none"> <li>• generating and formulating this policy</li> <li>• identifying the appropriate process for regular evaluation of the implementation and effectiveness of this policy</li> <li>• identifying the competencies required to implement this policy, and either identifying a training resource or approaching Workforce Learning and Development (Governance Directorate, Commissioning Support Unit) for assistance</li> </ul>
<b>All line managers</b>	All line managers are responsible for ensuring that appropriate processes are complied with when using social media.
<b>All Staff</b>	All staff, including temporary and agency staff, are responsible for: <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> </ul>
<b>Commissioning Support Unit (CSU) Staff</b>	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.

<b>Information Asset Owners</b>	<p>Information Asset Owners (IAOs) are responsible for:</p> <ul style="list-style-type: none"><li>• Liaising with records management/IG leads to ensure that records management practices are in line with the guidance and protocols on confidentiality.</li><li>• Ensuring appropriate record audits are undertaken.</li><li>• Ensuring appropriate information governance /confidentiality clauses are in third party contracts relating to records management such as secondary storage, scanning companies before using the company.</li><li>• Ensuring appropriate consideration is given to records management within business continuity plans.</li><li>• Ensuring they obtain appropriate certifications of destruction.</li></ul> <p>Investigate and take relevant action on any potential breaches of this policy supported by other applicable staff in line with existing procedures.</p>
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