

# **Mobile technology policy for service users and visitors**

**Ref CLIN-0090-v1**

**Status: Ratified**

**Document type: Policy**

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## 1 Introduction

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The trust recognises that communication with family and friends is an essential element of support and comfort for service users either in hospital or whilst receiving care as an outpatient and that mobile technology can play an important part in keeping service users connected with those important to them.

Modern technology has made communication relatively easy through the widespread use of mobile phones, tablets, I-devices and digital messaging such as SMS, instant messaging, e-mail and use of social media and blog.

Hospital staff should make conscious efforts to respect the privacy and dignity of patients as far as possible, while maintaining safety. Hospital restrictions on the use of mobile phones and other mobile devices (including access to the Internet and social media) could breach Article 8 of the Human Rights Act if these restrictions cannot be justified as necessary and proportionate responses to risks identified for individuals.

Most mobile devices however, now feature other functions, such as video and audio recording capability and music players. Consequently, there is potential to use this equipment for activity which interferes with patient and /or staff confidentiality, dignity and privacy and may cause a disruption to others.

This policy has been developed in accordance with the following documents:

- Using Mobile Phones in NHS Hospital, Department of Health, January 2009
- Code of Practice to the Mental Health Act 1983, Department of Health, 2015

## 2 Why we need this policy

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This policy aims to provide clear guidance for the use of mobile phones and/or electronic recording equipment for services users, staff and visitors. It aims to set out clear guidance as to when the use of such equipment can be considered to be unreasonable.

This policy aims to strike a balance between the confidentiality and right to privacy of individuals and the need to protect vulnerable people, maintaining their health and safety in terms of safeguarding them from potential abuse.

There are a number of risks associated with the use of mobile technology, which are known to have caused incidents or could create issues for service users, visitors and staff.

These include:

- Theft and exploitation;
- Bullying and harassment of staff and other service users;
- Drug dealing;
- Intrusive / unwanted / nuisance / obscene phone calls;
- Debt associated with running up phone bills;
- Use as a weapon;
- Problems of illicit photography, videoing and recording;

- Health and safety risks associated with equipment not electrically tested to Trust standards;
- Mains charging leads used as ligatures.

Despite these risks, mobile phones and mobile computing devices provide a readily available means of communication with family and friends and are in widespread use. Most patients are therefore likely to have one. It is however inappropriate to impose a blanket restriction banning their use except in units specifically designed to provide enhanced levels of security in order to protect the public. Blanket restrictions may breach article 8. (8.20 Mental Health Act MHA), Code of Practice (CoP)

## 2.1 Purpose

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The purpose of this Policy is:

- To set out some key principles for service users, visitors and staff about the use of mobile devices with Tees, Esk and Wear Valley NHS Foundation Trust (The Trust / TEWV).
- To find a balance between the needs of service users and visitors to maintain contact with family and friends and the need to protect against the misuse of technology such as:
  - Promoting positive contact with carers, friends and relatives;
  - Providing a therapeutic environment;
  - Protecting the rights of individuals;
  - Protecting people from abuse;
  - Promoting recovery;
  - Protecting confidentiality;
  - Promoting acceptable standards of behaviour.

## 2.2 Objectives

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This policy aims to preserve and protect the privacy, dignity and confidentiality of service users, visitors and staff. Photographing or recording within in-patient areas may only be carried out with the consent of the service user, visitor or staff member, or in the case of a child, their parent or guardian.

## 3 Scope

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The scope of this policy is across all inpatient areas

It is recognised that there are locally agreed procedures within certain services within TEWV i.e. Forensic and Psychiatric Intensive Care Services regarding the use of mobile devices by service users and visitors. They may describe a more restrictive approach in order to meet the specific needs and risks of the service user group.

### 3.1 Who this policy applies to

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This Policy applies to all employees of the Trust, temporary staff, volunteers, contract and agency staff and any other persons working on behalf of the Trust.

### 3.2 Roles and responsibilities

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Role	Responsibility
The Director of Finance as Senior Information Risk Owner (SIRO) has delegated responsibility from the Chief Executive	<ul style="list-style-type: none"><li>• Implementation of and compliance with this policy</li></ul>
Directors of Operations	<ul style="list-style-type: none"><li>• Implementation throughout their respective directorates</li></ul>
Ward Managers	<ul style="list-style-type: none"><li>• Implementation and compliance on each in-patient area</li></ul>
Responsible Clinician's (RC)	<ul style="list-style-type: none"><li>• To manage and monitor the risks associated with service users under their care</li></ul>

## 4 Policy

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### 4.1 Inpatients

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The Trust makes every effort to support service users in making and maintaining contact with family and friends by a variety of technology with the appropriate privacy.

When patients are admitted, staff should assess the risk and appropriateness of patients having access to mobile phones and other electronic devices and this should be detailed in the patient's care plan. Patients should be able to use such devices if deemed appropriate and safe for them to do so and access should only be limited or restricted in certain risk assessed situations.

Staff should also inform service users of the risk of theft/loss of the phone and the restrictions placed on the use of mobile phones. Those who choose to retain their mobile phones must be informed of and asked to consent to the following restrictions placed on their use:

- No use of the recording or photography facility because of the potential risk for the violation of the privacy and dignity of other patients, staff and visitors and may constitute a security risk;

- To have equipment on a silent setting so that all patients can expect a peaceful environment, as constant interruptions from ringing telephones have a potentially anti-therapeutic effect;
- Not to lend equipment to other patients.
- Avoid use in communal areas due to the difficulties in identifying when camera or recording functions are being used.

The above information may need to be repeated for patients who have fluctuating capacity. Other service users and visitors will need to be informed of this policy at the point of admission or on their first visit and as and when necessary/ appropriate. The terms of this policy should be displayed in the ward area to prevent the necessity for repeating this information on a regular basis. A standard poster is not available for this purpose and local services should agree their own formats in line with other information available on the wards.

On admission the service user's device must be listed as the patients property and if handed in for safe keeping, the device must be labelled clearly with the name of the owner and stored in accordance with trust policy for safe storage of patients property.

Risks will be assessed on an individual basis and at times it may be necessary for service users to have the mobile device and / or phone chargers removed and either given to their carer / next of kin or kept in storage. This situation must be assessed on a regular basis by ward staff and rationale for decisions recorded in clinical notes

If a decision is made to remove a service user's device, it should could be given to the carer or relative for safekeeping, or placed in secure storage, until the service user is granted leave or is discharged from the ward. The option of the storage should be in consideration with the service user's wishes /choice.

Service users who are found to have misused their device in contravention of the conditions of use and / or have used their device to record or take photographic images on Trust premises will be asked to delete these images.

Depending on the suspected images or photos taken, staff may need to seek advice from a manager. If a potential crime has been committed or there are potential concerns regarding Safeguarding, staff should contact the Police or trusts Safeguarding Team. Staff may need to remove the phone and place this in storage until the next Clinical Review takes place. If this occurs, the reasons for removal and subsequent clinical decision should be discussed with the service user and the rationale clearly documented in the service user's clinical notes.

A Datix report will need to be submitted in the above circumstances

## 4.2 Charging Mobile Devices

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Wherever possible all electrical equipment is required to be PAT tested to provide safety requirements. A Risk Assessment must be carried out to determine if it is clinically safe both for the individual and the other patients on the ward to keep their personal chargers. If it is assessed as not safe, personal chargers should be put in safe keeping or given to a carer or relative in for removal and safekeeping. This will ensure the Trust is meeting safety standards. Risk Assessments should be carried out on an ongoing basis.

## 4.3 Visitors

If visitors are found to be using their recording or photographic facility outside of an agreement with staff, they will be advised that they are in breach of patient confidentiality and human rights and asked to delete the recording or photograph. They must do so in the presence of staff. If they refuse, the situation must be escalated to a manager who will decide if the situation requires reporting to the police.

In the event of a visitor refusing to respect these requests they may be asked to leave the clinical area. In these circumstances, staff should seek advice from a Senior Manager i.e. ward manager, on-call manager etc. and a Datix incident form completed.

## 5 Definitions

Term	Definition
Mobile Device	Includes but is not limited to: mobile phones, lap-tops, PC's, tablets
Digital messaging	Includes but is not limited to: SMS, instant messaging, blogs, social media, e-mail

## 6 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- The information within the policy should be given to service users and displayed in ward areas.

### 6.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff working into and on in-patient areas	Awareness of policy through management briefing	10 minutes	For all current staff on publication of the policy and on induction for new staff.  Ward Managers may refresh awareness on

			a more regular basis in line with patient need/activity.
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## 7 How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Information visible for service users and visitors on each ward	Ward Managers	
2	Number and type of incidents relating to misuse of mobile phone technology/confiscation of phones	Central Approval Team (Datix)	Patient Safety Group
3	Reference to MHA Code of Practice restrictive practices breaches for mobile technology in MHA inspection visits	MHL manager	MHA Legislation Committee

## 8 References

Mental Health Act 1983: Code of Practice, 2015

Human Rights Act 1998

Using Mobile Phones in NHS Hospital, Department of Health, January 2009



## 9 Document control

Date of approval:	15 February 2017	
Next review date:	31 March 2025	
This document replaces:	N/A	
Lead:	Name	Title
Members of working party:	Name	Title
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Governance
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	15 February 2017
An equality analysis was completed on this document on:	08 February 2017	

### Change record

Version	Date	Amendment details	Status
1	15 Feb 2017	New policy	Ratified
1	09 April 2020	Review date extended from 15 February 2020 to 31 July 2020	Published
1	12 Mar 2023	Review date extended to 31 March 2024	Published
1	Mar 2024	Review date extended to 31 March 2025	Published

## Appendix 1 - Equality Analysis Screening Form

Please note; [The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page](#)

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Clinical				
Name of responsible person and job title	Elizabeth Moody				
Name of working party, to include any other individuals, agencies or groups involved in this analysis					
Policy (document/service) name	Mobile phone policy – service users and visitors				
Is the area being assessed a;	Policy/Strategy	X	Service/Business plan	Project	
	Procedure/Guidance			Code of practice	
	Other – Please state				
Geographical area	Trust wide				
Aims and objectives	<ul style="list-style-type: none"> <li>To set out some key principles for service users, visitors and staff about the use of mobile devices with Tees, Esk and Wear Valley NHS Foundation Trust (The Trust / TEWV).</li> <li>To find a balance between the needs of service users and visitors to maintain contact with family and friends and the need to protect against the misuse of technology</li> </ul>				
Start date of Equality Analysis Screening	01 February 2017				
End date of Equality Analysis Screening	08 February 2017				

**You must contact the EDHR team as soon as possible where you identify a negative impact.** Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Staff, service users and visitors					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
<b>Race</b> (including Gypsy and Traveller)	No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	No	<b>Gender</b> (Men, women and gender neutral etc.)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	No
<p><b>Yes</b> – Please describe anticipated negative impact/s</p> <p><b>No</b> – Please describe positive impacts/s</p> <p>The policy aims to ensure that blanket restrictions with regard to the use of mobile phones are not imposed, and to respect the service users private life and to maintain the safety, privacy, dignity and confidentiality of service users and all information related to them. The policy has been written in accordance with the Mental Health Act 1989: Code of Practice and Human Rights Act 1998.</p>					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	<p>Yes</p>	<p>X</p>	<p>No</p>	
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>		<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul>		
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place</p>				
<p> </p>				
<p><b>No</b> – Please describe future plans that you may have to engage and involve people from different groups</p>				

5. As part of this equality analysis have any training needs/service needs been identified?							
No	Please describe the identified training needs/service needs below						
A training need has been identified for;							
Trust staff		Yes/No	Service users		Yes/No	Contractors or other outside agencies	Yes/No
<b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>							
The completed EA has been signed off by: You the Policy owner/manager: Type name: Elizabeth Moody					Date: 08/02/2017		
Your reporting (line) manager: Type name:					Date:		
<b>If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: <a href="mailto:sarahjay@nhs.net">sarahjay@nhs.net</a></b>							

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
Signature:			