


# Social Media Policy

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<b>Version</b>	<b>Date</b>	<b>Reviewer(s)</b>	<b>Revision Description</b>
v1.0	01-07-2022		The Board of the Integrated Care Board adopted the policy as approved.

## Implementation Plan

<b>Development and Consultation:</b>	<p>The following individuals were consulted and involved in the development of this document:</p> <ul style="list-style-type: none"> <li>▪ Head of Information Governance/DPO</li> <li>▪ Patient and Public Engagement Officer</li> </ul>
<b>Dissemination:</b>	<p>Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.</p> <p>This document will be included in the organisation's Publication Scheme in compliance with the Freedom of Information Act 2000.</p>
<b>Training:</b>	<p>The following training will be provided to make sure compliance with this document is understood:</p> <ul style="list-style-type: none"> <li>▪ Annual Data Security Awareness Training</li> </ul>
<b>Monitoring:</b>	<p>Monitoring and compliance of this document will be carried out via:</p> <ul style="list-style-type: none"> <li>▪ An assessment of compliance with assertions which make up the Data Security and Protection Toolkit, will be undertaken each year and audited by internal auditors.</li> <li>▪ In addition, the Information Governance Team will undertake additional monitoring of compliance with this policy as a response to identification of any gaps or as a result of risks identified by incidents, external reviews or other sources of information and advice.</li> </ul>
<b>Review:</b>	<p>The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.</p>
<b>Equality, Diversity and Privacy:</b>	<p>Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment</p>
<b>Associated Documents:</b>	<p>The following documents must be read in conjunction with this document:</p> <ul style="list-style-type: none"> <li>▪ Acceptable Use Policy</li> <li>▪ Information Security Policy</li> <li>▪ Confidentiality Policy</li> <li>▪ Disciplinary Policy</li> </ul>
<b>References:</b>	<p>The following articles were accessed and used to inform the development of this document:</p> <ul style="list-style-type: none"> <li>▪ Data Protection Act 2018</li> <li>▪ UK(GDPR)</li> <li>▪ Human Rights Act 1998</li> <li>▪ Employment Rights Act 1996</li> <li>▪ Freedom of Information Act 2000</li> </ul>

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## **1.0 Introduction**

- 1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.
- 1.4 The world of communication is changing and the ICB aims to be a dynamic organisation embracing new technologies and ways of working. The rise of social media is changing the way we and every organisation in the world conducts its business. Millions of people use social media everyday responsibly and it is becoming an increasingly important communications tool.

## **2.0 Scope**

- 2.1 This policy applies to all ICB staff members, including Ordinary Members of the Board of the ICB, involved in policy-making processes, whether permanent, temporary or contracted-in under a contract for service (either as an individual or through a third-party supplier).
- 2.2 This policy applies, as appropriate, to:
- Understand how social media can be used effectively to contribute to ICB work
  - Help staff participate online in a respectful, professional and meaningful way that protects the ICB image and reputation, whether they are using social media for approved ICB purposes or on a personal basis.

### **3.0 Definitions**

- 3.1 This section provides staff members with an explanation of terms used within this policy.
- 3.2 Microblogging – short, frequent posts for example, Twitter and Tumblr.
- 3.3 Blogging – a regularly updated website or web page containing a discussion, thought-paper or information in chronological order and often includes a comments section. Example platforms include WordPress, Wix, Squarespace and Tumblr.
- 3.4 Video sharing online – sharing videos online. Example platforms include YouTube, Vimeo, Flickr and Instagram.
- 3.5 Social Bookmarking – tagging a webpage with a browser tool that users would like to revisit. Example bookmarking sites include Reddit and StumbleUpon.
- 3.6 Social sharing – when users share web content on a social networking platform with their connections, groups or to individuals. It is often used on more social platforms such as Facebook.
- 3.7 Professional sharing – when users share web content on a social networking platform with their connections, groups or to individuals. It is often used on more professional social platforms such as LinkedIn.

### **4.0 Policy Statement**

- 4.1 With the ever growing popularity of Social Media, the boundary between work and private life risks becoming blurred on social media platforms. Employees may not appreciate the implications that their activity has and how it can amount to misconduct and employers will need to take disciplinary action for that misconduct. There are two general types of misconduct: inappropriate behaviour exposed by social media and inappropriate comments made on social media.

### **5.0 Roles and Responsibilities**

The following have specific responsibilities in relation to this policy.

#### **5.1 Line Managers**

- 5.1.1 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 that project, once appropriate approvals have been received. Managers requiring guidance should contact HBLICT and the Communications Department.

5.1.2 Managers should bear in mind concerns about impartiality, confidentiality, conflicts of interest or commercial sensitivity.

## 5.2 All Staff

5.2.1 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.

5.2.2 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 ICB if they are inaccurate or flippant.

5.2.3 All staff should undertake annual mandatory information governance data security awareness training on the Electronic Staff Record (ESR)

## 5.3 Information Governance Team

5.3.1 This Policy will be monitored and reviewed by the Information Governance Team.

## 6.0 Processes and Procedures

### 6.1 Using Social Media in your personal life

6.1.1 The ICB 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 one of our employees.

6.1.2 Although it is acceptable for staff to say they work for the NHS or ICB in posts and during online conversations; they should ensure their personal online profile carries the following disclaimer: "The postings on this site are my own opinion and don't necessarily represent NHS or ICB policy or opinion".

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

- Bring the ICB into disrepute by criticising or arguing with customers, colleagues or rivals; making defamatory comments about individuals or links to appropriate 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). Discussing the ICB's internal working 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.
- Do anything that could be considered discriminatory against, or bullying or harassment of any individual, for example by, making offensive or derogatory comments relating to sex, gender reassignment, race (including nationality, disability, sexual orientation, religion or belief or age;
- Using social media to bully another individual or posting images that are discriminatory or offensive (or links to such content).

6.1.4 Incidents of discrimination, bullying or harassment which takes place via social media will be managed in line with ICB Disciplinary Policy.

## Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: [agcsu.equalities@nhs.net](mailto:agcsu.equalities@nhs.net)

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<b>Date of assessment:</b>	14/03/2022
<b>Screening undertaken by:</b>	Head of Information Governance/DPO

Protected characteristic and inclusion health groups.  Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: <a href="https://www.equalityhumanrights.com/en/equality-act/protected-characteristics">https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</a>	Could the policy create a disadvantage for some groups in application or access?  (Give brief summary)	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?  If not, please detail additional actions that could help.  If this is not possible, please explain why
<b>Age</b> A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	No	
<b>Disability</b> A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	No	
<b>Gender reassignment</b> The process of transitioning from one gender to another.	No	
<b>Marriage and civil partnership</b> Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.	No	
<b>Pregnancy and maternity</b> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-	No	

work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.		
<b>Race</b> Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.	No	
<b>Religion or belief</b> Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No	
<b>Sex</b> A man or a woman.	No	
<b>Sexual orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	No	
<b>Carers</b> Individuals within the ICB which may have carer responsibilities.	No	
<b>Please summarise the improvements which this policy offers compared to the previous version or position.</b>		
Reviewing types of social media.		
<b>Has potential disadvantage for some groups been identified which require mitigation?</b>		
No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)		

## Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via [blmkicb.ig@nhs.net](mailto:blmkicb.ig@nhs.net)

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

<b>Name of Policy:</b>	Social Media
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### Stage 1 – DPIA form

please answer 'Yes' or 'No'

<b>1. Will the policy result in the processing of personal identifiable information / data?</b> This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	Yes
<b>2. Will the policy result in the processing of sensitive information / data?</b> This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	No
<b>3. Will the policy involve the sharing of identifiers which are unique to an individual or household?</b> e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	No
<b>4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information?</b> <b>Pseudonymised data</b> - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. <b>Anonymised data</b> - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
<b>5. Will the policy result in organisations or people having access to information they do not currently have access to?</b>	No
<b>6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?</b>	No
<b>7. Does the policy result in the use of technology which might be perceived as being privacy intruding?</b> e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
<b>8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?</b> Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	No
<b>9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?</b>	No
<b>10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive?</b> e.g., personal email, text message etc.	Yes