Mobile technology policy for patients and visitors

Ref: CLIN-0090-v3

Status: Ratified

Document type: Policy

Contents

1   Introduction

The trust recognises that communication with family and friends is an essential element of support and comfort for patients in hospital and that mobile technology can play an important part in keeping patients 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. It is also important to acknowledge that mobile technology is often used for day to day activities such as paying bills, banking, managing housing and benefits in addition to being a way many people connect with friends and loved one's.

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 Articles of the Human Rights Act if these restrictions cannot be justified as necessary and proportionate responses to risks identified for individuals.

Most mobile devices, 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 patients 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

This policy aligns with and supports the delivery of [Our Journey To Change: the next chapter.](#)

2   Why we need this policy

This policy aims to provide clear guidance for the use of mobile phones and/or electronic recording equipment for patients, 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 patients, visitors and staff.

These include:

- Theft and exploitation;

- Bullying and harassment of staff and other patients.

- 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;

- Use for self harm

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 inappropriate to impose a blanket restriction banning their use. The Trust recognises the diversity and individuality of patients receiving care and treatment. Clinical teams will make decisions regarding access based on individual risk information, circumstances, and individual needs, thus avoiding any potential blanket restrictions. Blanket restrictions may breach article 8. (8.20 Mental Health Act MHA), Code of Practice (CoP).

Where there are any restrictions on access, these should be regularly reviewed.

2.1 Purpose

The purpose of this Policy is:

- To set out some key principles for patients, 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 patients and visitors to maintain contact with family and friends and the need to protect against the misuse of technology such as:

  o Promoting positive contact with carers, friends and relatives;

  o Providing a therapeutic environment;

  o Protecting the rights of individuals;

  o Protecting people from abuse;

  o Promoting recovery;

  o Protecting confidentiality;

  o Promoting acceptable standards of behaviour.

2.2 Objectives

This policy aims to preserve and protect the privacy, dignity and confidentiality of patients, visitors and staff. Photographing or recording within inpatient areas may only be carried out with the consent of the service user, visitor, or in the case of a child, their parent or guardian. Audio recording of consultations with staff for personal staff is permitted in line with the [Recordings by patients and carers for personal use procedure](#).

3 Scope

The scope of this policy is across all inpatient areas

It is recognised that there are locally agreed procedures within certain services within TEWV inpatient services i.e. Forensic and Psychiatric Intensive Care Services regarding the use of mobile devices by patients 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

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

Role	Responsibility
The Chief Information Officer as Senior Information Risk Owner (SIRO) has delegated responsibility from the Chief Executive	• Implementation of and compliance with this policy
Directors of Operations	• Implementation throughout their respective directorates
Ward Managers	• Implementation and compliance in inpatient areas accessed by patients and visitors
Responsible Clinician's (RC)	• To manage and monitor the risks associated with patients under their care

4 Policy

4.1 Inpatient services

4.1.1 Maintaining contact

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

4.1.2 Assessing risk on admission

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 service user'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.

4.1.3 Human Rights:

Staff should consider the impact on Human Rights (both absolute and non-absolute) in line with guidance which can be found, at the British Institute of Human Rights (BIHR) website: https://www.bihr.org.uk/media/cczlt3l5/guide_mental-health-capacity-human-rights-practitioners-guide.pdf

In order to restrict non-absolute rights a three stage test needs to be considered:

The 3 Stages of the Test

1. **Lawful:** Is there a law that allows this restriction? (e.g., Mental Capacity Act, Mental Health Act).
2. **Legitimate Aim:** Is there a good reason for the restriction? (e.g., protecting the person from harm, or protecting the safety of others).
3. **Proportionate:** Is this the least restrictive option possible? Have all other, less restrictive alternatives been explored?

Each stage has to be passed in order to be able to restrict non absolute rights.

4.1.4 Restrictions – including consent

Staff should also inform patients 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 in communal areas 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. This does not restrict the patients right to record a consultation with a clinician for their personal use.

- 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.

4.1.5 Communicating and Capacity

The above information may need to be repeated for patients who have fluctuating capacity. Other patients 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 available for this purpose and local services should add to this if there are additional local considerations.

4.1.6 Safe keeping

On admission the patients 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. The phone should be switched off to support the patients privacy and dignity i.e. from messages / notifications coming through.

4.1.7 Review of risks

Risks will be assessed on an individual basis and at times it may be necessary for patients 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 and reviewed on a regular basis by ward staff and rationale for decisions recorded in clinical notes

4.1.8 Decision to restrict and consideration of alternatives

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

Consideration also needs to be given to how those who have restricted access, will still be able to stay connected to their life outside hospital where this was reliant on their phone such as accessing mobile banking, paying bills and staying connected with friends and loved one's.

4.1.9 Audio recording

Patients have a right and are supported to audio record their consultations with staff for personal use if they wish in line with the [Recordings by patients and carers for personal use procedure](#).

4.1.10 Misuse – reporting and support

Patients 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 of patients and/or visitors or staff on Trust premises will be asked to delete these images and demonstrate they have done this.

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 patient and the rationale clearly documented in the service user's clinical notes.

Another means of providing contact with family and friends should be considered and put in place if the phone is removed unless there are reasons not to do so. All decisions should be documented in the record.

An InPhase report will need to be submitted in the above circumstances

4.2 Charging Mobile Devices

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 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 patients 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 an InPhase 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   Related documents

- Information Governance Policy
- Recordings by patients and carers for personal use procedure.
- Consent for the use of person-identifiable images and information in Trust promotional and training materials
- Use of Visual and Audio Recordings in Clinical Procedures

- [Human Rights Equality Diversity and Inclusion Policy](#)
- Wifi Enabled devices within Ridgeway Procedure (Internal document)

7 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 patients and displayed in areas accessed by patients

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
N/A as not a new process				

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff working into inpatient settings	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 patients need/activity.

8 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 patients and visitors in each setting via poster	Ward Managers	Service level Governance Groups
2	Number and type of incidents relating to misuse or loss of mobile phone technology/confiscation of phones	Monthly report from inPhase. Information Compliance Manager / Information Compliance Senior Officer	Information Governance Group and Cyber Security Group.
3	Reference to MHA Code of Practice restrictive practices breaches for mobile technology in MHA inspection visits	MHL manager	MHA Legislation Committee

9   References

Mental Health Act 1983: Code of Practice, 2015

Human Rights Act 1998

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

Use of mobile devices by patients in hospitals - NHS Transformation Directorate note this refers specifically to **acute** hospitals

British Institute of Human Rights Guidance guide_mental-health-capacity-human-rights-practitioners-guide.pdf

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	03 March 2026
Next review date	03 March 2029
This document replaces	CLIN-0090-v1 Mobile Phone Policy Service Users and Visitors
This document was approved	Executive Clinical Leaders Sub-group (ECLS) 21 January 2026
This document was approved	Information Governance Group (IGG) 28 January 2026
This document was ratified by	Executive Directors Group
This document was ratified	03 March 2026
An equality analysis was completed on this policy on	16 January 2026
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	15 Feb 2017	New policy	Withdrawn
1	09 Apr 2020	Review date extended from 15 February 2020 to 31 July 2020	Withdrawn
2	28 Jun 2020	Minor Amendments. Addition of service user right to make recordings for personal use when in consultation with a clinician. Poster added at Appendix 2	Ratified but withdrawn prior to publication
3	03 Mar 2026	Language changes from Datix to Inphase and from service user to patient New template applied	Ratified

		Content updated to reflect new procedure (Recording by patients and carers for personal use)	
		Information Governance oversight process updated	
		Additions to reflect increasing functions / use of mobile devices and potential negative impacts of restrictions	
		Addition of BiHR references and guidance	

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance
Title	Mobile technology policy for patients and visitors
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	The purpose of this Policy is: • To set out some key principles for patients, 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 patients and visitors to maintain contact with family and friends and the need to protect against the misuse of technology such as: o Promoting positive contact with carers, friends and relatives; o Providing a therapeutic environment; o Protecting the rights of individuals; o Protecting people from abuse; o Promoting recovery; o Protecting confidentiality; o Promoting acceptable standards of behaviour. Objectives This policy aims to preserve and protect the privacy, dignity and confidentiality of patients, visitors and staff. Photographing or recording within in-Patients 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.

Start date of Equality Analysis Screening	August 2025
End date of Equality Analysis Screening	16 January 2026

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff, Patients and visitors
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	**Race** (including Gypsy and Traveller) **NO** **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** **Sex** (Men and women) **NO** **Gender reassignment** (Transgender and gender identity) **NO** **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** **Age** (includes, young people, older people – people of all ages) **NO** **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	We acknowledge that there are human rights implications which will be considered on an individual basis if access is restricted. Restricting a patients rights even when carried out under least restrictive practice

	can potentially cause a negative impact which is why restrictions around mobile phone use will only be carried out when necessary, for the shortest time possible and regularly reviewed.
Describe any positive impacts / Human Rights Implications	The policy aims to ensure that blanket restrictions with regard to the use of mobile phones are not imposed, and to respect the patients private life and to maintain the safety, privacy, dignity and confidentiality of patients 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.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section
Have you engaged or consulted with Patients, carers, staff and other stakeholders including people from the protected groups?	no
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Trust wide staff consultation of revised policy to take place

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a

Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

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 / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	IGG
Is there evidence of consultation with stakeholders and users?	Yes	ECLS and IGG
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4. Content		
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	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		

|			
Does the document identify how it will be implemented and monitored?	Yes		
8. Equality analysis			
Has an equality analysis been completed for the document?	Yes		
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	16.01.2026	
9. Approval			
Does the document identify which committee/group will approve it?	Yes		
10. Publication			
Has the policy been reviewed for harm?	Yes	No harm	
Does the document identify whether it is private or public?	Yes	public	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a		
11. Accessibility ([See intranet accessibility page for more information)](#)			
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes		
Do all pictures and tables have meaningful alternative text?	Yes		
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes		

Use of Mobile Phones

If you wish to use your mobile phone, please use it respectfully

You must:

- ✓ Avoid use in communal areas
- ✓ Keep the mobile phone in 'silent' mode
- ✓ Follow any risk assessment carried out with you in respect of charging your mobile phone (within Inpatient settings)
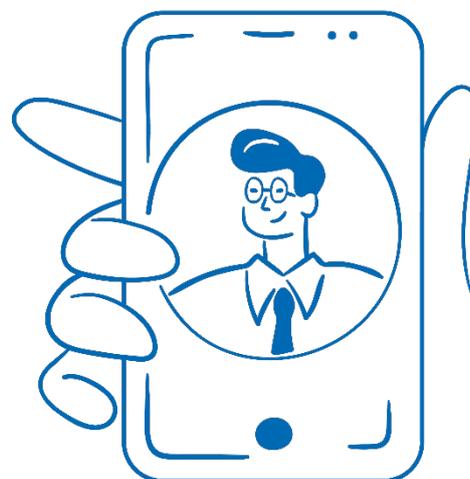
You must not:

- ✗ Take photographs of others (patients, visitors or staff)
- ✗ Make visual recordings of others (patients, visitors or staff)
- ✗ Make audio recordings of others (patients or visitors)
- ✗ Loan your mobile phone to another patient (within inpatient settings)

Please note:

If there are concerns about how your phone is being used, staff will discuss this with you and agree any necessary action to keep you and others safe