Trust Policy		NHS Worcestershire Acute Hospitals NHS Trust

Safeguarding and Internet and Social Media Use

Department/ Service:	Corporate - Safeguarding
Originator:	Deborah Narburgh Head of Safeguarding
Accountable Director:	Chief Nursing Officer
Approved by:	Integrated Safeguarding Committee 28th January 2025 ISAG 2nd February 2025 – Chair Approval (CNO)
Approved by Medicines Safety Committee: *(When medicines are included in the document)*	N/A
Date of approval:	2nd February 2025
Revision due: This is the most current document and should be used until a revised version is in place	28th January 2028
Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	Trustwide
Target Staff Categories:	This Policy applies to all Worcestershire Acute Hospitals NHS Trust (WAHT) staff.

Policy Overview:

This policy sets out the Trust expectations in relation to internet and social media use in respect of safeguarding.

NHS England require all provider organisations to have a Policy in place that meets the requirements of the NHS England Provider Safeguarding Commissioning Assurance Toolkit (P-SCAT) section A1.3:
We have a policy regarding internet and social media use which addresses safeguarding.

Key Amendments to this Document

Date	Amendment	Approved by:
19.12.2024	New Policy	Integrated Safeguarding Committee 28th January 2025 ISAG 2nd February 2025 – Chair Approval (CNO)

Trust Policy		

Contents page:

1. Introduction

1.1 Safeguarding and Internet and Social Media use

Organisations and healthcare professionals must act responsibly when using social media platforms. This is also true for professionals using social media accounts in a personal, or non-professional capacity. Appropriate conduct by healthcare professionals and organisations on social media, upholds the trust and confidence of the public in the professions.

2. Scope of this Document

The boundary between public and professional behaviour can be unclear on social media, and the principles established by professional conduct need to be maintained.

Communication on social media can be shared widely and may impact professional standing. Falling foul of these recommendations could result in disciplinary action NHS England » Social media

3. Definitions

Definition	Description
Online Harm	This is any behaviour done on the internet or on social media sites which may hurt a person. It could be hurtful information that is posted online or information sent to a person.
Online Safety 'E' Safety	Online Safety or 'E'-Safety are generic terms that refer to raising awareness about how children, young people and adults can protect themselves when using digital technology and in the online environment.
Online Abuse	'Online Abuse' relates to the following areas of abuse to children: Abusive images of children, a child or young person being groomed for the purpose of Sexual Abuse or exposure to pornographic images via the Internet The use of the internet, and in particular social media, gaming sites and apps to engage children in extremist ideologies or criminal behaviours (e.g. county lines) Extreme material and websites including those promoting negative lifestyle choices, for example self-harm / suicide and pro-anorexia.

Digital and interactive technology	The use of the internet to threaten, harass, bully and humiliate children and young people (e.g. cyber bullying and relationship abuse) The term digital and interactive technology covers a range of electronic tools. These are constantly being upgraded and their use has become more prevalent. The internet can be accessed on a wealth of devices including mobile phones, laptops, computers, tablets, webcams, cameras and games consoles. (https://westmidlands.procedures.org.uk/pkphy/regional-safeguarding-guidance/online-safety-children-exposed-to-abuse-through-digital-media)

4. Responsibility and Duties

This Policy applies to all staff employed by Worcestershire Acute Hospitals NHS Trust irrespective of job role within the organisation.

Healthcare professionals and organisations must be mindful of the following:

- the standards expected of healthcare professionals and organisations do not change on social media channels
- clinicians should refrain from accepting friendship requests from current or former patients on their private or personal accounts
- writing posts whilst identifying yourself as part of an organisation or health professional is likely to be received as trustworthy by the public and represent views of the profession
- healthcare professionals posting in a professional capacity should use their identity and avoid posting or commenting on areas beyond their remit or competence
- organisations and professionals are responsible for information or advice posted on social media in their professional capacity and should ensure it is evidence-based and correct at the time of posting
- it is inappropriate to post informal, personal derogatory comments about patients and colleagues
- social media should not be used to harass or victimise someone, so before posting anything, consider whether the intended content can be deemed offensive

4.1 Patient Privacy & Confidentiality

Professional conversations between healthcare workers are more commonly occurring online or within dedicated messaging platforms.

Not all the information within the social media environment can be protected. Patient and service-user information must be treated as confidential when using social media. Although some information posted online may not directly breach patient confidentiality, it may still contain patient identifiable content.

The information posted on social media can be re-shared across multiple platforms and simultaneously linked across multiple social media accounts. This can increase the risk of unintentional breaches of confidential patient information.

Staff are reminded of their duties in respect of the need to maintain patient confidentiality (and the rare occasions when it is necessary to share information / breach confidentiality).

4.2 Breach of Privacy or Confidentiality by others

On occasion, other patients or visitors may share information e.g. video, livestreaming etc which may identify staff or other patients and breach standards of privacy and confidentiality. Where staff become aware of such activity, it should be raised immediately with a Senior member of the Department. Further advice and support is available from the Trust Information Governance team, and Caldecott Guardian.

4.3 Professional Bodies and Social Media

Professional bodies all have clear guidance on the use of social media (Using social media as a medical professional - GMC, Nursing and Midwifery Council, Health and Care Professions Council)

4.4 Children & Young People

If a child is at immediate risk of harm contact the Police.

Where there is suspected or actual evidence of anyone accessing or creating indecent images of children and young people, concerns about a child being groomed for any form of exploitation or radicalisation purposes, exposed to pornographic material or contacted by someone inappropriately, via the internet or other ICT tools such as a mobile phone this must be referred to the Police and/or children's social care in line with the Trust safeguarding procedures.

The Serious Crime Act (2015) has introduced an offence of 'sexual communication with a child'. This applies to an adult who communicates with a child and, where the communication is sexual, or if it is intended to elicit from the child a communication which is sexual, and the adult reasonably believes the child to be under 16 years of age. The Act also amended the Sex Offences Act 2003 so it is now an offence for an adult to arrange to meet with someone under 16 having communicated with them on just one occasion, previously it was on at least two occasions.

Due to the nature of this type of abuse and the possibility of the destruction of evidence, the referrer should first discuss their concerns with the Police and / or Children's Social Care before raising the matter with the family. This will enable a joint decision to be made about informing the family and ensuring that the child's welfare is safeguarded.

Where there are concerns relating to cyberbullying, the Trust HR Policy & Procedures (for staff) or safeguarding (patients) should be followed. Head teachers have powers to discipline pupils for poor behaviour outside of the school premises which includes online behaviour. If there is a criminal element to an incident (such as assault or harassment) the decision may be made to contact the Police who will deal positively with all reports of criminal activity (whether received from within school / college or from another individual).

Where a sexting (youth produced sexual imagery) incident has taken place, settings should follow the national guidance: 'Sharing nudes and semi-nudes: How to respond to an incident'

Where there are concerns in relation to a child's exposure to extremist materials, this should be raised with Trust Prevent Leads (Chief Nursing Officer, Head of Safeguarding). Further information can be found via key documents: Prevention of Extremism & Radicalisation (Prevent) Policy.

Content of concern can also be reported directly to social media platforms.

4.5 Reporting Concerns

All staff have a duty to report any concerns in relation to safeguarding and internet and media use in accordance with the requirements for either safeguarding children or adults.

Advice and support is available from the Integrated Safeguarding Team on Exn 33735 (in hours), or via e mail: wah-tr.SafeguardingWorcsacute@nhs.net.

In the event the concern could pose an immediate risk of harm then staff should escalate their concerns without delay to a respective Senior member of staff or the relevant agency dependent upon the nature of the concern.

5. Policy Detail

5.1 Harmful behaviour

5.1.1 Online Harm: this is any action or inaction with a reasonably foreseeable risk of having an adverse physical or psychological impact on individuals.

The Online Safety Act 2023 (the Act) is a new set of laws that protects children and adults online. It puts a range of new duties on social media companies and search services, making them more responsible for their users' safety on their platforms.

The Act gives providers new duties to implement systems and processes to reduce risks their services are used for illegal activity, and to take down illegal content when it does appear.

The strongest protections in the Act have been designed for children and will make the UK the safest place in the world to be a child online. Platforms will be required to

prevent children from accessing harmful and age-inappropriate content and provide parents and children with clear and accessible ways to report problems online when they do arise.

The Act will also protect adult users, ensuring that major platforms will need to be more transparent about which kinds of potentially harmful content they allow, and give people more control over the types of content they want to see.

5.2 Types of Harmful Behaviour

- ➢ Bullying
- ➢ Insulting, writing or saying something about someone
- ➢ Intimidation
- ➢ Humiliation
- ➢ Sexual safety – links to the Trust Sexual Safety and Behavioural Charter

The above list is not exhaustive.

5.3 Prevention of Radicalisation /Extremism and Online activity

Extremist and terrorist groups and organisations use social media (for example, apps, forums, blogs, chat rooms) to identify and target susceptible individuals. They groom the vulnerable and the young to join their movement, inspiring people within our own communities to harm others. Vulnerable individuals may be exploited in many ways by radicalisers and this could be through leaflets, direct face to face contact, or increasingly through the internet, social networking or other media.

The power of the internet in the radicalisation process cannot therefore be underestimated and radicalisers are making ever more sophisticated use of social media to spread their extremist messages and ideologies.

Settings should not only be alert to violent extremism but also non-violent extremism, including certain divisive or intolerant narratives which can reasonably be linked to terrorism.

Some groups and organisations that promote extremist ideologies are not proscribed terrorist groups or organisations.

These groups support divisive or hateful narratives towards others but may not promote extreme violence. For example, they may hold views that support the distrust or hatred of people with different faiths or undermine the principles of democracy.

The internet provides a platform for extremists to promote their cause and encourage debate through websites, internet forums and social networking. It is a swift and effective mechanism for disseminating propaganda material and mobilising support but is not always easy or possible to monitor or regulate. Worcestershire Acute Hospitals NHS Trust staff should be aware of anyone making frequent visits to

websites showing images such as armed conflict around the world and providing speeches and access to material from those involved in the radicalising process.

If you're concerned someone might be being targeted or accessing such material, then act early and share your concerns so the person can get the support they need (Radicalisation on the internet | ACT Early). Any Prevent concern should be directed to the Chief Nursing Officer (Executive Lead for Prevent) or the Head of Safeguarding (Operational Lead for Prevent). Further information can be found via the Trust Prevention of Extremism & Radicalisation (Prevent) Policy available via the 'Source' key documents page.

5.4 Equality, Diversity & Inclusion

It is well documented within safeguarding that some characteristics make individuals more susceptible to harmful behaviours online than others e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

All staff are expected to act in accordance with the requirements of the Equality Act 2010.

5.5 Links to other Policies & Procedures

This Policy should be used in conjunction with the following Trust Policies and associated guidance:

  ➢ Safeguarding Adults
  ➢ Safeguarding Children
  ➢ West Midlands Regional Child Protection Procedures – section 2.5. Online safety: Children exposed to abuse through digital media
    Welcome | West Midlands Safeguarding Children Group
  ➢ 'Sharing nudes and semi-nudes: How to respond to an incident'
    Sharing nudes and semi-nudes: how to respond to an incident (overview) (updated March 2024) - GOV.UK
  ➢ Prevention of Extremism & Radicalisation
  ➢ Freedom to Speak Up
  ➢ Equality, Diversity & Inclusion
  ➢ HR Policy & Procedures
  ➢ Information Governance Policy & Procedures
  ➢ Code of Conduct in respect of Confidentiality
  ➢ Media and Social Media Policy

6. Implementation

10.5   Plan for Implementation

The latest version of this Policy can be found on the Trust intranet site key document and safeguarding pages.

10.6 Dissemination

Staff will be advised of the updated Policy via dissemination by attendees of the Trust Integrated Safeguarding Committee and associated Trust Governance Forums.

10.7 Training and Awareness

This Policy will be available on the Trust 'Source' intranet key documents page and Safeguarding page.
Staff groups will be made aware of the Policy via mandatory safeguarding training at the required level appropriate for their job role.
All staff are required to complete information governance mandatory training.

7. Monitoring and Compliance

Section / page no:	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out?	Responsible for carrying out the check:	Results of the check reported to: *(Responsible for also ensuring actions are developed to address areas of non-compliance)*	Frequency of reporting:
No.	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
All	All staff receive mandatory information governance and safeguarding training	In accordance with mandatory training requirements for job role	As any breach or safeguarding concern is raised	IG data breach notification HR notification Safeguarding concern raised in relation to internet and social media use	Any breach will be monitored via the relevant Trust governance procedures and Integrated Safeguarding Committee	Any breach will be reported via the Integrated Safeguarding team quarterly and annual report
	Safeguarding concerns will be reported in accordance with Trust Policy & Procedure	Quarterly reporting of safeguarding activity	Quarterly	Integrated Safeguarding Team Prevent Operational Lead	Integrated Safeguarding Committee	Quarterly and via annual integrated safeguarding report.

8. Policy Review

This Policy will be reviewed every 3 years in accordance with WAHT Key Document review process or in the event of any significant change to procedure.

9. References

Communication and using social media | The HCPC

NHS England » Social media

NHS England » Sexual safety in healthcare – organisational charter – updated October 2024

Online Safety Act (2023)

Radicalisation on the internet | ACT Early

Social media guidance - The Nursing and Midwifery Council

Serious Crime Act (2015)

Sexual Offences Act (2003)

'Sharing nudes and semi-nudes: How to respond to an incident'
Sharing nudes and semi-nudes: how to respond to an incident (overview) (updated March 2024) - GOV.UK
Using social media as a medical professional - GMC

West Midlands Regional Child Protection Procedures Welcome | West Midlands Safeguarding Children Group – Section 2.5

WAHT Key Documents via the 'Source':

Prevention of Extremism & Radicalisation (*Prevent*) Policy
Freedom to Speak Up Policy
Equality, Diversity & Inclusion Policy
HR Policy & Procedures
Information Governance Policy & Procedures
Code of Conduct in respect of Confidentiality
Media and Social Media Policy
Safeguarding Adults Policy
Safeguarding Children Policy

10. Background

10.8 Equality requirements

Refer to Supporting Document 1.

10.9 Financial risk assessment

Refer to Supporting Document 2

10.10 Consultation

Contribution List	
This key document has been circulated to the following individuals for consultation:	
Name	**Designation**
Rebecca Brown	Chief Information Digital Officer
Richard Haynes	Director of Communications
Melanie Stinton	Freedom to Speak Up Guardian
Bec Harris	LGBTQ+ Network Chair
Annie Osborne-Wylde	Information Services Manager, Information Governance
Ali Koeltgen	Chief People Officer
Bianca Edwards	Assistant Director, People
Sue Hayes	Vice Chair, WAHT Disability Network Hospital Engagement Officer
Jules Walton	Caldecott Guardian
Reena Rane	EmBRACE network
David Ryan	Faith & Spirituality
This key document has been circulated to the chair(s) of the following committees / groups for comments:	
Integrated Safeguarding Committee	

10.11 Approval Process

This Policy will be approved via the Integrated Safeguarding Committee, Improving Safety Action Group and Quality Governance Committee.

11. Supporting Document 1 – Equality Impact Assessment Form

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Deborah Narburgh	Head of Safeguarding	deborah.narburgh@nhs.net
Date assessment completed	19.12.2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Safeguarding and Internet and Social Media use			
What is the aim, purpose and/or intended outcomes of this Activity?	The Trust will have in place a Policy that meets the requirements of the NHS England Provider Safeguarding Commissioning Assurance Toolkit (P-SCAT).			
Who will be affected by the development & implementation of this activity?	x x x	Service User Patient Carers	x ❑ ❑	Staff Communities Other _____

Is this:	❑ Review of an existing activity x New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Statutory requirement of the NHS England Provider Safeguarding Commissioning Assurance Toolkit (P-SCAT).
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Detailed within Policy
Summary of relevant findings	Policy links to the Safeguarding Adult, Children and Young People and Prevent agenda

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		Policy applicable to all ages
Disability		x		Policy applicable to all
Gender Reassignment		x		Policy applicable to all
Marriage & Civil Partnerships		x		Policy applicable to all
Pregnancy & Maternity		x		Policy applicable to all
Race including Traveling Communities		x		Policy applicable to all
Religion & Belief		x		Policy applicable to all
Sex		x		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Policy applicable to all
Sexual Orientation		x		Policy applicable to all Policy circulated to LGBTQ+ network Chair as part of consultation
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		Policy applicable to all
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		Policy applicable to all

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected

characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	D Narburgh
Date signed	19.12.2024
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

12. Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

ID	Financial Impact:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		
[Insert comments here]		