

## TRUST POLICY FOR MEDIA AND SOCIAL MEDIA

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<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	July 2021	A Ashcroft	Replaces pre-merger Social Networking and Use of Media Policies
<b>Intended Recipients:</b> All Trust staff, including medical and dental staff., temporary and fixed term staff, agency workers, volunteers and students.				
<b>Training and Dissemination:</b> Dissemination via the Trust Intranet				
<b>To be read in conjunction with:</b> Trust Policy and Procedures for: Media Management; Disciplinary of Employees; Conduct, Capability and Health Policy for Medical Staff; Freedom to Speak Up Policy; Dignity at Work (Handling bullying, harassment and discrimination in the workplace) Policy; Inclusion Policy; Grievance and Disputes Resolution Policy; Internet Access and Email Policy; Information Governance Policy;				
<b>In consultation with and Date:</b> Information Governance, IT, Legal, Medical Directors office, Charity and other key departments				
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## **1. INTRODUCTION**

Media and Social Media are important channels for the Trust and its staff to improve health outcomes and tackle health inequality in the communities it services. UHDB staff are encouraged to use traditional media (broadcast, print and online) and social media, for example to share best practice across the NHS and our wider communities.

Over the past decade there has been a notable merger between how the traditional media and how social media interact and therefore this joint policy aims to provide guidance to staff whilst at the same time ensuring the Trust can maintain its reputation and allow it to recruit and retain the very best staff.

## **2. PURPOSE AND OUTCOMES**

### **2.1 Purpose**

The purpose of this policy is to clearly define the Trust's expectations in relation to contact with traditional media and use of social media. All employees must comply with Trust Information Governance policies and the additional requirements within this policy. All staff should be aware of the acceptable use and relevant legislation associated with the use of social media.

### **2.2 Outcomes**

The outcomes are to:

- Preserve patient confidentiality at all times unless written approval has been sought.
- Preserve and enhance the Trust reputation and prevent the Trust being brought into disrepute.
- Prevent the use, retention or forwarding of material that is offensive, obscene or indecent and likely to cause bullying, harassment or defamation of an individual, a group or the Trust.
- To allow staff to express their views in acceptable way and ensure all staff are responsible for complying with this policy and associated guidelines.

## **3. DEFINITIONS**

- Conduct - Conduct is the way employees behave, their actions and attitudes.
- Defamation and Libel - A spoken or written statement or series of statements that affects the reputation of a person or an organisation. If the statement is not true then it is considered slanderous or libellous depending on how it is delivered.
- Harassment - Bullying and harassment is based on the complainant's perception of the situation. (For further information regarding definitions of harassment see the Trust Policy and Procedures on Dignity at Work.)
- Misconduct - Conduct which is unacceptable and which will result in disciplinary action being taken. This will initially be a warning; however, if there is insufficient improvement, misconduct could ultimately result in dismissal.
- Gross misconduct - Conduct which is such that it indicates that the employee no longer intends to be bound by his or her duties or destroys the trust and confidence the Trust must have in an employee. Gross misconduct will normally result in summary dismissal.

- Social Media - 'Social media' is the term commonly given to websites and online tools which allow people and organisations to interact and engage by publically sharing information, opinions, knowledge, content and interests through online conversations or sharing links to web pages, video or audio. This does not cover private messages between individuals or small groups.

#### **4. KEY RESPONSIBILITIES/DUTIES**

Within this section are outlined the key responsibilities for Employees, Managers and Executives, Trade Union Representatives, Communications Department and Derby and Burton Hospital Charity

##### **4.1 Employees**

Staff must adhere to the requirements and purpose of this policy and associated guidelines. To perform their duties and to conduct themselves to the standards required in an accurate and professional manner.

1. Speaking to the Media on behalf of UHDB – Staff must seek permission from the Communications Team if they wish to speak to or provide information to traditional media outlets prior to doing so if it is related to the Trust. They must direct any media requests they may get directly to the Communications Department.
2. Speaking to the Media on behalf of a third party - If staff hold positions in other organisations and make views known about the work of that organisation, they must make clear it is that organisation they are representing and not UHDB. Staff do not need to seek approval to do this, though it is strongly advised they make the Communications Department aware to avoid confusion
3. Whistleblowing – Staff should never share confidential information, business or personal, related to the Trust to the media or on social media sites, unless in accordance with the Trust Freedom to Speak Up policy. Using all available methods to whistle blow/raising concerns first, including following those set processes to the end, before sharing on social media or contacting the media.
4. Defaming or libelling another individual - Staff must not, under any circumstances, make any defamatory or derogatory comments regarding patients, our wider communities, visitors, carers, their employers/line managers, their work colleagues/employees, services or contractors to the media or on social media. Staff must not share or repost information which we would consider libel – even if they did not write the original content they are still liable if they share or repost/retweet.
5. Patient and staff consent – Staff should never post or share pictures, comments or information relating to patients/staff or staff without consent. Written consent must be obtained if relating to patients. It is advisable not to accept 'friend' requests from patients / former patients on social media. Verbal consent should be sought from colleagues and, if in a clinical area, permission sought from a lead for that area before posting the content to social media.

6. Personal opinions – Staff should ensure social media accounts that they fully or partially use for work purposes make clear they are giving their views and not those of the Trust. Professional Codes also cover social media, staff may be referred to their professional body for potentially breaching this element of their code and sanctions may be put in place against them. Our overriding principle is to exercise tolerance towards those with protected characteristics or personal political views, and that ignorance or openly hostile comments towards these groups will not be tolerated and should not be posted.
7. VIPs, Celebrities and the general public – Staff should not invite VIPs, celebrities or the general public onsite without prior approval by the Communications Team, Hospital Charity or a member of the Executive Team.
8. Online Bully and Harassment – There is no place for bullying or harassment in our hospitals or online. Staff should raise with their line manager any concerns they have about being the victim or potential victim of inappropriate social media posts, either directly or indirectly, by colleagues, patients or the public. This may be raised under the Trust’s Grievance Procedure or Dignity at Work Policy.

Staff should raise with their line manager any genuine concerns they may have about the conduct of colleague/colleagues in regard to traditional or social media. Employees may raise issues with their manager, seek advice from the HR Employee Relations Team or a Trade Union/Professional Association representative or companion, or use the Freedom to Speak up Policy, as appropriate. They may alert Communications if they believe the matter is urgent.

Staff failing to comply with the key responsibilities and duties outlined above may be subject to measures in the Disciplinary of Employees Excluding Medical and Dental Staff and Disciplinary Medical and Dental Staff policies.

## **4.2 Managers and Executives**

Managers must ensure that all employees are aware of the requirements and purpose of this policy and their individual responsibilities in this respect, including ensuring:

- Any concerns raised under the scope of this policy are dealt with in a fair and consistent manner and are documented appropriately.
- Appropriate action is taken in a timely way where a known or suspected breach of this policy occurs.
- There is no victimisation of employees who have raised a concern or who may have provided information regarding a breach, or potential breach of this policy.
- An Executive, or a nominated deputy, must sign off all media statements and interviews.
- An Executive must grant access to the site for VIPs, Celebrities and the general public if a member of the Communications Team or Hospital Charity is unavailable.

## **4.3 Trade Union or Accredited Local Negotiating Committee Representative/Workplace Colleague/Companion**

Trade Unions representatives are able to work with traditional media if they are representing the union of which they are a member. It is advised that representatives

should work in partnership with managers and staff to ensure that their members are treated fairly and that the policy is implemented consistently.

#### **4.4 Trust Communications Department**

The Trust Communications Department will operate a Press Office function and a range of comprehensive social media channels. Further responsibilities are outlined throughout this document.

#### **4.5 Derby and Burton Hospital Charity**

Derby and Burton Hospital Charity operates as a separate entity to the Trust and will have its own systems and processes in place for media activity, social media activity and VIP visits. These must comply with the Trust policy.

### **5. MEDIA**

The Communications Department operates a Press Office service Monday-Friday 9-5pm and an out of hours on-call service in evenings, weekends and bank holidays.

The Communications Team is the first point of contact for all media enquiries, including both proactive and reactive enquiries. Should journalists approach Trust staff (or others, such as honorary staff, bank, placements, volunteers ) directly on any issues that relate to the Trust, its staff or patients, or to ask for an opinion or comment from an expert on a medical issue, they should be referred to the Communications Team. The Communications Department will lead on the handling of the request.

#### **5.1 If a member of staff is contacted directly**

If a member of staff is approached directly by the media, the member of staff should politely let the enquirer know that they are passing their details on to the Communications Department. The member of staff should take their name, a contact telephone number, who they work for (for example, Derby Telegraph, BBC Radio Derby) and make a note of the time they called and tell the Communications Department immediately. If out of hours please do so via the Switchboard and ask for the Communications out of hours contact.

#### **5.2 Communications Department process for releasing a media statement or granting an interview**

The Communications Department will log each media request individually and assess the request on an individual basis. The department will then either decline the request, chose to release information, or arrange for a statement/interview to take place. If the statement or interview has the potential to cause reputational damage, e.g. in the case of reactive statements, an Executive or their nominated deputy must approve this. A copy of every statement released will be retained by the Communications Department.

If the issue is likely to cause reputational damage to stakeholders or partners, or there is a national or local incident contingency plan in place at the time, the Communications Department will seek approval from those bodies before release where possible. Due to the deadlines often imposed by media this may not always be possible, therefore the

Associate Director or Head of Communications will decide the most appropriate course of action.

The Communications Team will decide who should speak to the media about reactive issues regardless of who is contacted first. Nominated spokespeople are the Executive Team and Chair, senior clinicians or a member of staff who is an expert in a relevant field.

For security reasons, it is important that no identification information relating to prisoners or prison staff is disclosed by anybody except the Prison Service.

### **5.3 Media on site**

Communications may invite the media on site or Media may request permission to attend. In each instance the Communications team will advise security of their presence. If Security have not been advised that permission has been granted they will ask filming to stop until this can be sought. If permission is not given then security will ask media to leave the site to film (media can park in a Trust car park if displaying a valid ticket).

Media representatives usually have identification (for example ID badge from the BBC). However, they should never be unaccompanied when inside Trust buildings. A member of the Communications Team will be present to oversee the media and ensure that written consent is given from patients involved. If a member of the team cannot be present they will liaise with the department manager/senior nurse or matron to ensure that they are clear about the filming, photography or interview taking place. They will also provide them with a consent form, which must be completed and sent back to the Communications Team.

The media may film the exterior of the building on site with prior permission of the Trust, but this does not extend to unarranged interviews with staff and patients.

### **5.4 Consent**

Before any filming, photography or interviews take place on Trust grounds, all patients aged 18 or above (or their parents if children) who may be involved/affected must give their written consent. If patients do not wish to be included their wishes must be respected and alternative arrangements must be made. They must complete a consent form, available from the Communications Team. Consent needs to be obtained from every patient in shot – even if they are just in the background. Patients who do not have capacity to consent to be filmed should not be included in media filming, photography or interviews (unless subject to a comprehensive access agreement – see 5.6)

Camera crews and photographers who do not respect patients' wishes will be asked to stop filming/taking photographs and will be escorted off site. It is not necessary for staff to complete a consent form for themselves, but they should make the media aware if they are not happy to be filmed/photographed beforehand. Accidental recording of people in the background who have not given consent must be avoided. If patients or staff do not wish to be included, and this choice will always be provided, the angle of filming/photography or the location may need to be changed.

## **5.5 Patient requests for interviews on hospital grounds**

Occasionally, patients, parents or next-of-kin contact the media about a story and agree to be interviewed whilst on Trust premises. If you are aware of this happening on your ward or department you must tell the Communications Team immediately. As this is a non-authorised interview the Communications team will allow such an interview can go ahead but UHDB staff must not take part of be visible. The Communications Team must still be present if the media is on site.

## **5.6 Documentaries**

The Trust may decide to participate in documentaries that require multi-day filming either as the lead party or a third party. Where it does a full access agreement must be drafted and agreed with the production company. This must be signed either by the Associate Director of Communications or a member of the Executive team. In the case of documentaries footage may be captured of patients who are unable to give consent at the time of filming. To allow this a comprehensive patient consent agreement must be drafted and signed, with the approval of the Information Governance Team, Legal Team and Trust Caldicott Guardian. Further patient consent must be then received in writing for the footage to be broadcast, and this will also form part of the comprehensive patient consent agreement.

## **6. SOCIAL MEDIA**

The Communications Department operates a social media monitoring service Monday-Friday 9-5pm and reacts to significant social media issues an out of hours on-call service in evenings, weekends and bank holidays.

The Communications Team operates all the Trust's trust wide social media channels and is the first point of contact for all enquiries. Should a member of the public approach staff on social media and they wish to gain support on how to respond, the Communications Department will provide advice and support.

### **6.1 Social Media accounts not operated by Communications**

Although the Trust's preferred use is for there to be one Trust wide social media account per channel and staff as individuals to operate their own account, it is accepted that some department/topic specific accounts can be created and operated outside of the Communications Team.

Staff creating social media accounts should not set up a social media profile or group that could be assumed to be an official Trust account without prior approval from the Communications Department. All log-in details need to be shared with the Communications team.

Requests should clearly illustrate the potential benefit to patients and/or colleagues both within UHDB and the wider healthcare community and/or the organisation as a whole. It must also be able to illustrate team and departmental commitment to the project. Managing or contributing to a social media account without regularly updating it, or failing to respond to comments from patients, the public or other users in a timely manner can

negatively affect the Trust's reputation, and may lead to approval being withdrawn and the account being closed down. Permission to set up or contribute to an account will only be granted once the staff or team have provided the detail below and the Communications Team have reviewed the information required. For a Social Media Account Request Form please contact Communications.

## **6.2 Net-i 'Have your say'**

All posts within the staff discussion board are moderated. Any posts not within the following rules will be deleted without notice. Unlike public social media, constructive criticism of aspects of the Trust is permitted as it is recognised that these may lead to improvements. However, anyone who consistently breaks these rules will be blocked from posting to the discussion board:

- Be polite - If you don't have anything nice to say, don't say it at all. If there is a serious issue that needs to be addressed, please talk to your line manager.
- No discrimination - Racist, sexist, Anti-Semitic remarks, or hate speech are absolutely not allowed. Discrimination is a serious offense and will be reported as deemed appropriate.
- No downloads - No links to illegal downloads or copyrighted materials are permitted. This includes movies, books, software etc.
- No plagiarism - Do not steal other people's words, ideas or posts and publish them on this forum as your own. If you find something of interest that you'd like to share, please provide a link to that site. If you are using information from another site, you must credit that site in your post.
- Spam - Please keep spam to a minimum. Spam consists of posts such as "ok" and "lol". To not be considered spam, your post must be longer than 5 characters.
- Similar threads and repeat posts - Before creating a new topic/thread, take a look around and see if a similar topic already exists. It only takes a moment, and you can use the search function, too.

## **6.3 Buy & Sell**

The Buy & Sell section is for use only by staff of University Hospitals of Derby and Burton NHS Trust and only the contact details of staff members may be displayed in adverts. As messages can be posted, this is considered social media and the same rules from 6.1 apply. The following items/services cannot be sold/bought/traded through the site:

- Concert tickets, tickets to sporting events etc. at a price higher than the price printed on the ticket. Booking, reservation or postage fees cannot be added to the price unless clearly shown on the ticket.
- Concert tickets, tickets to sporting events when ID matching the name on the ticket is required at the event.
- Computer software or licenses to computer software with the exception of "boxed" console and computer games.
- Pornographic or otherwise offensive material.
- Alcohol.
- Tobacco or e-cigarette related products or paraphernalia.
- Pirated or copied products - this includes digital versions of games, films or other software.
- Items that you don't already own, such as pre-ordered but yet to be delivered products.
- Family pets and livestock cannot be advertised

- Only services provided by a member of staff can be advertised, not those of friends or family members. In such circumstances and where required, the tradesperson must be appropriately insured and qualified to carry out any work advertised.

The Trust retains the right to delete any post or comment without notice and all adverts will be removed after approximately one month. The ability to edit ads has been removed. The reason is to stop an advert being edited after an item has been sold. The Trust Communications team has the final decision on whether or not adverts will appear on the Buy & Sell section of the intranet.

#### **6.4 Private Staff social media channels**

Some social media groups are set as private, e.g. 'UHDB Staff' on Facebook. These groups are still subject to this policy and the guidance set out in 6.2. Any groups that consistently ignore this guidance will be closed by the Communications Team.

### **7. MAJOR INCIDENTS**

The decision to declare a major incident by the Trust will depend on the nature and scale of the incident and whether the Trust is required to provide a response to the incident. A major incident will attract immediate media interest and probably large-scale media interest, potentially on a national or even international scale, depending on the nature of the incident or emergency the Trust is dealing with.

Dealing effectively with the media during this time is therefore even more crucial. The information given to the media needs to be accurate and timely, to prevent the media from going elsewhere for information which may be less reliable. In the event of a Major Incident the Communications Department will follow the Trust Major Incident Plan.

During this time staff must not post social media content about the incident online unless it has been approved by Communications or published via an official Trust account managed by Communications. All media requests will be handled via the Press Office. The Trust's Communications Team will work with other agencies in the event that information has to be released, with the police taking the lead role in the event of any criminality or terrorism.

### **8. VIP, CELEBRITY AND GENERAL PUBLIC VISITS**

The investigation into Jimmy Savile (<https://www.gov.uk/government/collections/nhs-and-department-of-health-investigations-into-jimmy-savile>) highlighted a number of issues across Health and Social Care providers regarding the safety and well-being of patients being visited by high profile individuals. The purpose of this policy section is to ensure there is no risk to the security and safety of patients and staff arising from visits to the hospital by approved or invited visitors, such as VIPs and celebrities, or media representatives. It is not concerned with people visiting friends or family members in hospital.

The Communications Department and Trust Charity is responsible for supervising all VIP, celebrity and general public visits to the Trust (such as Royal visits, MPs, visits by national clinical representatives, celebrities or community groups). If a member of either team is

unable to grant access, a member of the Executive Team may grant access. Visit supervision may be delegated to local clinical teams if appropriate.

If you are intending to arrange a visit you must let the Communications Department, or if for a charity, the Hospital Charity, know at the start of your planning so that they can assist you in preparing a handling plan. The policy requires that one-off or very short-term approved official visitors are always accompanied throughout their visit to the Trust to avoid the possibility of contact with lone staff or lone vulnerable patients/visitors. If someone intends to stay for a period longer than this then measures should be sought to give them a time limited UHDB ID badge (such as documentary film crews). A charity patron or celebrity linked with a particular service should continue to be accompanied at all times by a member of the communications team, hospital charity or the service/department they are visiting regardless of the frequency of their visits.

Access by other approved visitors may be authorised and overseen by local clinical leaders for example General Managers, Matrons or Senior Nurses or managed by relevant Trust staff. In such cases full details of the visit are to be notified in advance to the Communications team.

If a visit occurs outside normal working hours and especially at weekends the local clinical leader should check with the senior manager on-call and Executive on-call to ensure it has been authorised and that arrangements for accompanying have been made. They should also check that the visit remains clinically appropriate.

If a VIP or celebrity attends the Trust without any prior notice and is not on a private visit to see a relative, or friend who is a patient, the Communications team must be notified immediately. The visitor should be held in reception or at the ward nursing station until a member of the Communications team arrives.

If staff feel in any way coerced by a VIP or celebrity (including approved, without notice or visiting a friend or relative) at any time if they should notify the Trust Adult and Children Safeguarding Team.

## **9. PUBLISHED ARTICLES, BOOKS AND PAPERS**

Members of staff are requested to inform the Communications Department when they are aware that a paper or article submitted to a medical, scientific or management (specialist) journal may be published which may generate national or international media interest. The Communications Department can then offer advice, and help authors and other relevant Trust staff prepare for enquiries and interest.

## **10. MONITORING COMPLIANCE AND EFFECTIVENESS**

The Communications Department will review its process annually to ensure they are fit for purpose in relation to the constantly changing media and social media environment. To ensure other departments and services can take appropriate measures, the Communications Department will:

- Brief Governors once a week on significant media coverage of the Trust
- Brief the Board and Executives immediately of an issue that may potentially cause reputational damage
- Brief staff who are likely to be affected by any issue prior to publication.
- Brief departments and services of issues related directly to their service
- Brief manager's whose staff may be adversely affected by a media or social media issue, including providing evidence that may lead to disciplinary procedures. This may be monitoring trends / incidents of inappropriate use reported through complaints of discrimination, bullying & harassment

This policy does not cover private messages between individuals and small groups through direct message services, such as WhatsApp and Facebook Messenger, as the Trust cannot monitor these.