Creating a healthier Hull

NHS
Hull Clinical Commissioning Group

MEDIA POLICY

JUNE 2015

Important: This document can only be considered valid when viewed on the CCG's website.

If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

Policy:	Media Policy
Date Issued:	August 2015
Date to be reviewed:	2 years

We are, we care.
Every day we are creating a healthier Hull

Policy Title:	Media Policy
Supersedes:	All staff, board and committee members
Description of Amendment(s):	Revised Policy for CCG employees
This policy will impact on:	All staff, board and committee members
Financial Implications:	No Change
Policy Area:	Corporate
Version No:	Version 2.0
Issued By:	3.0
Author:	Head of Communications and Engagement
Document Reference:	Sue Lee, Head of Communications and Engagement
Effective Date:	August 2015
Review Date:	August 2017
Impact Assessment Date:	June 2015

APPROVAL RECORD		
Consultation:	All Staff via intranet	
	Senior Leadership Team Directors	
	Governing Body	

Contents

1. Introduction 4

2. Purpose 4
3. Scope 4
4. Responsibilities 5
5. Definitions 5
6. Equality and Diversity 5
7. NHS Constitution 6
8. Spokespeople 6
9. Dealing with media calls / enquiries 6
10. Initiating media coverage 7
11. Issuing news releases 7
12. Responding to media enquiries reactively 8
13. Anticipating and reporting negative publicity 8
14. Social Media 9
15. Emergencies and major incidents 10
16. Requests for filming / photographs 10
17. Internal advice and support for media handling 10
18. Formal media training 10
19. Contacting the Communications and Engagement Team 11
20. Monitoring compliance with and effectiveness of this Policy 11
21. Review 12
Appendix A - Hints and tips for staff undertaking media interviews 13
Appendix B - NHS England Social media and attributed digital content policy 14
Appendix C – NHS Hull CCG Social Media protocol 29

1. Introduction

1.1 It is recognised that an organisation's wider reputation, as well as its standing within its own local and professional communities, is heavily influenced by its coverage in the media. Similarly, the media has the power to either instil or damage public confidence in and understanding of an organisation, its aims and its services.

1.2 At a time when health services are under increased public scrutiny, and the NHS is being continually challenged on its decisions and actions, it is important for NHS Hull Clinical Commissioning Group (CCG) to capitalise on the opportunities presented by a 24/7 media culture. This means being prepared to respond effectively to potentially damaging coverage and proactively seek opportunities to promote the work we do as a CCG.

1.3 NHS Hull CCG is committed to developing and maintaining good relations with the local, regional and national media, including online and trade press. The CCG will take a proactive approach to publicising its own good news, as well as offering an efficient, timely and responsive service to all media enquiries received.

1.4 In order to foster a culture of openness and understanding, the CCG will encourage staff members from across its directorates to engage in media activity, for example by promoting services and taking part in interviews etc. Advice and training will be offered and arranged by the Communications and Engagement Team where necessary.

2. Purpose

2.1 The purpose of this document is to provide guidance to staff on engagement with all forms of media.

3. Scope

3.1 This Policy applies to all employees of the CCG, any staff who are seconded to the CCG, contracted and agency staff and any other individual working on CCG premises.

3.2 The Policy applies to all contacts made with the media, either initiated proactively or dealt with on a reactive basis.

3.3 This Policy does not restrict the right of elected staff side representatives of recognised Trade Unions or staff associations to express their views through or to the media directly.

3.4 This policy does not restrict independent contractors (for example GPs, pharmacists, dentists and ophthalmologists) from engaging with the media in

their own professional capacity, where they are not speaking on behalf of the CCG.

4. Responsibilities

4.1 The Head of Communications and Engagement is responsible for advising on the contents of this Policy.

4.2 In line with this Policy, senior managers, directors and board members are responsible for ensuring they undertake regular media training (or refresher sessions as advised) and for ensuring key staff are identified within each directorate to take part in training and subsequent media opportunities.

4.3 All managers are responsible for ensuring their staff are aware of, and adhere to, this policy.

4.4 All staff are responsible for following this policy.

5. Definitions

5.1 The definition of **media** includes print media (such as newspapers and magazines), **online media** (including web-based publishing) and broadcast media (including radio, television and their representatives, such as production companies) and **social media** (including facebook, twitter or other social media sites, online message boards and forums and blog sites).

Purdah - The period of time from when an election is announced until after the election is held. As NHS organisations must remain politically impartial, the CCG must be especially careful about comments made or activities undertaken during the pre-election period. Further advice on this is available from the Communications and Engagement Team.

5.2 The Policy applies to contact with local, regional, national and international media.

5.3 The Policy applies to mainstream media as well as specialist and trade publications/media.

6. Equality and Diversity

The CCG is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

6.2 To ensure the above, this Policy has an Equality Impact Assessment (EQIA).

6.3 The EQIA is available on the CCG's website or by calling the CCG on (01482) 344700.

7. NHS Constitution

7.1 The CCG is committed to achieving the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution, and ensuring they are taken account of in the production of its policies, procedures and guidelines.

7.2 This Policy supports the NHS Constitution.

8. Spokespeople

8.1 In order to promote the work of the CCG to Create a Healthier Hull to the media, and to become identified as a leader and 'respected voice' on key health issues locally, it is important that the CCG actively participates in participates in health-related discussion and responds to topical news issues.

8.2 Directors, senior managers, clinical staff and other board members are expected to interact with the media due to their input into key areas of work and decision making. Media training will be provided every three years or when requested.

8.3 The Communications and Engagement Team will endeavour to provide a variety of media spokespeople in order to:

- Ensure not only a small selection of staff are put under pressure to deal with the media and incoming interview requests
- Enhance the likelihood of media opportunities by the availability of a number of different spokespeople

9. Dealing with media calls / enquiries

9.1 It is normal practice for the media to approach the organisation's Communications and Engagement Team with any media enquiries in the first instance. However, there may be occasions when approaches are made directly to teams or individual members of staff. This may be because the journalist requires a quick response or because he/she has retained the name and contact number of a staff member who has been interviewed in the past. On very rare occasions, this may be done deliberately in order for the journalist to by-pass the official route for media enquiries and to extract information or comment from staff whilst unprepared and 'off-guard'. **Staff at all levels should be vigilant around this at all times.**

9.2 Should the media directly approach a team or individual member of staff it is vital that no information or comment is made to the journalist at this point. Instead, the member of staff handling the call/enquiry should establish the name of the caller, their organisation, contact number, and the nature of the enquiry, before referring it on to the Communications and Engagement Team.

This is essential for a number of reasons, namely:

- To ensure that the enquiry is dealt with appropriately, thoroughly, and within given deadlines
- To ensure that any information given is accurate, informative, and portrays the CCG in the best possible light
- To ensure that any response or comment given is in line with corporate policy and has received approval from the appropriate director or service lead
- To ensure that the Communications and Engagement Team can monitor any resulting coverage

9.3 If the Communications and Engagement Team has suggested that a particular spokesperson may be suitable for interview, the team member dealing with the enquiry will approach the spokesperson to offer information, advice and briefing on issues if required. Following this, the interviewee and journalist will be put in touch. The team will never ask a journalist to contact a member of staff without first seeking their agreement for this to happen.

10. Initiating media coverage

10.1 Staff wishing to initiate media coverage for any reason should contact the Communications and Engagement Team in the first instance to discuss the possible approach and desired result. The team will be able to offer advice on matters which could affect the extent or the success of any media coverage, including:

- Advice on timing, in order to ensure the media have enough lead-in time to include articles and/or arrange photography
- Advice on scheduling, for example avoiding electoral Purdah (if appropriate) or any other events or stories which are likely to dominate the media on any given day
- Identification of the most suitable spokesperson/spokespeople
- Key information to include, such as statistics and contacts for further information

11. Issuing news releases

11.1 News releases will only be issued by the Communications and Engagement Team. These will be centrally logged and the media monitored for any resulting coverage.

11.2 In instances where organisations are working on a project in partnership, the lead commissioner should make the Communications and Engagement Team aware that media coverage is likely to be generated or input from the internal team isneeded, depending on which organisation has agreed to lead on media work. Respective press office contacts should be shared in order that follow-up media handling arrangements can be clarified. Finally, no news release should be issued without sign-off from all of the organisations involved.

NB: If NHS Hull CCG will be leading on communications and engagement activity for a joint project, the commissioner involved should discuss the matter with the team before committing their time and resources.

12. Responding to media enquiries reactively

12.1 On occasions where the media make an unsolicited approach to the CCG, the matter should be dealt with by the Communications and Engagement Team, as set out in section 9 above.

13. Anticipating and reporting negative publicity

13.1 Where an individual is aware of an issue which is likely to result in negative publicity of any level, the Communications and Engagement Team must be informed as soon as possible. The team will be able to advise on whether any preparatory work or holding statements are necessary and deal with the longer term approach to media relations around the particular issue.

The following is a list of examples of issues where the team would need to be informed:

- Patients, staff or members of the public approaching the media with a complaint about the CCG, or any services commissioned by ourselves - even if this is done anonymously
- Misconduct, or allegations of misconduct made against a particular member of staff
- Service changes or redesign which have the potential to be seen as ‘service cuts’
- Upcoming public consultation work
- Clinical errors
- Loss of patient data or breaches of the Data Protection Act
- Recalls of patient groups (e.g. for repeat testing)
- Court hearings or hearings carried out by professional bodies (e.g. General Medical Council, General Optical Council) in relation to a member of staff or one of the CCG’s independent primary care practitioners
- Adverse comments made about the organisation on social media

13.2 The list above applies to the work of independent contractors (e.g. GPs, pharmacists, dentists) in addition to the CCG's directly employed staff. It is also advisable for staff to inform the Communications and Engagement Team of incidents which may be occurring in other local Trusts and which come to their attention, as these may have implications for, or require a media response from, the CCG.

14. Social Media

14.1 Local, regional and national media contacts are present on social media and are likely to follow updates posted on our accounts. Further to this, members of staff should be mindful that media contacts may also follow them; i.e. local media correspondents may follow official CCG accounts on Twitter and Facebook and may also follow the Chief Officer, senior managers and board members etc.

14.2 The Communications and Engagement team will routinely monitor direct interactions via social media whilst also scanning for wider issues; such as media contacts and/or relevant individuals discussing the CCG across social media accounts. Appropriate responses will be made in line with the CCG Media Policy.

14.3 Individual members of staff are responsible for following the NHS Hull CCG Social Media Protocol and ensuring any possible issues relating to the CCG on social media are forwarded to the Communications and Engagement Team at the earliest opportunity.

14.4 Staff members, Board members and GP member practices responding to online articles, blogs, message boards, tweets and Facebook posts must take care to ensure:

- that internet users are able to distinguish official corporate NHS Hull CCG information from the personal opinion of staff and board members;
- that the organisation's reputation is not brought into disrepute, and:
- that that the CCG is not exposed to legal risk.

The NHS England Social media and attributed digital media Policy & Corporate Procedures provides guidance to NHS 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. The policy is available as appendix at the end of this document.

At all times people using social media sites should adhere to the CCG's Confidentiality: Code of Conduct Policy and Conflicts of Interest Policy available at www.hullccg.nhs.uk

15. Emergencies and major incidents

15.1 In the event of an emergency or incident which necessitates input from the CCG, the Communications and Engagement Team will work alongside CCG emergency planning colleagues and communications professionals from other statutory organisations (such as Humberside Police, Humberside Fire and Rescue and Hull City Council etc.), in line with the CCG Emergency Planning and Business Continuity Policy and procedures . As in other instances, staff should not speak directly to the media unless instructed to do so by the Communications and Engagement Team. Any interviews given should focus on health aspects of the emergency only.

16. Requests for filming / photographs

16.1 Requests for the media or other external organisations to take photographs or footage on CCG premises should be referred to the Communications and Engagement Team for consideration.

16.2 In certain circumstances, permission to photograph or film the exterior of a building linked to the CCG such as a GP surgery, may not be necessary. Where this does occur, and a member of CCG staff becomes aware, it is good practice to alert the Communications and Engagement Team so resulting media coverage can be monitored. It is also good practice to inform staff using the facility so they are also aware of what is happening. Patient confidentiality must be paramount at all times during filming. Patients entering or leaving the building must not be filmed without their permission.

17. Internal advice and support for media handling

17.1 The Communications and Engagement Team is able to offer advice to staff on all media-related issues, including generating positive coverage and handling of any issues or incidents which are likely to result in negative coverage.

17.2 The Communications and Engagement Team can also offer advice on undertaking interviews of all kinds (press, radio, TV etc.), including identifying any potential pitfalls and how to utilise this limited amount of airtime or column inches to best effect. Advice can be sought directly from the team and a list of useful hints and tips can be found in Appendix A at the end of this document.

18. Formal media training

18.1 As stated in section 8, ‘Spokespeople’, there is an expectation that certain staff groups will be required to undertake media interviews on a regular basis. These include directors, senior managers, clinical staff and board members. The

Communications and Engagement Team will arrange appropriate media training.

18.2 On occasion other staff and clinicians, particularly senior managers, lead clinicians, and those with responsibility for service areas may also be required to work with the media. In these instances, members of the Communications and Engagement Team will offer one-to-one support and in-house interview preparation.

18.3 In cases where there is a genuine and urgent need for a member of staff to receive additional professional media training, (e.g. an incident which is likely to result in extensive negative coverage), this may be arranged on an ad hoc basis, via the Communications and Engagement Team..

19. Contacting the Communications and Engagement Team

19.1 During office hours, the Communications and Engagement Team is based at NHS Hull CCG, 2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY and consists of the following team members:

Sue Lee Head of Communications and Engagement Susan.Lee17@nhs.net (01482) 344821	Emma Shakeshaft Communications Manager (01482) 344820 Emma.Shakeshaft@nhs.net 07738 892957	Melissa Timmins Communications Officer (01482) 344718 melissatimmins@nhs.net 07738 892939

NB: Please make contact with the team by telephone in the first instance to maximise the time team members have available to deal with enquiries and meet deadlines.

19.2 Outside office hours, urgent media advice can be sought via the on-call director by calling (01824) 223191 and asking for the CCG on-call director telephone number.

20. Monitoring compliance with and effectiveness of this Policy

20.1 Media coverage monitoring is in place which allows the Communication and Engagement Team to record any media coverage and how this was achieved, i.e. whether this was proactive or reactive coverage. The team monitor the number of publications covering a story, take press clippings and circulate a fortnightly update to the Senior Leadership Team and all Board and sub-committee members.

20.2 Attendance at formal media training sessions will be monitored.

21. Review

21.1 This Policy will be reviewed every two years.

21.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Corporate Affairs in consultation with the Equality and Diversity Lead and HR where relevant.

Appendix A - Hints and tips for staff undertaking media interviews

The following hints and tips may be useful for members of staff being interviewed by the media. Please note, whilst a journalist may give a flavour of the types of questions they will ask, they are unlikely to provide a list of questions as they prefer natural reactions.

For all types of interview:

- Always try to get the name of the CCG into your interview somewhere!
- If you are travelling to the interviewer allow yourself plenty of time to get there
- Give the journalist your full name and job title; check they are spelt correctly
- Decide on 3 key messages you want to get across during your interview
- Don't use NHS jargon or abbreviations
- If conducting an interview over the phone, have notes in front of you to jog your memory. However, don't read directly from them as this will sound obvious during the interview
- If you want to clarify any information with the journalist, always try to do this before your interview has started, and make it clear that this does not form part of the interview
- If you are being asked to speak about a report/publication, ensure you have read or are familiar with its contents before you pass comment
- Use facts and figures where appropriate – this will help you to get your message across more effectively
- Ensure you are not drawn into political debate – the NHS must remain impartial
- Try to anticipate any difficult questions; the Communications and Engagement Team can help you with this and alert you to any local or national issues of a similar nature which could be thrown into the conversation
- Never repeat the controversial phrase. For example, if a journalist asked you "are patients at risk?', rather than saying "patients are not at risk" you should instead say "We are doing everything we can to ensure patient safety."
- Ask the journalist who else they intend to interview on the subject you're speaking about, if anyone
- Include contact details for any services which relate to the subject of your interview and which could be of use to the public
- Don't be afraid to say you don't know the answer or don't have the information. It is better to do this than to try to make up an answer if you're not sure
- Don't forget to ask when the article will be published or when the news item will be broadcast.

For radio interviews:

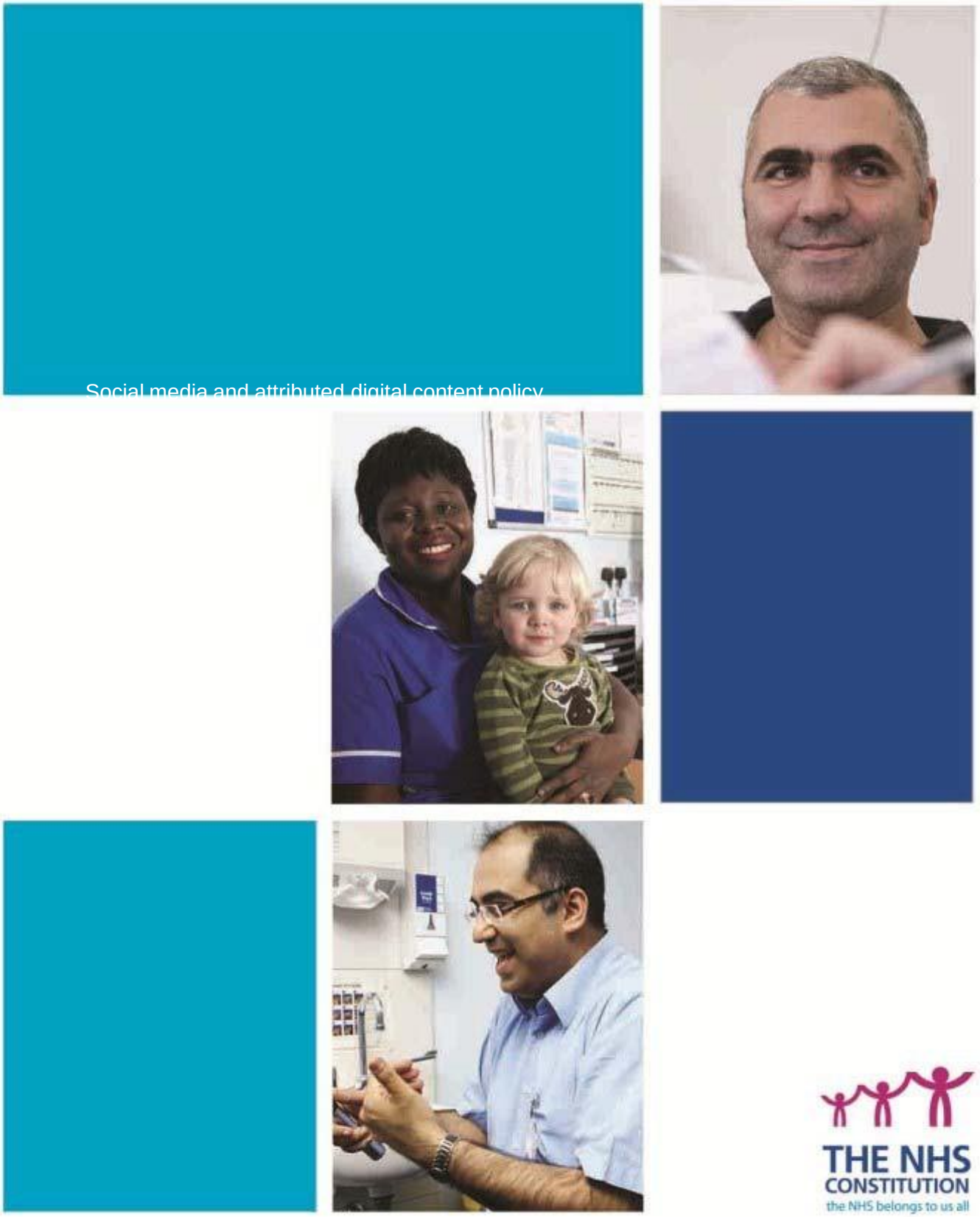
- Pre-recorded interviews are likely to be edited and only aired in 10 to 15 second bursts, so don't be afraid to repeat your key messages several times throughout your interview – this will increase the likelihood of one or more of your key messages being used on air.

For TV interviews

- Avoid wearing anything distracting – for women this usually means avoiding large/dangly/noisy jewellery, and men should always wear plain rather than patterned ties.

- Be mindful of your posture and always sit or stand up straight. **Finally, try to relax and remember, it does get easier the more you practice!**

Appendix B - NHS England Social media and attributed digital content policy



Social media and attributed digital media

Policy & Corporate Procedures

Issue Date: August 2013

Document Number: PAT_1001

Prepared by: Beth Johnson, Digital Communications Lead

Contents

Introduction and aims	5
Scope	5
Principles Participating in on-line activities Personal blogs References and endorsements Representing NHS England on-line when acting in an official capacity Establishing an official presence on social media sites Official NHS England blogs Video and media file sharing On-line surveys Participation in collaborative communities of practice Non compliance Further information and assistance	 6 8 8 9 10 10 11 12 12 12 13
Accountability, responsibilities and training	13
Monitoring and review	13
Legislation and related documents	14
Version Control	15

1. Introduction and aims

1.1 The purpose of this document is to provide guidance to all NHS England 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 our communication strategies evolve.

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

1.3 NHS England uses 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 in which NHS England plays the role of 'communitarian' by facilitating peer to peer interactivity

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

1.5 The aims of this document are:

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

2. Scope

2.1 This policy applies to those members of staff that are directly employed by NHS England and for whom NHS England has legal responsibility. For those staff covered by a letter of authority/honorary contract or work

experience the organisations policies are also applicable whilst undertaking duties on behalf of NHS England.

2.2 This document is not a social media strategy, or guidance on how to use individual social media tools and platforms, and each business area should assess the value of using these tools in an official capacity, and follow this policy if they decide to do so.

3. Principles

3.1 Participating in on-line activities

3.1.1 Our staff are our best ambassadors. Many already use social media, interactive and collaborative websites and tools, both in a personal and professional capacity. Rather than try to restrict this activity, NHS England wishes to embrace it as a demonstrable element of our commitment to a culture of openness. The Communication team will provide guidance and training to empower staff to interact online in a way that is credible, consistent, transparent and relevant.

3.1.2 We recognise that there is an increasingly blurred line between what was previously considered 'corporate social networking', which could be useful to the business, and 'social networking', which is for personal use, to an extent where it may no longer be possible, or desirable, to make that distinction. For example, there is a tendency for people to maintain just one Twitter account, which is used to post a mixture of business related and personal content.

3.1.3 However, posts made through personal accounts that are public can be seen, and may breach organisational policy if they bring the organisation into disrepute. This includes situations when you could be identifiable as an NHS England employee whilst using social networking tools or occasions when you may be commenting on NHS England related matters in a public forum.

3.1.4 Staff should use their own discretion and common sense when engaging in online communication. The following guidance gives some general rules and best practices which you should abide by at all times:

- Know and follow NHS England's Standards of business conduct (which can be found on the staff intranet). 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;

- Employees are personally responsible for the content they publish on blogs, wikis or any other form of user-generated media. Be mindful that what you publish will be public for a long time. When online, use the same principles and standards that you would apply to communicating in other media with people you do not know. If you wouldn't say something in an email or formal letter, don't say it online;

- Identify yourself by giving your name and, when relevant, role at NHS England if you are discussing NHS England or NHS England related matters. Write in the first person. You must make it clear that you are speaking for yourself and not on behalf of NHS England (you must not use the organisation's logo on personal web pages or social media accounts);

- Be aware that people who join your networks and participate in groups that you are a member of may be colleagues, clients, journalists or suppliers. It is also possible that people may not be who they say they are and you should bear this in mind when participating in online activities

- If you publish content to any website outside of NHS England that could be perceived to have a connection to the work you do or subjects associated with NHS England, you must display a disclaimer such as this:

  "My postings on this site reflect my personal views and don't necessarily represent the positions, strategies or opinions of NHS England."

- Respect copyright, fair use, data protection, defamation, libel and financial disclosure laws. Don't reveal confidential information about patients, staff, or the organisation. Never post any information that can be used to identify a patient's identity or health condition in any way;

- Don't use social media in any way to attack or abuse colleagues;

- Don't provide NHS England's or another's confidential or other proprietary information on external websites. Do not publish or report on conversations that are private or internal to NHS England (for example, do not quote such material in a discussion forum post);

- Don't cite or reference partners or suppliers;

- Respect your audience. Don't use personal insults, obscenities, or engage in any conduct that would not be acceptable in the workplace. You should also show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory, such as politics and religion;

- Be aware of your association with NHS England when using online social networks. If you identify yourself, or are identifiable, as an employee of the organisation, ensure your profile and related content is consistent with how you wish to present yourself to colleagues and stakeholders. Be aware that you may be identified as an employee by any public use of your NHSmail email address;

- If you are asked to blog or participate in a social network for commercial or personal gain, then this could constitute a conflict of interest (see "Related policies and information" section of this document). You should refrain from entering any online social networking activity for commercial gain;

- If someone from the media contacts you about posts you have made, you must talk to the Media Team (england.media@nhs.net);

- Don't pick fights, be the first to correct your own mistakes, and don't change previous posts without indicating that you have done so;

- Don't use social media to '"whistleblow" 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.

- If you have any concerns about your position on any of the issues covered by this policy please contact the Digital Communications Team (england.web@nhs.net).

3.1.5 Note that use of NHS England equipment and networks to participate in social media activities during your own time is covered by the Internet Usage Policy.

3.2 Personal blogs

3.2.1 If you are writing a personal blog, you should adhere to the guidance given above if your blog touches on any work related matters. You must also include a disclaimer which says:

"Any views expressed in this blog are entirely my own and not those of my employer."

3.3 References and endorsements

3.3.1 For social networking sites such as LinkedIn where personal and professional references are the focus: If you are representing yourself as an NHS England employee, you may not provide professional references about any current or former employee, contactor, vendor or contingent worker. You may provide a personal reference or recommendation for current or former NHS England employees, contractors, vendors and contingent workers provided:

- the statements made and information provided in the reference are factually accurate; and
- you include the disclaimer below

"This reference is being made by me in a personal capacity. It is not intended and should not be construed as a reference from NHS England."

3.4 Responding to the media

3.4.1 As an organisation, we do not encourage staff to engage in "unofficial", spontaneous exchanges in response to published media comment e.g. Pulse, The Guardian or less traditional forms of journalistic content e.g. blogs. If you intend to do so, then you must identify yourself as an NHS England employee and make it clear that you are speaking for yourself. Wherever possible include the following disclaimer:

"These views are entirely my own and not necessarily those of my employer."

3.4.2 When acting in your official capacity as an employee, on behalf of NHS England, you must not engage in responding to content published by third parties by adding comments, for example on Pulse, the Guardian and other websites or journalistic blogs

3.4.3 If you read something online that you feel is factually incorrect, inaccurate or otherwise needs an official response from NHS England, then you must refer the matter to the Media Team (england.media@nhs.net).

3.5 Representing NHS England online when acting in an official capacity

3.5.1 Whilst we encourage individual members of staff to use social media to reflect positively on the work of NHS England, it is important that the organisation maintains a coherent online presence through the strategic use of official communication channels. Therefore, without having developed a business case, and gained approval from the Communications Team and associated Programme Board to do so, you must not engage in setting up

- Twitter accounts, Facebook pages, YouTube channels or a presence on any other social media site that seek to represent the official views of NHS England;
- unauthorised 'official' blogs on behalf of NHS England programmes or individuals; or,
- posting video content or setting up surveys using any unapproved online channels

3.6 Establishing an official presence on social media sites

3.6.1 Using social networking sites to communicate with stakeholders in a professional capacity is in many cases entirely appropriate. However, it is important that the time and effort staff spend on them is justified by the value to the business, and that the inherent risks are considered before this type of media is used. Social networking platforms can offer many opportunities to reach a specific audience but there are also potential pitfalls which staff must be careful to avoid.

3.6.2 If you wish to establish an NHS England presence on Twitter, Facebook, LinkedIn or any other social networking site you must discuss your proposal with the Communications Team in the first instance, to ensure that it is appropriate and in-line with the organisations social media strategy. The team will provide advice on the types of things you will need to consider, such as: project management, time and resources needed to implement, editorial and approvals policy, evaluation process and timeframes, risks and issues, exit strategy, how to link this activity to the overall business plan for a programme or business area, and stakeholder consultation and approvals.

3.6.3 Before establishing a presence on any social networking media, a business case must be prepared, outlining how this activity will benefit the programme or business area and the benefits to be realised, compared to the costs in time and resources of doing so.

3.6.4 This business case must be closely aligned to the overall communications strategy for a programme or business area, and undergo appropriate stakeholder consultation and governance before being implemented i.e. approved by the Communications team and associated Programme Board. Given the time and resource involved in effectively managing a presence in social networking media, there must be a clearly evidenced demand from an audience for engagement activity using a particular channel, rather than engagement using existing online networks.

More information on the corporate use of social media and other digital channels is available on the NHS England Intranet.

3.7 Official NHS England blogs

3.7.1 Blogs are a great way to share engaging content, written using an informal and personal tone, which can help to establish NHS England as a thought leader, setting the agenda, and stimulating discussion. NHS England wishes to encourage a blogging culture for all employees. NHS England blogs are published here - http://www.england.nhs.uk/publications/blogs/

3.7.2 If you wish to set up a blog to write in your capacity as an NHS England employee, then please discuss your proposal with the Communications Team in the first instance. The team can provide advice on the types of things you will need to consider, such as: content; timing; newsworthiness; time and resources to manage and maintain; editorial policy; whether this is the best medium for your message and how it might fit into the bigger engagement picture

3.7.3 Opportunities occasionally arise for employees to blog, in an official capacity, on alternative platforms or websites. To ensure that they are appropriate, and provide benefit to the organisation, these opportunities must be discussed, and agreed, with the Communications Team

3.8 Video and media file sharing

3.8.1 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.

3.8.2 To reach the widest audience, it's important that NHS England all public video content is placed on the NHS England YouTube channel from where it can be shared, embedded on NHS England owned websites and those owned by others.

3.8.3 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.

3.8.4 If the material is official and corporate, NHS England content then it must be branded appropriately, and be labelled and tagged accordingly. It must not be credited to an individual or production company.

3.8.5 As an organisation we have a moral and legal responsibility to ensure that accessibility guidelines are met and that we provide material that is usable by all, regardless of disability or access to the latest technology. When publishing video content a transcript should be provided alongside the video content or closed captions should be added. For further guidance on appropriate multimedia file formats, legal and accessibility considerations, contact the Communications Team.

3.8.6 Collections of photos, for example, those taken at a conference or training event, can be placed on the corporate Flickr account.

3.8.7 Contact the Communications Team for further details by emailing england.web@nhs.net

3.9 On-line surveys

3.9.1 If you wish to run an externally facing online survey please contact the Communications Team by emailing england.web@nhs.net. It is important that the organisation takes a joined-up approach to contacting stakeholder groups, so survey activity may need to be considered in the context of other pieces of work.

3.10 Participation in collaborative communities of practice

3.10.1 If you wish to participate in online collaboration using externally facing web based tools, with NHS colleagues or suppliers, on NHS England projects and documents, you must carefully consider security. In the majority of cases, when involved in collaborative working, discussion and the sharing of work related information and documents must take place in a closed environment, behind a secure login, to minimise the risk of unapproved or commercially sensitive material reaching the public domain.

3.10.2 All information stored on internal or external websites must be held in accordance with the NHS England Information Governance Policies.

3.10.3 If you have a requirement to set up a new collaboration, community of practice or consultation space, you must contact the Digital Communications Team to discuss your needs in the first instance. They will be able to advise on the tools available which fit your requirements - england.web@nhs.net.

3.11 Non compliance

3.11.1 NHS England's policies apply to all forms of communication, whether it be verbal, in print or online. Staff should remember that they are ultimately responsible for what they publish online and that there can be consequences if policies are broken. If you are considering publishing something that makes you even slightly uncomfortable, review the policy above and ask yourself why that is. If you're in doubt or in need of further guidance, please contact the Communications Team to discuss.

3.11.2 Non-compliance with the policies associated with this guidance may lead to disciplinary action in accordance with the NHS England Disciplinary Policy. You are also reminded that actions online can be in breach of the harassment/IT/equality policies and any online breaches of these policies may also be treated as conduct issues in accordance with the Disciplinary Procedure.

3.12 Further information and assistance

3.12.1 The Communications Team (england.web@nhs.net) are available to give help and advice, and should be consulted in the early stages of the planning process.

3.12.2 Guidance on the use of specific social media tools is available on the NHS England Intranet.

4 Accountability, responsibilities and training

4.1 Overall accountability for procedural documents across the organisation lies with the Chief Executive who has overall responsibility for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.

4.1 Overall responsibility for the social media and attributed content policy lies with the Director for Patients and Information who has delegated

responsibility for managing the development and implementation of social media and attributed content procedural documents.

4.2 Staff will receive instruction and direction regarding the policy from a number of sources:

- Policy/Strategy and Procedure Manuals
- Advice and guidance from the Communications Team
- Articles and guidance on the staff Intranet

5 Monitoring & review

5.1 Performance against Key Performance Indicators will be reviewed on an annual basis and used to inform the development of future procedural documents.

5.2 Because of the rapidly evolving nature of digital communications this Policy will be reviewed on a six monthly basis, and in accordance with the following on an as and when required basis:

- Legislative changes
- Good practice guidance
- Case law
- Significant incidents reported
- New vulnerabilities
- Changes to organisational infrastructure

5.3 Equality Impact Assessment –NHS England aims to design and implement services, policies and measures that are fair and equitable. As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with the Trust's Legal Equality Duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.

5.4 The Equality Impact Assessment has been completed and has identified no detirment.

6 Legislation and related documents

6.1 This Policy is located on the NHS England staff intranet.

6.2 Staff will be made aware of procedural document updates as they occur via team briefs, team meetings and notification via the NHS England staff website.

6.3 A number of other policies in the General Policy/Strategy Manual are related to this policy and all employees should be aware of the full range before undertaking any social networking activity. The key linked policies are:

- Standards of Business Conduct Policy
- Information Governance Policy
- Confidentiality Policy
- Acceptable use of ICT and User Obligations
- Equality and Human Rights Policy
- Disciplinary Policy

6.4 See also the "Social media and comment moderation policy", which gives guidance to stakeholders about how we moderate and respond to comments received through publically visible digital communication channels www.england.nhs.uk/comment-policy/

Version control tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
01.00	August 2013	Beth Johnson	Approved	New policy document
01.01	August 2014	Beth Johnson	Approved	Minor wording amendments and addition of links to the NHS England Intranet

NHS Hull CCG Social Media Protocol

NHS Hull CCG's social media protocol refers to the social media undertaken on behalf of the CCG; i.e. through the official NHS Hull CCG accounts and profiles, rather than the accounts of individuals working for the CCG.

The protocol provides staff with loose guidelines around social media, to ensure activity remains engaging through the use of authentic content. The CCG's social media accounts are a platform in which corporate messages can be shared, but also the 'personality' of the CCG and the work we do can be proactively shared with the public.

As part of the CCG's Communications and Engagement Strategy, CCG staff are actively encouraged
to use social media, media as a method of communication to support their projects and work areas if they are confident, and comfortable with, the way social media works. It is highly recommended
that training with members of the Communications and Engagement team is undertaken prior to using social media in a professional capacity, i.e. individual accounts linked to the CCG. Further to this, staff will not be permitted access to official NHS Hull CCG accounts without extensive training with the Communications and Engagement team.

Social media purpose and aims

- Dissemination of corporate messages, project information and Hull 2020 vision
- Dissemination of health information; via NHS Choices and other appropriate sources
- Support of partners, staff and appropriate local enterprises, such as Healthier Hull Community Fund awardees
- Direct social media users to the NHS Hull CCG website and in turn increase website hits
- Continually increase number of likes and followers, in particular, increase number of likes and follows from individuals living in, and accessing services in, Hull

Guidelines

- Staff able to access official NHS Hull CCG social media accounts will be limited to Communications and Engagement team members.
- The accounts will be monitored on a daily basis
- SLT are included in drafting responses to other social media users when necessary; i.e. in response to inappropriate messages/Tweets
- Social media will be used not only to promote our work and corporate messages, but also to support our partners, staff and appropriate local enterprises through likes, mentions and Retweets
- Events, and where possible projects, will be branded with an appropriate hash-tag and used throughout the promotion and event itself

- When using social media in a professional capacity, as an individual, staff are reminded that they represent the CCG and should conduct themselves in the same professional manner in which they would in the workplace. It is also suggested that they state on their profile that their 'views are their own'.