

Social Media Policy

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Division/Speciality:	Communications team
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Associated Documents:	Data Protection Act 1998, Parliament NHS code of practice on confidentiality Media policy Infection prevention and control policy Grievance and collective disputes policy Freedom to speak up policy

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Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0	February 2023	Stuart Green	Completely new policy (replacing old Use of Social Media Policy)	New policy

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Rachel Robinson	Senior Communications and Engagement Manager	February 2023
Laura Harris	Communications and Engagement Manager	February 2023
Steve Aumayer	Deputy Chief Executive and Chief People Officer	February 2023

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

Social media is the term commonly used for platforms which allow people to interact with each other online by sharing information, opinions and knowledge through content such as text, photos and videos. As the name implies, social media involves the building of online communities or networks, encouraging participation and engagement.

Social media is a significant part of many people's professional and personal lives. It is a quick, convenient and accessible way to share news, updates and information; promote services; engage with the public and other stakeholders; and to respond to feedback and questions.

However, its use also has risks, particularly around the unauthorised or inadvertent sharing of confidential information and potential harm to the reputation of individuals and organisations.

This policy sets out:

- The way in which the trust uses its corporate social media platforms
- When and how individual services may request social media accounts and their conditions of use
- The requirements for staff who refer to their role at the trust on personal social media accounts or otherwise use them in relation to their work.
- The expectation on staff who use social media in a personal capacity.

2. Purpose

The purpose of this document is to ensure that any member of staff using social media on behalf of the trust or in a way that could be associated with the trust:

- maintains patient and staff confidentiality
- adheres to trust values
- protects the reputation of the trust
- follows professional codes of conduct.

3. Principles

This policy is underpinned by the following principles:

- Any content shared through social media should be considered as publicly available, regardless of any privacy settings on the account.
- No confidential information about patients, staff or the business activities of the trust should be shared on social media.
- Images, videos or audio of patients, relatives or members of staff should not be captured or shared without written consent.
- Protecting the reputation of the trust is everyone's responsibility. If you identify yourself as having an association with the trust you must act in a manner which does not bring the trust, the NHS or your profession into disrepute.
- Content posted on personal social media channels will be considered the employee's own responsibility. The trust has no jurisdiction over employees posting content that unless the trust may be brought into disrepute by association.
- Staff members will be held accountable for any information posted that compromises themselves, their colleagues, the trust, the NHS or their profession.

- Action will be taken against members of staff whose use of social media is seen to be inflammatory, derogatory, slanderous, discriminatory, abusive or in breach of confidentiality, be it against the trust, members of staff, patients or other individuals connected to the trust.
- No social media account relating to the trust should be set up by staff or contractors without prior approval from the communications team.
- The trust logo, brand or other visual identification associated with the trust cannot be used on personal social media profiles and can only be used on affiliated corporate accounts with the approval of the communications team.

4. Scope

This policy applies to all staff, whether full-time, part-time, permanent or temporary, and to others working on behalf of the trust, for example contractors, consultants, researchers or volunteers.

It applies to all social media platforms including, but not limited to:

- Social networking sites (such as Facebook, Twitter and LinkedIn)
- Image sharing sites (such as Instagram, Snapchat, Imgur)
- Video hosting sites (such as YouTube, TikTok, Vimeo)
- Podcasts
- Community blogs (such as Wordpress, Tumblr)
- Discussion sites (such as Reddit, Quora, Digg)
- Social review sites (such as Yelp, TripAdvisor)
- Bookmarking networks (such as Pinterest, Flipboard)

5. Definitions

Social media - the generic term given to any form of internet-based platform which enables online interaction and communication between users. Social media can include text, audio, video, images, podcasts, and other multimedia communications.

Posts - any content published through a social media account including but not limited to text, images, audio or video.

Profile - a social media account. The profile includes the account name and handle as well as the details of the service or person linked to the account, including any images.

6. Accountability and responsibilities

The Associate Director of Communications and Engagement has overall responsibility for ensuring that the trust's social media communications adhere to this policy as part of their role in protecting and enhancing the reputation of the trust.

The communications team is responsible for managing the trust's social media channels and for monitoring social media content that relates to or mentions the trust. All employees and those working within the trust have a duty to ensure that they adhere to the standards set out in this policy.

The communications team is responsible for providing guidance to managers and employees on the application of this policy and the actions that will be taken in the event of any breach of this policy.

7. Use of personal social media accounts

Many of us benefit both personally and professionally from social media, however the lines between public and private, personal and professional can become blurred and it is important to be aware of the associated implications.

Staff identifying themselves as such on social media should act in a manner which does not bring the trust, the NHS or their profession into disrepute. This applies to both open and private channels of social media. Content posted on staff members' social media channels will be considered their own responsibility.

It is best practice to clearly state that your views are your own in your profile. The use of a disclaimer does not override the need to follow the principles and standards set out within this policy. In addition, closed groups or sites with privacy settings do not protect you from having your content copied and shared by others to make it publicly available.

Staff are responsible for their own online behaviour and should exercise good judgment. Protecting the reputation of the trust is everyone's responsibility and care should be taken to avoid posting or acting in an inaccurate, libellous, defamatory, harassing, threatening or illegal manner. Under no circumstances should offensive comments be made about patients, colleagues or the trust itself. Staff should also ensure that any comments made are not incompatible with their role.

Employees who do not directly identify themselves as trust staff members when using social networking sites should be aware that the content, they post on social media sites could still be considered as relevant to their employment.

7.1 Openness and accountability

If a member of staff associates themselves with the trust on their social media account, they are expected to post under their real name. This demonstrates openness, honesty, and accountability.

If an employee posts under a pseudonym and at a later stage these posts are associated with their real name, all previous posts may be considered as part of any disciplinary investigation or subsequent hearing, if appropriate.

Members of staff should immediately comply with all reasonable requests from the trust to remove a post on social media.

7.2 Professional guidelines

Each professional body has its own code of practice which contains statements on the conduct expected of NHS staff. In some NHS professions an individual's registration may be at risk if they act in any way that is unprofessional or unlawful. This includes behaviour on social media. All staff are expected to be familiar with their professional bodies' codes of practice.

7.3 Use of social media at work

Employees may access social media from the organisation's computers or devices or their own devices during official break times only. The trust blocks access to certain websites to minimise inappropriate usage.

Social media may be used by employees for work related purposes during work time if they have their manager's permission in order share questions, answers, ideas and knowledge with fellow professionals with the aim of improving services and patient care.

7.4 Interaction with colleagues and patients

Staff must be considerate of their personal and professional boundaries when accepting friend requests or requesting to join a social network that may include colleagues, patients or relatives. If staff are in any doubt as to how this would impact on a specific situation, they should seek advice from their line manager and the communications team.

When interacting with colleagues, patients and relatives online, employees should be mindful of their responsibility to be professional and courteous.

7.5 Video and photos

Confidentiality and safety are primary considerations when technology is used to take photos or make recordings on our premises.

As a result, colleagues should not take photographs or videos on site to post on personal social media channels. Staff may only use a photo of themselves in uniform as their profile picture if they identify themselves as a member of staff in their bio and post content that is primarily related to their profession. Uniform must be worn in compliance with our uniform and infection, prevention and control policies.

Staff must not post images containing patients online unless doing so as part of their role and with prior written consent from the patient and after discussion with the communications team. This does not prevent staff from sharing, retweeting, or linking to images containing patients which have been posted onto the trust's corporate social media channels.

Filming, recording or photography should not be carried out in or around the hospital sites without the express permission of the communications team, except in the instances highlighted in the Media Policy.

Colleagues becoming aware of anyone (staff, public or patient) taking photographs or videos on trust property without permission should alert the communications team and/or security immediately.

Similarly, if any unofficial photographs or videos of patients or members of staff are found online, the communications team should be alerted straight away.

7.6 Unacceptable uses of social media

Any communications that staff make through social media must not:

- Bring the trust into disrepute, for example by:
 - Criticise or arguing with colleagues or patients
 - Make defamatory comments about individuals or the trust
 - Post or share inappropriate or offensive content, or links to such content.
- Breach confidentiality, for example by:
 - Disclosing patient information
 - Disclosing confidential information about an individual, such as a colleague or patient, or organisation
 - Discussing the trust's internal business (such as future plans that have not yet been communicated to the public).
- Do anything that could be considered as discrimination, bullying or harassment, for example by:
 - Making offensive or derogatory comments relating to sex, gender reassignment, race (including nationality), disability, sexual orientation, religion, belief or age
 - Using social media to bully another individual including, but not limited to, colleagues or patients

- Posting content that is discriminatory, or links to such content.

7.7 Whistleblowing

Staff are also advised to be familiar with the trust's whistleblowing policy, particularly on making protected disclosures and the accepted scope of what that entails and how it is protected under law. Staff who make disclosures via social media outside of the scope of the trust's whistleblowing policy and whistleblowing legislation, particularly when accusations are inaccurate or unfounded, may be subject to disciplinary procedures.

7.8 Communications during a major incident

In the event that the trust declares a major incident, or other business continuity measures, staff must not use personal social media channels to comment on the incident. In order to ensure that patients, colleagues and partners receive clear, consistent, verified information, all communications will be issued through official trust channels.

7.9 Disciplinary action over social media use

All employees are required to adhere to this policy. Employees should note that any breaches of this policy may lead to disciplinary action. Serious breaches of this policy, for example incidents of bullying and harassment of colleagues or social media activity causing serious damage to the organisation, will constitute gross misconduct and could lead to summary dismissal.

8. Corporate social media accounts

The trust currently has several social media accounts, including Facebook, Twitter, Instagram, YouTube and LinkedIn, that are managed by the communications team, which has the authority to speak on behalf of the trust. Our corporate social media channels are used primarily to promote our campaigns, news, patient stories and job vacancies. We also use them to support and share health and care information provided by our partners.

Corporate social media accounts that speak on behalf of the trust cannot be set up without the consent of the communications team. See 'Affiliated corporate accounts' for more information.

Colleagues are encouraged to approach the communications team with any positive content that could be publicised on the trust's social media channels by contacting esht.communications@nhs.net.

8.1 Monitoring and responding to social media activity

The trust's corporate social media channels are monitored daily, Monday to Friday. Comments or queries that come in via social media channels should be responded to in a timely manner. The communications team may require input from colleagues around specific queries. If the query may take time to answer, a holding message is sent, with a full response to follow within 24 hours. The communications team will share all feedback with the relevant staff or teams.

8.2 Responding to critical or inappropriate comments

The majority of social media comments about the trust and our staff are positive. However, there will be times when people post criticism of the organisation, staff or the NHS in general.

Social media is an established channel for commenting on the quality of NHS services and gives a voice to people who would otherwise not raise legitimate concerns. In such cases we will respond in a positive way inviting the individual to contact our patient advice and liaison

service to discuss the matter in detail. We will share constructive feedback with relevant departments where appropriate.

8.3 Tone of voice, retweets, follows, likes and shares

On social media our tone is professional, approachable and friendly, with the aim of encouraging engagement. We follow accounts with aims similar to our own as well as those of our patients, staff and other stakeholders. We will like, retweet or share messages that are in line with our own messaging or that support our work and that of the local health and care system.

While it is broadly acknowledged that likes, retweets or shares do not necessarily constitute endorsements, we are careful to ensure we do not follow, like, retweet or share content from accounts whose aims are unrelated to our own. We keep in mind that:

- The NHS is a non-political organisation
- What makes one person laugh can offend another
- All our content should reflect our values: working together; improvement and development; respect and compassion; and engagement and involvement.

We also avoid topics that are controversial and not relevant to the purpose of our account or our intended audience.

Users of corporate social media accounts must not bring the trust into disrepute by posting, liking, retweeting, or sharing inappropriate, political or offensive content or links to such content.

Trust social media accounts must not be treated as personal accounts and post, like, tweet or share personal views. They must follow the corporate tone of voice and maintain professional standards at all times.

8.4 Accessible Information Standard

The Accessible Information Standard (AIS) is a national standard that all organisations providing NHS or adult social care are required to meet. The AIS ensures that patients, relatives and visitors who have a disability or sensory loss receive information they can access and understand. We commit to ensuring that the information provided on social media channels follows AIS best practice, including, for example, adherence to guidance set out in the Plain English Campaign.

9. Affiliated corporate social media accounts

Occasionally, there may be a valid reason for the creation of a social media account for a service or team. An affiliated corporate account is one that represents a specific service, department, speciality or team within the trust and forms part of our family of social accounts.

All requests to set up an affiliated corporate social media account should be submitted to the communications team. Affiliated accounts must not be set up without the explicit prior permission of the communications team. Any accounts setup without permission or prior to the implementation of this policy will be subject to review.

9.1 Criteria for an affiliated account

Running an affiliated social media account can be beneficial to the trust, but doing so successfully takes time and commitment. The premise of the majority of social channels is a conversation or 'engagement'. In order to achieve this, new, engaging content needs to be generated on a regular basis and the channel needs to be monitored frequently and consistently to ensure timely responses to comments or posts.

The nature of the content and engagement needs to be sufficiently distinct to that of the trust's corporate channels to warrant the time and effort required of a standalone account. In addition, there should be a sufficiently significant audience of interested people using the respective social media channel and a clear business benefit to engaging with them.

9.2 Process for the creation of an affiliated account

In the first instance, a service or department should discuss their interest in creating an affiliated account with the communications team. The service or department will need to submit a completed social media account request form (see Appendix 2).

If the communications team agree that there is a potential case, the service or department will be asked to create relevant content and engage with the trust's usual corporate channels for a trial period of between one and three months. This trial will enable the service/department and communications team to assess:

- Quantity, quality and regularity of content generated
- Interest and engagement from the intended audience
- Timeliness of responses and replies
- Whether there is sufficient capacity within the service or department to manage a standalone account.

Following a successful trial, the service or department will be supported to establish an affiliated account. If the trial is unsuccessful, the communications team will continue to support the service or department by sharing their content on the trust's corporate channels and the trial account will be deactivated.

9.3 Branding

All affiliated social media channels must use the appropriate trust logo and branding. The relevant banner, profile picture etc will be provided by the communications team and will be designed and sized to meet the requirements of the relevant social media platform, and fit in with the trust's corporate branding.

9.4 Ownership of an affiliated account

Staff who manage an affiliated social media account are responsible for keeping the login details safe, maintaining the security of the account and posting appropriate content.

Account holders will be expected to read and agree to the social media policy, set up the social media account from a departmental nhs.net email account and give the account details, including the passwords and username, to the communications team to be held securely.

The communications team maintain a register of affiliated accounts, their login details and the staff members who have access to them. This information is held for security and business continuity reasons and affiliated account owners must ensure it is kept up-to-date at all times.

Staff who manage an affiliated account must hand ownership of the account to another appropriate staff member if they can no longer maintain the account or if they leave the trust. If no staff member is available then ownership must be handed to the communications team, who will make the appropriate provision to have the account managed elsewhere or to close the account.

9.5 Closure of social media accounts

The communications team regularly audits the activity of all affiliated accounts. Any accounts that are not pre-authorised, perform poorly or post inappropriate or infrequent content are subject to closure. This also applies to any accounts setup prior to the implementation of this policy.

Accounts that are no longer used or needed must be closed down rather than left inactive or unmonitored. Accounts that are not closed represent a reputational risk as content is outdated and comments and posts can be received and ignored. In all instances, the communications team must be consulted before any action is taken.

9.6 Appropriate content

Tone and content should reflect the standards used by the trust's corporate accounts (see 8.4).

9.7 Responding to critical or inappropriate comments

If critical or inappropriate comments are received by affiliated accounts, they should be discussed with the communications team before being responded to. The communications team will advise on the most appropriate handling, in line with the policy for corporate accounts at section 8.3, noting that each situation needs to be managed on a case-by-case basis.

9.8 Hacked accounts

Staff must inform both their line manager and the communications team immediately if they suspect that an affiliated account has been hacked or compromised in any way.

10. Use of social media by patients and visitors

To protect the privacy of our staff and patients, we ask that patients and visitors do not film or take pictures on trust premises using mobile telephones or tablets, cameras or any other device. Please see the Media Policy for more information including exceptions.

Defamatory comments about members of our staff on social media will not be tolerated and action will be taken where necessary.

Where employees suspect the inappropriate use of social media by patients or visitors, they should alert their line manager and the communications team immediately.

11. Equality impact assessment

The document has been analysed for any potential differential impact on groups of staff or patients who share a protected characteristic, compared with groups who don't share that characteristic. The policy applies to all staff and patients and seeks to promote inclusivity and trust values, equally to the public via the media and to protect the confidentiality of all staff and patients.

12. Monitoring compliance with this policy

Adherence to the policy will be monitored by the communications team through routine monitoring of social media output from corporate and affiliated social media channels and social media comments about the trust. Breaches of the policy will be flagged to relevant service leads and senior management as appropriate with a review or recommended action, including and not limited to disciplinary action.

In addition to the monitoring arrangements described above, the trust may undertake additional monitoring of this policy as a response to the identification of any gaps, or as a result of the identification of risks arising from the policy prompted by incident review, external reviews or other sources of information and advice.

This monitoring may include commissioned audits and reviews, detailed data analysis or another focused study. Results of this monitoring will be reported to the committee and/or individual responsible for the review of the process and/or the risks identified.

Monitoring at any point may trigger a policy review if there is evidence that the policy is unable to meet its stated objectives.

13. Review and revision arrangements

This policy will be reviewed by the policy owner every three years. An earlier review could be triggered by changes to legislation or new technological developments, as well as any gaps identified as a result of a monitoring review.

Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/Committee for review of results/report	Responsible individual/group/committee for acting on recommendations/action plan	Responsible individual/group/committee for ensuring action plan/lessons learnt are implemented
Compliance with Policy	Communications Teams	Social Media Monitoring	Continuous	Communications Team	Communications Team	Communications Team

Appendix A: Social media account request form



We have well established social media accounts on Facebook, Instagram, Twitter, YouTube and LinkedIn. These accounts have large followings and are a great way for teams and services to share messages and engage with the communities we serve.

Our accounts are managed by our communications team and we would encourage teams and services to speak to us about how we can share your messages on our accounts. You can contact us by emailing esht.communications@nhs.net

If you feel your team or service would benefit from a separate social media account, you will need to fill out the following form and attach a three-month content plan so that the communications team can advise you appropriately. All fields are required.

Name of service or team:			
Your name:			
Your email address:			
Which social media platform do you wish to use? Please tick all that apply.	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram	<input type="checkbox"/> LinkedIn <input type="checkbox"/> YouTube <input type="checkbox"/> Snapchat	<input type="checkbox"/> TikTok <input type="checkbox"/> Other _____
Who is your audience? Please be as specific as you can.			
Why do you require a separate account? Please include why you feel the trust's corporate accounts will not serve your purpose.			
What is your main objective of having an account? How will you measure if you are meeting your objective/s?			
How often will you post?			
Do you have examples of accounts you think do what you would like to do well?			
Who will manage the account day-to-day?			
How will the account be monitored outside of working hours?			

Please send the completed form along with a three-month content plan to esht.communications@nhs.net.

Equality Impact Assessment Form

1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Social Media Policy
Date of completion	February 2023
Name of the person(s) completing this form	Stuart Green, Associate Director of Communications and Engagement
Brief description of the aims of the Strategy/ Policy/ Service	To set out the way in which trust staff interact with the media, whether at work or elsewhere
Which Department owns the strategy/ policy/ function	Communications team
Version number	Version 1
Pre Equality analysis considerations	None
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.	Staff
Review date	February 2026
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	None
Have you sent the final copy to the EDHR Team?	No

2. EIA Analysis

	😊 😐 😞	Evidence:																				
<p>Will the proposal impact the safety of patients’, carers’ visitors and/or staff?</p> <p><i>Safe: Protected from abuse and avoidable harm.</i></p>	Neutral	<p>Policy ensures patient confidentiality is maintained. Ensuring that staff featured in photographs meet infection control and dress code guidelines will enhance the perception that the trust provides safe care and a safe environment for patients and visitors</p>																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>	Neutral	<p>Policy has no impact.</p> <p>The proposal applies equally to all staff and ensures that staff who share one or more protected characteristics are not treated less favourably than other groups who do not share that characteristic.</p>																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

<p>What impact will this have on people receiving a positive experience of care?</p>	<p>Neutral</p>	<p>Policy ensures reputation of the trust is maintained.</p>				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<p>Race</p>	<p>Gender</p>	<p>Sexual orientation</p>	<p>Age</p>	<p>Disability & carers</p>
		<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
		<p>Gender reassignment</p>	<p>Marriage & Civil Partnership</p>	<p>Religion and faith</p>	<p>Maternity & Pregnancy</p>	<p>Social economic</p>
		<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Does the proposal impact on the responsiveness to people's needs?</p>	<p>Neutral</p>	<p>No impact</p>				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<p>Race</p>	<p>Gender</p>	<p>Sexual orientation</p>	<p>Age</p>	<p>Disability & carers</p>
		<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
		<p>Gender reassignment</p>	<p>Marriage & Civil Partnership</p>	<p>Religion and faith</p>	<p>Maternity & Pregnancy</p>	<p>Social economic</p>
		<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?</p>	<p>Positive</p>	<p>We will review over time images of staff and patients used externally on social media to ensure that we are positively and equitably representing our staff, patient groups and our local community, building our reputation as an inclusive employer and provider of healthcare services</p>				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<p>Race</p>	<p>Gender</p>	<p>Sexual orientation</p>	<p>Age</p>	<p>Disability & carers</p>
		<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
		<p>Gender reassignment</p>	<p>Marriage & Civil Partnership</p>	<p>Religion and faith</p>	<p>Maternity & Pregnancy</p>	<p>Social economic</p>
		<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

Access						
Could the proposal impact positively or negatively on any of the following:						
• Patient Choice	Neutral	No impact				
• Access	Neutral	No impact				
• Integration	Neutral	No impact				
Equality Consideration <i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i>		Race	Gender	Sexual orientation	Age	Disability & carers
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:	Neutral	Policy has been developed using the expertise of the communications team supported by adopting best practice from across the NHS. The policy also draws on other policies which have had input from staff in their development				
Equality Consideration <i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i>		Race	Gender	Sexual orientation	Age	Disability & carers
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.</p>	<p>Neutral</p>	<p>This policy enables the trust to have greater oversight of how our staff and patients are presented on social media. We will periodically review images provided by us for use on social media to ensure that we are positively and equitably reflecting all of our staff, patients and our community</p>
<p>Characteristic</p>	<p>Rating</p> <p>😊 😐 😞</p>	<p>Description</p>
<p>Race</p>	<p>Neutral</p>	<p>We will seek to ensure that people of all ethnicities are equitably and positively reflected on social media</p>
<p>Age</p>	<p>Neutral</p>	<p>We will seek to ensure that people of all ethnicities are equitably and positively reflected on social media</p>
<p>Disability and Carers</p>	<p>Neutral</p>	<p>We will seek to ensure that people of all people including people who are disabled and people who are carers are equitably and positively reflected on social media</p>
<p>Religion or belief</p>	<p>Neutral</p>	<p>We will seek to ensure that people of all religions are equitably and positively reflected on social media</p>
<p>Sex</p>	<p>Neutral</p>	<p>We will seek to ensure that people of all genders are equitably and positively reflected on social media</p>
<p>Sexual orientation</p>	<p>Neutral</p>	<p>We will seek to ensure that people of all sexual orientations are equitably and positively reflected on social media</p>
<p>Gender re-assignment</p>	<p>Neutral</p>	<p>We will seek to ensure that people who are or have undergone gender re-assignment are equitably and positively reflected on social media. We will ensure that the gender re-assignment status of any of our patients participating is not disclosed without prior consent</p>
<p>Pregnancy and maternity</p>	<p>Neutral</p>	<p>We will seek to ensure that people using our maternity services and pregnant people are equitably and positively reflected on social media</p>
<p>Marriage and civil partnership</p>	<p>Neutral</p>	<p>We will seek to ensure that people are positively reflected on social media regardless of their marital status.</p>
<p>Human Rights Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998 No impact on human rights.</p>		

Articles		Y/N
A2	Right to life	N
A3	Prohibition of torture, inhuman or degrading treatment	N
A4	Prohibition of slavery and forced labour	N
A5	Right to liberty and security	N
A6 &7	Rights to a fair trial; and no punishment without law	N
A8	Right to respect for private and family life, home and correspondence	N
A9	Freedom of thought, conscience and religion	N
A10	Freedom of expression	N
A11	Freedom of assembly and association	N
A12	Right to marry and found a family	N
Protocols		
P1.A1	Protection of property	N
P1.A2	Right to education	N
P1.A3	Right to free elections	N