**Functional area**

Moderation

**Process**

Moderating stories and responses

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# Purpose

* 1. The purpose of moderation procedure is to ensure that all those who moderate understand the tasks and responsibilities

# Objective

* 1. It will ensure consistency of moderation across the team.
  2. It will ensure moderation is based on objective principles.

# Vision, mission and values

3.1 Staff moderating should work in ways which are consistent with Care Opinion’s [vision, mission and values](http://www.careopinion.org.uk/info/mission) .

# Care Opinion Voice

* 1. Staff should adopt a positive, friendly and approachable style via email, telephone and face to face communication whilst maintaining a professional approach and a focus on delivering excellent customer service based on the needs of the subscriber. Our communication style is explained in Care Opinion Voice (see QMS menu).

# Moderation principles

There are four principles, which guide the Care Opinion moderation. They are as follows:

* 1. Enable a clear, timely, public, constructive conversation about care
  2. Make giving feedback safe and easy for authors
  3. Encourage authentic feedback, based in personal experience
  4. Treat staff legally and fairly

# Moderation

## Introduction to moderation

### What is moderation?

Moderation is the process where any story and response submitted to Care Opinion is read by a team of moderators to check its suitability before publication. During moderation, moderators will also check if the story is linked to the right service provider and remove any stories that do not fit the purpose of the site (e.g. advertising).

In moderation, text of the story and the tags may be changed to make sure the story fits the moderation criteria outlined below. Changes are as small as possible to not affect the meaning of the story.

### Who is a moderator?

A moderator is someone who has been trained to read stories and responses before publication on the Care Opinion website. They may make changes to the story, tags and usernames. They can also contact the author or services regarding a story if the situation needs it.

### First line moderators

First line moderators are responsible for the day to day moderation of all stories and responses submitted to the website. This includes:

* Logging in each day to read that day’s stories
* Editing the text, tags, service links, title and username if necessary and then publishing stories.
* Publishing subscriber and author responses.
* Contacting the author via the info account. [See corresponding with authors](#_Corresponding_with_authors).
* Referring serious stories to second line moderators for advice on how to proceed.
* Referring stories with a safeguarding element to the safeguarding lead in a timely way (ideally the same day the story was submitted) See: <https://www.careopinion.org.uk/info/moderation-safeguarding>
* Occasionally contacting subscribers with difficult stories to advise them before publication. [See Corresponding with responders.](#_Corresponding_with_responders)
* Carrying out actions as identified by second line moderators

### Second line moderators

The role of second line moderators is to support first line moderators with complex and difficult stories and responses. Care Opinion has several second line moderators who:

* Are experienced moderators.
* Have a strong understanding of Care Opinion’s moderation principles and policy.
* Know how the health services are structured.
* Are familiar with current legal advice and know how Care Opinion puts this into practice.
* Are trained to spot safeguarding concerns and refer them to the safeguarding lead.

Second line moderators make the final decision on how to progress with a difficult stories. They may carry out these actions or give guidance to first line moderators on how to proceed.

### When should first line moderators refer stories to second line moderators?

First line moderator should ask for advice on any story that they find difficult to edit or are concerned about. The more experienced a first line moderator becomes the less they may need support with moderating. However, all stories that are a criticality 5 (Criticality ratings) should always be referred to a second line moderator.

Other stories that may be referred to a second line moderator include:

* Stories where the patient has had a negative experience and it still under the care of that service
* Alleged criminal activity
* Strong criticism a particular member of staff or staff group who may be at risk of identification, even after moderation
* Serious criticism of medical care
* Stories where the author refers to ongoing formal procedures, including:
  + NHS Complaints procedure,
  + legal proceedings,
  + police coroner
  + Ombudsman investigations
  + Or any other proceedings or investigation

**NB stories where there is a perceived risk to the author our someone else (i.e intention to take their own life) should be referred immediately to the safeguarding lead.**

## How moderation is organised

### Moderation Rota

There should always be a least one named first line and one named second line moderator responsible for each working day (Monday to Friday). This is agreed at the Monday team meeting.

This means that that person is responsible for the queue that day and should:

* Publish as many stories and responses as possible
* Highlight any safeguarding stories with the safeguarding lead – use the queue scanner to check the queue at several points in the day. Including just after 9am and before 5pm.
* Discuss any serious stories with the named second line moderator or another if there is special relevance. Such stories should be posted to the second line channel in Teams with the second line moderator tagged.

### Queue Scan

The named first line moderator is responsible for performing a queue scan near the start and end of day, to highlight any urgent safeguarding concerns. [Certain key phrases](https://www.careopinion.org.uk/moderation/warningterms) are automatically highlighted to help with this process, but issues may be missed due to spelling errors or subtle word choices and so the whole queue should be manually scanned to minimise risk.

### Publication times

Care Opinion aims to publish most stories and responses within 24 hours, excluding weekends. A first line moderator rota for weekdays assigns responsibilities for that day to a particular moderator, the aim is to clear the queue by the end of the working day.

Stories that require contact with the author or discussions with second line moderators may take longer and should be assigned to someone ([see delaying publishing and assigned queue](#_Delaying_publishing_and)).

### Out of Hours Moderation

The Care Opinion website automatically delays publication of some stories and responses when these are moderated out of hours

Out of hours means:

* Before 8am on a weekday
* After 6pm on a weekday
* After 4pm on a Friday
* Weekends

These out of hours posts will be automatically delayed until in-hours:

* Stories with a criticality of 2 or more
* Responses from story authors

Other stories and responses will be published as normal.

### Withdraw/Reject

Rejecting a story is a decision taken by a moderator (not the author). Moderators reject stories that cannot be published on the Care Opinion website. This may include spam, stories that show the author is not using the site for its intended purpose, duplicate stories, failure to validate. This also applies to responses.

Rejected stories can be recalled and published.

Withdrawing a story is an action taken by the story author if they decide they do not want their comments to be public on the website.

Withdrawing a story cannot be undone

### Rejecting a story

When a story in rejected the moderator must update the story notes with why the story was rejected. This is also true for rejected responses. Depending on the situation, moderators may need to email the author to inform them their story has been rejected and appropriately signpost them.

### Delaying publishing and the assigned queue

There is the facility to delay publishing stories. A story might be delayed because:

1. The story is very critical, this would apply to all stories rated 5 and some 4
2. The first line moderator has questions for a second line moderator
3. The author has requested it
4. The author falls under the vulnerability policy
5. The author didn’t name the service they used so we need to ask them
6. Where the service provider is not currently registered with Care Opinion and the story is highly critical

When a story cannot be published straight away, that story should be assigned to a moderator.

This takes the story out of the general queue and puts it into the assigned queue. This means it will not accidently be published by someone else. When moderators assign a story, they should use the notes section on the story to show the action taken. This should be updated every time there this a development.

### Bank Holidays/office closures

During extended bank holidays or office closures, a rota of first and second line moderators should be established. This is also important for quickly reacting to any safeguarding concerns.

## Moderating stories

These principles guide the decisions made by first line and second line moderators. Guidelines that based on these principles help moderators to decide if and how they should edit a story.

### Enable a clear, timely, public, constructive conversation about care

To ensure the conversation is **constructive**, moderators will:

1. Reject stories which are primarily commercial, obscene or irrelevant
2. Reject stories relating to events which ended over three years ago
3. Remove obscene or offensive language: all racist, sexist, homophobic or other discriminatory comment should removed ([see section 6.8.19 on discrimination and discriminatory language](#_Discrimination_and_Discriminatory)) Swearing should be removed particularly if directed at people or services. Some mild swear words (e.g piss) may be included if relating to the authors feelings. E.g “*I was pissed off*” may be permitted but “*the nurse was pissing about*” would be edited.
4. Moderators may limit the length of stories, by heavily editing extremely long stories. The story entry form limits stories to 1000 words.
5. We do publish stories from staff members as long as they are supporting authors to share their own experience of care.

To ensure the conversation is **clear**, moderators will:

1. Not publish multiple accounts of the same experience or episode of care, whether those accounts are posted by one person or multiple people.
2. Consider changes to the story title to make it more helpful and constructive to other users.
   * + - 1. Avoid sensationalist titles.
         2. keep the title to one or two lines so it will display properly
         3. Where possible, use a quote from the story
         4. Remove service name from the title and move into the body of the text
3. Replace upper case (CAPITALS) text with mixed case
4. Make minor changes to spelling, punctuation or layout to improve readability

It is not necessary that every posting has to be perfect English – providing the meaning is clear. It is good to leave in misspellings or imaginative grammar, as these idiosyncrasies make it clear that postings are by real people.

To ensure the conversation is **timely**:

1. all second-line moderation decisions should be taken within 2 working days of the story arriving.
2. First line moderators are responsible for the progress of a story.
3. Care Opinion will automatically prevent responses to stories more that 3 years old with no response, and 5 years if the subscription did respond (see 6.8.12)
4. Care Opinion will automatically prevent authors responding to their own stories and responses within 7 days (see 6.8.13)

### Make giving feedback safe and easy for authors

To avoid identifying individuals, moderators will:

1. Remove all author names from stories, even from positive stories. If there are no perceived risks, consideration may be given to publishing the names of deceased adults. All children’s names must be removed.
2. First name, last name format is not acceptable usernames eg Sue Smith, as it’s unclear whether this is the author’s real name. First names will generally be acceptable, but some judgement should be applied if this would identify the author due to the circumstances. [See](#_Amending_usernames) Amending Usernames
3. Remove details which might identify an individual, particularly where we suspect there are small numbers of staff or people receiving services in any one treatment area. This may mean linking the posting to generic rather than specific services, e.g. to a hospital rather than a specialty
4. Remove mention of specific dates and times
5. Where there are stories that are part of a current, formal NHS Complaints procedure moderators will consider the impact of publishing them on the site. Care Opinion will not publish stories if it becomes aware it could potentially prejudice any ongoing proceedings, whether they are complaints, claims, police coroner, or any other proceedings or investigation

If Care Opinion is concerned that the author of a story may be vulnerable, Care Opinion will take appropriate action to protect that person. This may include signposting the person to an appropriate agency for support, not publishing the stories or, in the most serious cases, we may contact the appropriate authority. Refer to Safeguarding and vulnerability document.

Signposting emails should always be written with care and attention, but further guidance and a template email and up to date contacts can be found under information for moderators

<https://www.careopinion.org.uk/info/author-signposting-templates>

<https://www.careopinion.org.uk/info/emergency-phone-mumbers>

A public facing collection of signposting links can be shared freely with authors:

[https://www.careopinion.org.uk/info/](https://www.careopinion.org.uk/info/emergency-phone-mumbers)useful-contacts

Where there are detailed references to suicide or self-harm or rape or assault, Care Opinion will remove the detailed descriptions of how these acts were performed (or plan to be performed). The feedback should always be about the experience of care, therefore detailed descriptions on how people came to the care setting should not be included. Editing usernames when they could identify the author (full names that correspond with the email address given) or include a defamatory statement. For example, “rude staff at Wansbeck”, or “dirty wards at Rotherham”. In both instances moderators should change usernames to something anonymous.

### Encourage authentic feedback, based in personal experience

To avoid generalisation and speculation in stories, moderators will:

1. Make sure that stories directly report the experiences, reactions or suggestions of authors.

*For example, critical assertions about the whole hospital may be removed. ‘The whole hospital was filthy’ may be changed to ‘those part of the hospital that I saw were dirty’. In general, comments that are measurable (‘it was not clean’, ‘they were 45 minutes late’) are more likely to be published unedited than comments that are harder to measure (‘the service was appalling’, ‘the whole place was a disgrace’).*For example, critical assertions about the whole hospital may be removed. ‘the whole hospital was filthy’ may be changed to ‘those part of the hospital that I saw were dirty’. In general, comments that are measurable (‘it was not clean’, ‘they were 45 minutes late’) are more likely to be published unedited than comments that are harder to measure (‘the service was appalling’, ‘the whole place was a disgrace’).

1. Minimise political comment. e.g. “*Due to the cuts to funding I cannot see the physio for more sessions*” would be allowed, “*the Tories are ruining the NHS*” would be removed. Such comments should relate to the author’s experience.
2. Generally remove suggestions that indicate others should not visit a service, e.g. ‘*Nobody should to go Queens Hospital*’, as this is a generalisation based on one individual’s experience.
3. Remove allegations or speculations about the character or motivations of health care staff or organisations, since authors do not know what motivates particular staff.  
     
   *For example, ‘I wonder why the government pays these doctors’; ‘the managers were only motivated by money’*.
4. Edit to make clear that experiences relate to some staff, not all staff  
     
   *For example, change ‘all the nurses on Ward 15 were lazy’ to ‘all the nurses who looked after me on ward 15 were lazy’*
5. Sometimes remove references to the care of other people. Consideration should be given to whether third parties mentioned might be identifiable to staff within the service or people reading the story. Observed care may be included if it directly influences the author’s experience or decisions  
     
   *For example, ‘they gave the lady across the way the wrong tablets’. This is because the story should primarily relate to the direct experience of care by the patient themselves. If the patient ascribes a feeling of unsafety to such an event, consider leaving in some version.*
6. Edit direct speech, quoting third parties, to indirect speech   
     
   *For example, ‘the nurse said “you’re a nightmare patient and we don’t want to look after you”’ to, ‘the nurse said that I was a nightmare patient and they didn’t want to look after me’.*
7. Words like abuse/neglect/harm have specific regulated meanings. Some authors use these to add emotional weight to statements. Moderators should recognise these words can have official meanings and balance feelings against fairness. Moderators should remove these words when appropriate.

### Treat staff legally and fairly

To avoid defaming individual staff members, moderators will:

1. In all positive comments the name of staff members, but not their full names, should remain in the story. This will usually mean removing surnames (e.g *nurse Jane Smith* becomes *nurse Jane*). If no first names of staff are given then it may be appropriate to leave in the surname (*e.g Dr Smith*) or simply refer to *the doctor*, *nurse*, *team* in charge of care and treatment.
2. Remove any I.D numbers and incident numbers.
3. Remove times and dates of appointments as mentioned in [6.3.2 Make giving feedback safe and easy for authors](#_Make_giving_feedback). This also keeps staff from being identified in critical comments
4. Care Opinion will not publish personal comparisons between staff members. For example, “*Dr Smith is the worst doctor in the surgery*”. This extends to direct comparisons between entire services/organisations/departments.
5. Remove the name or identifying information about a third party.

*For example, “Ward 15 cleaner Tracy said it was a disgrace and they had been told to keep costs to a minimum”. We will remove Tracy’s name and the ward she works on.*

1. This is called jigsaw identification. Jigsaw identification is where the identity of a patient or staff member could be discovered by piecing together separate bits of information within a posting. Again, this may mean linking the posting to generic rather than specific services, i.e. to a hospital rather than a specialty. We may also remove the name of a service from the posting text, if it is a small service and could identify staff. If unsure about the size of a service, moderators should research the service (Google it!) before publication.  
   If a staff member is being criticised in a story, moderators should remove the name and gender of that individual to prevent identification. In most situation moderators should also obscure the job role, i.e. “*the senior charge nurse*” to “*a senior member of staff”*. If a staff member is named positively, consideration should be given as to whether this would identify staff members who are elsewhere criticized.

**n.b If the author criticises the process rather than member of staff, it may still be necessary to remove staff details to protect staff or reduce the risk of the author being identified.**

1. Stories written by members of staff in their role as a professional not as a patient that are critical of care or of other staff, should always be seen by second-line moderators. This is not in the remit of Care Opinion, such authors should also be advised that their organization will have a whistle-blowing policy.

## Service links

These are shown underneath the title of a story and link the story to a physical place on the site/service tree.

* When a service is commented on (not just mentioned), you should add it as a link
* Stories can be linked to more than one service, even when they are provided by the same organisation.
* You should link as far down the service tree as possible e.g departments within a hospital, not just the hospital
* Service links are important for subscriber email alerts and widgets. If you do not link correctly the relevant subscribers may not be alerted and may not be able to respond.
* Service links can have FFT ratings attached. After an author adds their story through the TYS form, they will be invited to rate the service. If the author has done so, the service link will say in brackets *(has ratings).* If this service is incorrect use the **change button** to update. If you delete this service, the ratings will be lost.
* The link will say the distance between the service and the author’s postcode. If this distance is surprisingly large, the service should be checked/verified with the author.

## Primary tags

Graphical user interface, text, application

Description automatically generated

Primary tags are publicly viewable keywords attached to each story. There are three separate types (with some overlap), added by the author in the TYS form and during moderation:

1. Treatment/condition tags (added by the author under *Conditions, tests or treatments*)
2. Polarised tags (*What was good / What could be improved*)
3. Emotion tags (*How did you feel*)

Tags serve many functions on the site – so it is important to ensure tags are used correctly when moderating. Tags are used:

* to help people (Care Opinion, subscribers and the public) find stories more easily.
* for subscriber reporting.
* as part of the ‘Tell Your Story’ (TYS) workflow on the public side of the site. Once a user tags their story, these tags are used (with the postcode) to provide a list of potential likely local services for the user.
* As the basis for some subscription scopes. E.g. Miscarriage Association have a subscription for any story about services in England, which are tagged with ‘miscarriage’.

Tags are vital to the running of the Care Opinion website. This is a crucial role for first line moderators. Stories should be tagged with as many useful and relevant tags as possible.

### Treatment/condition tags

*Eg: ‘diabetes’, ‘mri’, ‘occupational therapy’*

* Subscriptions can be based on tags, so where treatments/conditions are mentioned they should be added as tags to the story. I.e. Diabetes should be added to any story where authors talk about diabetes, even if it was not primarily what the care was for.
* Some tags have *Treatment Functions* attached. These are hidden weighted scores used by the site to identify and suggest to the author possible services they may have used. E.g. the site will suggest a local Endocrinology department if the diabetes tag is used.

### Polarised tags

*Eg: ‘waiting time’, ‘staff attitude’, ‘communication’*

* These show what the author thought was good and could be improved
* These tags are listed by most used in summary reports for subscribers.
* They show on hospital/service pages on the website.
* Any treatment/condition tag can be assigned a polarity, e.g. if the author comments critically about a treatment.

### Emotion tags

*Eg: ‘happy’, ‘fed up’, ‘thank you’*

• These appear as neutral in the tag section of the moderation drawer

• Emotion tags also show on the front page and in subscriber reports.

### Adding primary tags

Primary tags are visible to the public in the ‘Story Summary’ and ‘More about:’ sections of a story, and are added/edited in the corresponding drawer section. To add a new tag, the moderator should type directly into the ‘choose a tag’ text field. Each tag added will be noted with its modifiable polarity and who added it to the story (author or named moderator).

When adding new tags, polarity can be quickly assigned by prefixing each with a ‘-‘ or ‘+’ symbol. Eg, ‘+food’ would add food as a positive primary tag.

### Pending tags

* Authors on Care Opinion can add entirely new tags to their story as free text. These tags appear with the note ‘(pending)’ in the moderation pane and are only visible to moderators.
* The total number of pending tags a story has is displayed as a number on the drawer as a reminder for moderators to check before publication
* Some pending tags may be less useful/incorrect variations of existing tags. These should be removed and replaced with comparable public tags.
* Some pending tags might be too specific to be useful (*eg. ‘the nurse gave me an underripe banana’*) In these cases it is best to remove the suggested tag and if possible, replace with a more general tag (e.g *‘food’*)
* If the pending tag could be useful to other site users and has no comparable tag, this can be left on the story and it will be published on story publication. E.g. *Covid vaccination* was a new tag in 2021
* Moderators can also create new tags by simply adding them to the tag section of the moderation pane. These tags will be published on story publication.
* Moderators should check and fix the primary tags on every story you moderate to keep public tags useful.

**Publishing a story with pending tags will commit these tags to the list of publicly viewable approved tags**. **This could be a risk to the moderation policy.**

### Moderating primary tags

Moderators can remove existing primary tags from a story, or change their polarity by clicking the plus or minus symbol.

A story is more useful to the subscribers, CO staff and the public, if it has as many relevant tags as possible. Moderators should add relevant tags when moderating stories. These are usually obvious for treatment/condition tags, but can be harder for polarised and emotion tags.

For instance, if a story contains the line “*Doctor Smith tried so hard to do everything possible to cheer us up*”, a moderator might add the tags ‘*+doctor*’, ‘*+hard working*’, ‘*+emotional support*’.

Moderators should not read too far between the lines to add tags that the author does not intend, for instance “*I didn’t like the way the registrar spoke to me*” one might add the tag ‘*-communication*’ or even ‘*-staff attitude*’, but should not go so far as to add ‘*-rude staff*’, which would be putting words in the author’s mouth.

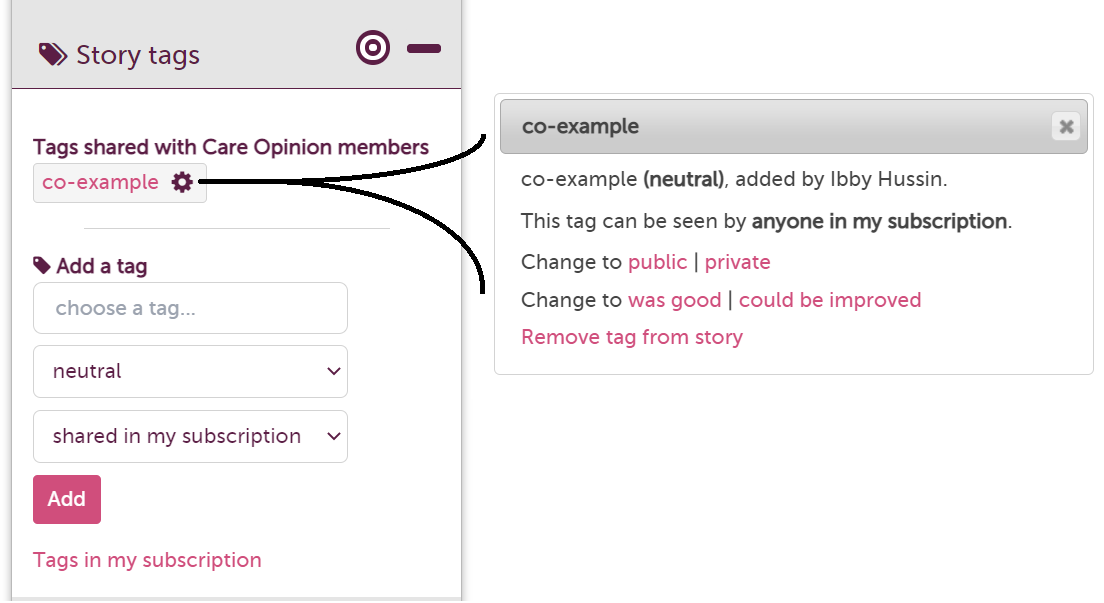
This is subjective, and it can be hard to find a balance between helping people tell their personal story, versus telling a story on their behalf. Moderators should only add extra tags when they are confident they match the author’s intent.

Some polarised tags are added to stories automatically based on words the author used in their story (eg +compassion). These might not match the author’s intention; moderators should judge whether incongruous polarities are accidental and edit accordingly.

## Story tags

Story tags (sometimes called subscriber tags) created by members of a subscription and used internally within that subscription. These tags can be visible only to the user that added them everyone on their subscription or made public.

As a moderator you will only see the story tags from other subscriptions if the tag is set to public.



The Care Opinion moderation subscription has it’s own set of story tags to help find stories more easily. These are not publicly visible. These may be used for training or demonstrative purposes. These include:

* co-great – Stories that moderators find interesting/insightful. Can be positive or negative
* co-poem - add to stories written as a poem
* co-response - add this to a story if you like the response from the service or the author
* modtr-crit - stories with an interesting or difficult choice of criticality for training and reference
* sg&vac - stories with a safeguarding concern

There are more tags, but some have not been used for a long time. You can see them all on the [Care Opinion tags](https://www.careopinion.org.uk/info/care-opinion-tags) page.

## Criticality score definitions

To approve a story for publication, after it has been moderated, it must be assigned a criticality score. This score is designed as a way of communicating to Care Opinion and subscribers the seriousness of a story – it is never made public. The scores range from 0 (no critical content), to 5 (severely critical content).

The criticality score reflects the most critical element of the story, regardless of whether different providers are mentioned positively and negatively. A score of 5 (severely critical) could be given to a story that contains some very positive comments. We do not assign a criticality score for each provider.

Criticality scores act as a guide to moderators and helps them know if they should refer to a second line moderator. The score is also visible is subscriber view (but not in public view), this is to indicate to organisations the criticality of a story made about their services. Subscribers can also build alerts around criticality scores

|  |  |  |  |
| --- | --- | --- | --- |
| **Score** | **Explanation and examples** | **Aim to validate** | **Publication delay** |
| **0 – not critical** | * **No Critical Comment-**Entirely Positive Story with no critical comment * **Tags**- look out for tags that are negative and more of a comment, bring into story if appropriate * **Observations-**watch out for neutral observations that are not part of negative comment. For Example, if waiting times stated but not given any “weight” these might still be a Zero | N | 0 |
| **1 – minimally critical** | * **Non Clinical**-Negative comments about non-clinical aspects of care. Typically issues such as food, parking, cleanliness (not impacting on patient), staff appearance * **Environment**-Comments about the environment of the care experience for either the patient or carer/ relative * **Comments on staffing level, service standards etc**-context is really important if posting is otherwise positive but this is an observation. Impact on care will push it to a 2/3 * **Waiting time** usually non-clinical. The wait time expressed negatively but no obvious or impact | N | 0 |
| **2 – mildly critical** | * **More specific but still minor shortcomings in care-** these include softer elements of care eg rudeness, not listened to, lack of compassion, poor interpersonal behaviour where there is no impact or consequence * **Facilities** which affect care experience eg unclean bedding, access to aids, access to privacy, nutrition-please note that where impacts on patient safety serious comments would go to a 3 * **Communication-**communication issues regarding appointments and arrangements * **Waiting times-** This could be whilst attending care setting where this is linked to negative comment or waiting for an operation/ intervention if no significant impact on health mentioned. If greater impact on the individual, this may be a 3. * **General criticism** which implies non specific risk and no negative outcome. For example “The nurse did not wash her hands before giving me an injection, this is poor infection control” | N | 0 |
| **3 – moderately critical** | * **Shortcomings in Clinical care.** These may be interpersonal or may be to delivery of service. The author may not say what the effect of these are. * **Waiting Times-**for treatment or care where impact on health is clear either in care setting (ie pain relief) or waiting for an operation where health is deteriorating * **Unmet care needs**-care not being delivered in ways that put individual at risk. For example, inadequate nutrition and hydration, development of bedsores. can include timeliness that has impact. * **No access to service**-not accessing service that individual feels they need. There might be a disagreement with a care giver or a service not being available. Includes disagreement about diagnosis. These would have clear consequences for person or carer. * **Risk**-Factors about care experience that present a risk to patients for example; hospital discharge, wrong notes, missed medication etc * **Clinical or behavioural symptoms** that are not considered or treated, with reference to impact on individual | N | 0 |
| **4 – strongly critical** | * **Serious criticisms of care or absence of care** that have had clear consequences/impact for physical or emotional health. The consequences will be clearly detailed (unlike a 3) * **High Risk-** Care that has led to high risk to an individual’s health or safety. The vulnerability of the individual/patient should be considered in terms of degree of risk. * **Clinical shortcomings** that have been detailed to show the impact on author-might be single event or cumulative or might be multiple references to poor nursing and clinical care. | Maybe | Up to 5 days |
| **5 – severely critical** | * **Gross Negligence-**Story alleges or describes actions or events which may be illegal, grossly negligent. Needs to be clear evidence, not supposition. * **Gross Misconduct**-Story alleges gross misconduct by named staff and organisations * **Negligent Care-**Story alleges seriously negligent care that has clear and severe consequences for patient or service user at the time or later on | Y | 5 days |

Authors often refer to either the complete lack of a service or treatment or being offered unsuitable care.  This should be included in any consideration of criticality.  Particular attention should be on whether there are clear consequences for the patient or service user.  For example a 4 might be a mental health user left without psychiatric help and support who goes on to attempt suicide, a 3 might be a user whose carers forget to visit leaving them without important physical care at home.  Clear evidence of a need for that service will substantiate the criticality rating.

For more guidance on criticality, please see

<https://www.careopinion.org.uk/info/crit-story-egs>

### Moderation of Criticality 4 stories

* Criticality 4 stories should always be discussed with a second line moderator.
* Affected care providers should normally be offered early view of a Criticality 4 story.

The process for moderating a C4 story requires a few steps and includes some flexibility.

1. **Assign the story to self or another**: Assign the story so it doesn’t stay in the queue.
2. **discuss with second line moderator:** A discussion will help clarify story criticality, any text edits, and any implications for author or staff. It may also be helpful to discuss with the CO team member with best knowledge of the provider.
3. **Decide on a proposed publication date:** We might consider that 3 working days is a sufficient “early view” for most C4 stories. It is a good idea to fix the publication date in advance of contacting the provider, so they know what is expected.
4. **Email the provider:** The email to the provider should be based on a standard template email, with edits as needed. The email should include:
5. The proposed story text and publication date
6. Why we are emailing and what we expect the provider to do
7. Options for contacting someone at CO to discuss the story
8. How to respond to the story
9. What will happen if we don’t hear back
10. **Make personal contact (optional):** For some stories it might be best to make personal contact by phone or online, rather than wait for the provider to respond. This could be done either before or after the email is sent.
11. **Approve the story for publication on the agreed date:** Subject to any further information and discussions with the provider, the story should then be approved on the agreed date .Once it is published, the provider will be alerted and they will be able to add their response as normal.

### Moderation of criticality 5 stories

Before publication, stories that score criticality 5 should always be:

1. reviewed by 2nd line moderators
2. validated with the author
3. discussed with relevant health service
4. copied to the CEO of the health service

## Dealing with specific moderation situations

### Multiple stories about the same episode of care

Authors are not permitted to share multiple stories about a single experience or the same issue. Moderators are responsible for checking whether there are stories with similar content from the same author or IP address already on the site.

The moderation pane for the story will show how many stories that author has had published/withdrawn/rejected/in moderation on that account. Authors may create multiple accounts to share stories, using separate email addresses. This might be for valid reasons (i.e. to prevent jigsaw identification). If suspicious, moderators should refer to the postcode and IP address.

This also applies to stories about the same episode of care submitted by different authors. These might be family and friends, and would have approximately the same content. Whether or not these are coordinated, the same principles apply in terms of maintaining a fair platform for services and the public. This should be applied to both positive and negative feedback. We would in normal circumstances publish the earliest feedback sent in, but this is at the discretion of the second line moderators.

### Duplicate Stories

Duplicate storiesare when an author submits the same story twice, usually immediately after each other. When the content is the same one of the stories should be rejected. In the notes of the rejected story the moderator should say it is a duplicate of (insert story number). Where the stories are about the same experience of care but not identical, moderators should publish the story with more details.

### Amending usernames

Usernames should be amended if users have used their real names or their chosen name doesn’t meet the moderation policy. We may permit usernames that include a first name only.

Usernames which mention organisations, businesses and corporations are also not permitted.

Usernames which relate to famous people, alive or have died in the last 100 years are not acceptable

There are two ways to amend an author’s username depending on the situation:

* 1. Manually edit the username to an anonymous approximation of the previous username eg *John Smith* to *John S*
  2. Use the Care Opinion ‘Anonymise button’ to randomly generate a unique and anonymous new username. If this action is taken, check the new username is appropriate for the content of the story, if not generate another

If the author has not posted before:

1. moderators should update the username
2. update the notes on the story to say this, make sure to include the original username in the notes
3. Email the author to tell them what it has been changed to and why. See [corresponding with authors](#_Corresponding_with_authors).

If the author has shared a story previously in the site:

1. moderators should change the username
2. update the notes as above
3. Contact the author to explain. This is to make sure the author is aware of the change and can still log in and they can still access and respond to stories
4. Check any responses they have had that might include the previous username and remove.

### NHS.uk usernames

When sharing a story on NHS Choices authors can chose to be “anonymous” or show their full name. Full names are against Care Opinion’s policy. Therefore when stories are imported from NHS.uk the username is not brought across.

If responders mention the author’s name (they would have to click through to see the original on NHS.uk) then moderators should remove this. The best way to do this is remove the whole line, rather than trying to obscure the name as this will look odd when the response is sent back to NHS Choices. For Example, if the reply is:

*Dear firstname lastname,*

*Thank you for you feedback on your recent hospital stay etc etc etc*

Moderators should remove the first line, so the response would be:

*Thank you for you feedback on your recent hospital stay etc etc etc…*

### Extended Conversations

Where exchanges on the site become extended with multiple responses, careful judgement should be applied as to whether this exchange is still constructive. This sort of exchange can produce some valuable outcomes, but also can result in negative outcomes for staff and authors. Consult with a 2nd line moderator.

Care Opinion reserves the right to refuse publication of further responses (author or subscription) on any story.

### Impeding Care

There may be situations particularly in mental health services, where posting on the site might negatively impact on someone accessing the care they need. Where this is a possibility consult with second line moderator.

### Multiple service providers and advanced moderation (Shredding)

A story may be tagged to multiple providers one or more of whom are subject to advanced moderation. Providers on simple moderation will be unable to view or respond. We may consider shredding the story, ie breaking it down into component parts, to enable visibility. All such stories of this kind should be referred to a second line moderator.

### Monetary amounts inc compensation and private healthcare costs

Compensation amounts and private healthcare costs should be removed if mentioned in a story.

### Criminal activity references

If a story makes reference to any criminal act committed by the author or person receiving care, then this should be referred to a 2nd Line Moderator. Care Opinion can usually publish stories where the reference is to low level crime, if committed by the story teller and is not part of the care experience. E.g. someone posting about scoring drugs before going into treatment. But this should always be discussed with a second line moderator.

Any story alleging criminal activity taken by staff members should be referred to a second line moderator. It is unlikely we would be able to publish these and we should signpost the author appropriately.

### Preventing an author from using the site

There are some circumstances where Care Opinion reserve the right to suspend or ban a user from continuing to use the site. Examples include sustained and inappropriate use of the site, continual misuse of the site, and offensiveness towards Care Opinion staff. This decision will always be taken with approval by the Chief Executive.

### Staff "sharing stories on behalf of..."

Staff in health and care services may help authors share a story. If the author does not have/does not want to share and email address staff can use their work email and identify themselves as staff posting on behalf of a patient/service user or carer/relative. Care Opinion normal policy is to not share such an author's email with anyone except in certain situations however, care Opinion may share the email of the staff member with the Care Opinion administrator at their organisation. Before this happens, moderators must check that the staff member has not shared any feedback about their own experiences.

Care Opinion will not publish thank you cards copied onto Care Opinion by staff. These stories such be rejected and the staff member informed. We have previous allowed some on these stories but now if we suspect they are thank you cards we should reject.

### Responding to stories more than 3 years old

Care Opinion believes late responding to stories may be potentially harmful to authors, especially when they were extremely critical of the care they received. The website has built in rules on the timeliness of responding that prevent responses being added after a certain point. Subscribers can respond to stories if:

* The story has no responses yet, and is less than 3 years since publication.
* The story has responses from other subscriptions (but not their own) and it is less than 3 years since publication.
* The story has responses from their own subscription and it has been less 5 years since their (the subscription's) response.

### Authors responding to stories

Author’s can reply to their own stories when:

* Their story is over 7 days old - an author might do this to nudge the services tagged in the story into replying if when they haven’t responded yet
* The last response is not from them – This is usually an author replying to a subscriber response
* The last response they added was over 7 days ago

These rules are built into the Care Opinion website.For more info on what subscribers and authors will see when they are prevented from responding to a story, see this link:

<https://www.careopinion.org.uk/info/responding-permissions>

### Branded Drugs and equipment

Unless the identity of a drug is crucial to the feedback within the story then the drug name should be removed instead the drug name should be replaced with “medication or “a drug” etc. If this is not appropriate in the situation, then the generic name of the drug should be used instead e.g. use ‘ibuprofen’ rather than ’Nurofen’.

This is to prevent the risk of drug companies using Care Opinion to promote their brand of medication.

However moderators should be aware that some drug with a generic name may only have one manufacturer or alternatively some drugs may only be known by their brand name.

The same rules apply to branded equipment.

### Emojis

Emojis are permitted in stories and they are subject to the same moderation terms as text. Emojis must not be used to defame individuals or be used offensively.

### Quoting from correspondence

As with quotes of direct speech ([see Encouraging authentic feedback](#_Encourage_authentic_feedback,), based in person experience), moderators should aim in the majority of circumstances to paraphrase the message of any correspondence (e.g. letters and emails between providers and authors) rather that allow direct quotes.

This is because the correspondence presented in a story may be taken out of context and/or identify the author, and any moderated content would be misleading if presented as exact quotes. Any potential deviation from this must be discussed with a second line moderator.

### Photographs, pictures, links

* Photographs from authors: We do not upload photographs from authors. Authors are not able to upload photographs themselves.
* Photographs from responders: Responders on a subscription can have a picture of themselves in their profile. They can also upload a photograph in any response to support their reply to the author. These are subject to the normal moderation policy.
* Pictures: Authors can submit a drawing as their feedback, this is usually from the paper leaflets. Images can be uploaded subject to the normal moderation policy.
* Links in stories: Links to other websites or other pages on Care Opinion are not permitted in author stories.
* Links in subscriber responses: responders on a subscription may links in their replies if the links are useful to the author. E.g. IAPT self-referral link

### Campaigns

Stories should be about direct experiences of care. Any stories which include campaigning elements, e.g relating to mesh implants, hysteroscopy, “saving a hospital”, will be edited and these elements removed.

These types of stories are a greater concern written about one provider. We may have stories about different conditions and procedures across the UK due to a call put on social media by campaign groups. This are less of a worry as responding is spread across multiple providers.

If in doubt seek advice from a second line moderator.

### Feedback on training courses

Feedback about training courses (evaluation) delivered by providers to health and social care staff should not be published.

### Discrimination and Discriminatory Language

Discrimination or discriminatory language may occur due to the following (this is not an exhaustive list and should be added to as we learn more)

* age
* being married or in a civil partnership
* being [pregnant](https://www.gov.uk/working-when-pregnant-your-rights) or on maternity leave
* [disability](https://www.gov.uk/definition-of-disability-under-equality-act-2010)
* race including colour, nationality, ethnic or national origin
* religion or belief
* sex
* gender
* sexual orientation

Where a Moderator encounters a story where the author is sharing an experience of being discriminated against, the following guidance is appropriate;

1. Where an author states that they received, or felt like they received, discrimination this is a valid part of their care experience. Care should be taken to ensure that the wording does not conflict with other parts of the Moderation policy (such as Jigsaw ID, etc), however care must also be taken to ensure that the author’s position on feeling that they were discriminated against has been preserved as this is a very valid sentiment to express through a story.
2. We do not allow the use of slurs or offensive terminology in our stories and we would always edit to remove those. Further to this, when an author has quoted someone else’s comments, and those comments do include such terminology, we would refer the moderator to previous guidance that Care Opinion prefers to avoid direct quotes in stories and that an edit is needed. When a direct quote is to be used 2nd line guidance should be asked for, and this may include what language to use.
3. Moderators must be aware of both direct discrimination, which is specific actions and language, and indirect discrimination (which is still discrimination) e.g. public buildings not having level access or a lift; not having disabled toilets; directing a trans person to the wrong toilets; treating people differently or assumptions based on protected characteristics etc.

In the event that a Moderator encounters a story where the author is themselves expressing discriminatory sentiments or language, the following guidance should be followed:

1. In accordance with our general principle, we would edit to remove these sentiments as they are not in line with our Moderation principles or values as an organisation. If a story has an otherwise legitimate experience of care, then we will edit to remove discriminatory language and sentiments and otherwise seek to publish.
2. In the event that an edit has taken place in line with point 1, we would contact the author informing them that we aren’t prepared to publish what they have written, but presenting them with an edited version we are prepared to publish. The threshold for contacting the author due to editing posts due to the inclusion of discriminatory language and sentiment is deliberately lower than the threshold outside of those. When we receive consent to go ahead with the edited version, we will publish, if not, then we are prepared to stake our position on not allowing discriminatory sentiments or language on the website and reject the story.
3. Context is significant and Moderators should always keep this in mind. When a story is about a staff member who did not speak English as a first language, for example, and that detracted from their care, we would consider publishing potentially with an edit after ensuring that it was not phrased offensively. If a story mentioned that someone didn’t speak English as a first language, however this had no impact on their care, it is not material and should be removed.
4. As always, Moderators are encouraged to seek guidance from other Moderation staff and the 2nd line Moderation staff.
5. For final reference, guidance can be founded in the Equalities Act 2010 found here; <https://www.legislation.gov.uk/ukpga/2010/15/notes/contents>

### 6.8.20 Publication of stories relating to complaints

Some stories posted on Care Opinion relate to a formal complaints process.

A story might:

1. Be about an experience of care which is or was the subject of a complaint process

2. Be about an experience of a health/care provider complaint process

Care Opinion will consider all such stories for publication and moderate them in line with existing policy and guidance.

Where a story author makes clear that a formal complaint has been or will be made, we will pause moderation and advise the author that:

• They may be identifiable to their complaint handlers

• Posting on Care Opinion may delay or otherwise affect their complaint process

• They may wish to delay publication on Care Opinion until their complaint process is completed

• Posting on Care Opinion is not a route to reopening their complaint or providing an alternative resolution

• Posting on Care Opinion may cause the ombudsman to delay considering their case

• Care Opinion moderation will not continue until the author confirms in writing that they wish to go ahead

This advice is also be available to everyone on the Care Opinion website, and through our standard emails to authors. Care Opinion can share this page with authors:<https://www.careopinion.org.uk/info/stories-and-complaints>

If the author confirms that they wish to go ahead, Care Opinion will resume moderation of the story, applying standard moderation policy and guidance as we would for any other story.

Care Opinion will also:

• Ensure clear information is available on our site relating to post-complaint sources of support and advice, and specifically linking to the ombudsmen services

• Add information to our site relating to the professional regulators

Where appropriate, Care Opinion may also signpost the author to relevant sources of advocacy, post-complaint support or independent review.

Provider complaints departments are at liberty to issue their own advice to complainants regarding the use of Care Opinion during an ongoing complaint process.

**Signposting authors**

Care Opinion will let an author know if we cannot publish their story.

If we cannot, we will signpost the author to any formal channels relevant to their story. If we can publish the story, we will normally not also signpost to other channels.

**Advice on making a complaint**

Care Opinion is not an advice agency and does not offer advice to an author on what they should do. Specifically, it is not within Care Opinion’s remit to advise an author on whether they should or should not make a complaint.

Responders, who may include complaints departments and local or national advocacy or other bodies, are at liberty to invite contact from authors if they wish, or to signpost to other relevant agencies. The Care Opinion alerting system can be customised by these staff to best suit their needs.

### 6.8.21 Inflammatory Language

Service providers sometimes find certain words and phrases strongly inflammatory when used in stories. Such inflammatory language may not fall neatly under other policies concerning use of specific words but may cause the provider to respond angrily.

For example and author may say "staff accused me of lying" or “I was called a liar”. We would change this to something like "staff didn't believe me", depending on context. This is because service provider my challenge that the staff member did not say the word “liar”

Moderators must be aware of what language Care Opinion regards as potentially inflammatory, and they should replace it whenever it is found in stories. The aim is to ensure any ongoing conversation with the service provider can move forward constructively, and not focus on word choice.

Other examples of inflammatory language ar a staff member being described as “horrible” or “deeply unpleasant”. The story should focus on the staff members actions rather than describing them in an inflammatory way.

### 6.8.22 Stories that allege a data breach from a health or social care service

Care Opinion may publish feedback that refers to a personal data breach where it is relevant to that person’s experiences. ICO definition of a personal data breach is “a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. It also means that a breach is more than just about losing personal data”

Personal data breaches can include:

• access by an unauthorised third party;

• deliberate or accidental action (or inaction) by a controller or processor;

• sending personal data to an incorrect recipient;

• computing devices containing personal data being lost or stolen;

• alteration of personal data without permission; and

• loss of availability of personal data.

All stories that include a reference to a substantial data breach should be raised with a second line moderator.

A decision will then be made about the public interest benefit of publishing this information. Care Opinion would need to consider the public interest benefit (a story on CO may make it more likely the breach is treated seriously and responded to) versus the risk to individuals (reporting a flaw in a system that would mean others could exploit this)

If a decision to publish is made, Care Opinion may add a public response to the author signposting to ICO if appropriate.

If the decision is made to remove the content around the date breach or reject the whole story, the moderator should explain why to the author and signpost to both the organisation responsible for the breach and ICO

## Services under ‘Advanced moderation’

Advanced moderation is an additional process we use to handle stories about private or non-NHS services.

Stories linked to privately-owned providers (eg independent care homes, general practices), do not publish immediately when the moderator approves them, but instead go into the *approved queue* for advanced moderation. These service links appear in green. In such cases we email the care provider with a link to the story before it is published. This is not generally part of the first line moderation role.

If the provider has any concerns about our moderation of the story, they have the option to request a restriction. They provide information to support this request. Second line moderators meet to discuss and accept or reject the request. This is then communicated back to the provider.

If a story is linked to both a service on advanced moderation (green) and a service on simple moderation (grey), the service on simple moderation will not know about the story until the advanced moderation process in complete and the story is published or restricted. Graphical user interface, text, application

Description automatically generated

### Stories about General Practice

Stories about general practice are handled differently in different parts of the UK:

* + 1. **English GPs** should be linked directly to the correct GP and published; this moves them into the approved queue. Staff names should be removed from critical stories. They are located on the tree as follows:

*NHS England > … > NHS Example City CCG > GPs in Example City > Example Rd Surgery*

*English GPs are on advanced moderation*

* + 1. **Scottish GPs** should not be linked directly to the correct practice, even if practice is public on the tree. Stories should be linked to the relevant health board and published; this directly publishes them. The specific name/address of the practice should not be included even for positive stories, but should be saved in the notes and can be shared later directly with the board. Staff can be named for positive stories if it does not identify the practice. They are located on the tree as follows:

*NHS Scotland > NHS Example Board > General Practices in Example Board*

* + 1. **Northern Irish GPs** should be linked directly to the correct GP and published, just as with English GPs. Staff names should be removed from critical stories. They are located on the tree as follows:

*Health and Social Care Northern Ireland > General practices > Example Region > Example Surgery*

* + 1. **Welsh GPs** should not be linked directly to the correct practice, whether or not the practice is on the tree. For now, refer these to the Welsh lead

For all of the above situations, adding good, clear notes will make everything run much more smoothly. Be aware of situations like Health Centres (England) and Primary Care Health Centres (Scotland) may have several independent clinics at the same postcode/address, so please check and leave a note if you are uncertain.

### Stories about private hospitals and NHS care

Stories can sometimes be linked to private providers. If an author seeks and receives healthcare privately, the story will go through advanced moderation as with an English GP. If the provider runs several locations, we might link all stories to the parent company and not list all their individual hospitals on the service tree.

Private providers may be contracted out by the NHS:

* Where the service is entirely paid for by NHS it should not be considered separate i.e. Medinet staff within Hairmyres Hospital should be tagged to Hairmyres Hospital. Care should be taken whether to mention Medinet at all in case it identifies staff.
* Where NHS treatment is contracted out to a privately-run facility, both should be tagged.

### Stories about NHS 111 and OOH/Minor injuries

In Scotland, NHS 111 is provided by NHS 24, while Out of Hours GP/Minor Injuries Units are provided by the hospital they are based in; stories should be linked accordingly.

Be aware that NHS24 do not provide medical advice directly but instead forward the patient onto local services – this distinction is not always clear within stories and all NHS24 stories have a moderation advisory to speak with the support team lead for them.

In England, NHS 111 services are contracted out by the local CCG, often to the local ambulance service or a private provider. We do not currently have an up to date list of which organisations provide either service in each area, and such a list would be hard to keep updated as CCGs often merge and split and procure new contracts. Care should be taken to investigate and link such stories correctly, publishing them as with other private providers.

Out of hours/minor injuries units IN English Hospitals are often provided by a separate organisation from the organisation that runs the hospital they are based in. Some of these providers may be on advanced moderation.

### Stories about care homes/social services

We can publish stories about adult social care services i.e. social workers and care homes. We may or may not be able to link the story to a private service provider, but we can link it to the governmental organisation or heath and social care trust responsible. These will not be on advanced moderation but if the provider Is the Local Authority they may need contacting to explain about Care Opinion and the story. This should be flagged with the relevant subscriber support lead and/or second line moderator responsible for the approved queue.

* In Scotland the local Health and Social Care Partnership will provide some social care services.
* In Northern Ireland the Health and Social Care Trusts will provide some social care services
* In England the local Unitary/Metropolitan Authority will provide some social care services

### Stories about dentistry/pharmacies etc

We do not publish stories about independent dentists/pharmacies, but we do publish feedback relating to NHS dental hospitals as well as dentistry/dispensing pharmacy departments within NHS Hospitals. Some independent dentists can be found on the service tree and authors might link their story to them. Such stories are outside of scope and should be rejected. There is a template email t authors to explain this.

## Moderating Subscriber Responses

Subscription members with the role of responder or administrator can respond to all stories within the scope of their subscription.

When moderating subscription responses, moderators must follow the same principles for moderating stories, especially where the responder is not the care provider. In these situations, care must be taken to make sure third party responses are helpful to the author, and fair to the provider. This includes allowing reasonable time for the provider to respond first.

In certain situations, Care Opinion may offer direct responding advice to subscribers when moderators notice responses that are at odds with how the organisations usually responds.

## Moderating Author Responses

Authors of stories can respond when:

1. There is no response from a subscription and the story was published more than 7 days ago
2. The last response wasn’t from them
3. The last response is from the author and it was published at least 7 days ago

When moderating author responses, moderators must follow the same principles for moderating stories.

Extra care may be needed to stop the author identifying themselves or criticising the responder personally. This would mean Care Opinion identified a member of staff that was being criticised and is against the moderation principles.

When the author response talks about additional information not included in the original story moderators must decide if this is suitable or whether the author such be encouraged to share as a separate story.

### Stopping authors from responding further

In some situations, it may become clear there will be no resolution to the author’s issues on Care Opinion. First line moderators should discuss any exchanges that have become unhelpful with second line moderators. Care Opinion may then take the following action:

1. Publish an author’s response then email them to say Care Opinion will not publish further replies to that story. Care Opinion would usually encourage the author to contact the service/responder directly.
2. Reject an author’s response then email them to say Care Opinion will not publish further replies to that story. Care Opinion would usually encourage the author to contact the service/responder directly.

Generally, Care Opinion would welcome further stories about a different episode of care submitted by the author.

## Corresponding with authors

There are some circumstances where Care Opinion may email the author of a story.

Reasons for emailing an author are:

1. the story is particularly critical
2. to validate the email account
3. we concerned about the vulnerability of the author or patient
4. to get more information or detail about the story (e.g. when they have not included the name of the service)

We list [some examples](https://www.careopinion.org.uk/info/moderation-email-templates) for moderators on the moderation info tab.

### Good email practice

Where contact with an author is necessary moderators should:

1. Send emails from the [info@careopinion.org.uk](mailto:info@patientopinion.org.uk) account not their personal email account.
2. Follow the templates outlined on ‘Information for moderators’ page

<https://www.careopinion.org.uk/info/moderator-email-templates>

1. Where appropriate, give authors deadlines to get back in touch. This allows things to move out of the assigned queue.
2. Use a friendly but professional tone – avoiding overfamiliarity

[See CO Voice](#_Care_Opinion_Voice) and corresponding document in QMS

1. Blind copy (bcc) emails to the [info@careopinion.org.uk](mailto:info@careopinion.org.uk) account to for audit trail purposes
2. Remove personal contact details from email signature
3. Sign off the email with one of the following as appropriate.

* Moderator first name
* Moderator first name (one of the Care Opinion Team)
* The Care Opinion Team

## Corresponding with responders

Sometimes a moderator may need to contact (or they may be contacted by) a responder about their reply to an author. A responder is someone within a subscription on Care Opinion.

### Good email practice

Where contact with a responder is necessary moderators should:

1. Send emails from the [info@careopinion.org.uk](mailto:info@patientopinion.org.uk) if they are not a paying subscriber, send emails from their personal account if they are a paying subscriber.
2. Use the templates below as a guide

<https://www.careopinion.org.uk/info/moderator-email-templates>

1. Where appropriate, give responders deadlines to get back in touch. This allows things to move out of the assigned queue.
2. Use a friendly but professional tone – avoiding overfamiliarity. [See CO Voice](#_Care_Opinion_Voice)

## Complaints process for authors and responders

The Care Opinion website has the up to date information for authors and responders to make a complaint about a story or Care Opinion in general. There are three ways to complaint about Care Opinion:

* Contact Care Opinion directly on the details provided
* Leave feedback about Care Opinion on the website
* [Making a formal complaint](https://www.patientopinion.org.uk/info/feedback-and-complaints)

## Complaints process for alleged defamation

If someone feels they have been defamed by a story or response on Care Opinion, Care Opinion will need the following information, in accordance with Section 5 of the Defamation Act 2013, or similar legislation in other countries of the UK:

* The person’s name and email address
* A link to the page on the website where the statement being complained about is posted
* What the statement being complained about says, and why it is defamatory
* What meaning the complainant attributes to the statement they are complaining about
* The aspects of the statement which the complainant believes are factually inaccurate, or opinions not supported by fact
* Confirmation that the complainant does not have sufficient information about the person who posted the statement to bring proceedings against that person
* Confirmation of whether the complainant consents to their name and/or email address being provided to the person who posted the statement

See [Feedback and complaints](https://www.patientopinion.org.uk/info/feedback-and-complaints)

## Data Breaches as a result of moderation

Care Opinion may moderate a story and incorrectly publish information that includes personal details of the author, or other people, Personal information could be:

* Email addresses
* Postal addresses
* Date of birth
* NHS numbers, NI numbers etc
* phone numbers

This may constitute as a data breach and the Care Opinion data breach policy should be followed. This is a separate document to the moderation policy. Moderators should make a second line moderator aware of a potential breach and raise with the Data Protection Officer as soon as they are aware of the issue. They should also immediately remove any personal information from public story.

**A note on patient and staff names**: patient and staff names are common in stories and supplied by authors often with the express intent of those being shared. It is Care Opinion’s policy that full names are removed. If a full name is not removed from a public story, this should removed right away but this would not result in a data breach report.

# Measures of success and improvement

* 1. All staff involved in moderation understand their roles and responsibilities.
  2. Stories are moderated in line with policy 99% of the time.
  3. Complaints from authors and subscribers <1% of stories shared.

# Initiating improvement

* 1. Moderation meetings are attended by all moderators and take place monthly. Actions are identified, policy and practice issues discussed and clarified and moderation policy updated as required.
  2. Minutes are issued to all moderators and must be read.
  3. Second line moderators meet quarterly to identify issues and developments. Any training issues are identified and responsibility for action allocated.
  4. Audits are conducted as per Moderation Audit. Any development and training needs are identified and communicated to the moderator and their manager.

# Resources

## Care Opinion Voice

## Situation advice and template emails for authors

<https://www.careopinion.org.uk/info/moderator-email-templates>

## Situation advice and template emails for responders

# Review of procedure

* 1. The procedure will be updated as required
  2. The procedure will undergo full review annually by the Associate Director of Service Quality