

Policy:

Mobile Phones, Communication Devices and Internet Access for Service Users

(Review date extended to 31/03/2020 by EDG)

Executive or Associate Director lead	Dr Rachel Warner, Interim Medical Director
Policy author/ lead	David Palfreyman, Interim Vocational Education Lead & Education Governance Project Manager
Feedback on implementation to	Giz Sangha, Deputy Chief Nurse

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Target audience	All service users, carers/relatives, visitors and members of the public using mobile phones or other communication devices while on Trust premises.
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Keywords	Mobile, phone, tablet, device, communication, Internet.
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Policy Version and advice on document history, availability and storage

Version 1. This is a new policy.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. Word and pdf copies of the current version of this policy are also available via the Director of Corporate Governance.

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1. Introduction

Communication with family and friends is an essential element of support and comfort for people using our services, particularly on the in-patient wards. Modern technology has made communication relatively easy, particularly with the widespread use of mobile phones, text messaging and e-mailing. Mobile phones commonly also have extended functions such as camera and video recording, music playing capability, and internet access.

The purpose of this policy is not to reduce the opportunities for communication but to consider the risks associated with the ever increasing array of communication devices.

It is important to find a balance between the needs of service users, for example:

- 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;
- Maintaining communications and contact with family and friends while safeguarding against the inappropriate use of such devices.

Primary concerns relate to the use of the camera facility on mobile phones which can threaten both personal and organisational security, including the privacy of both service users and staff.

Mobile phones and computing devices provide a readily available means of communication with family and friends and are in widespread use. Many service users, voluntary or detained, are therefore likely to have one. It is unlikely to be appropriate 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. Moreover, blanket restrictions may breach Article 8 of the Human Rights Act 1998.

2. Scope

This policy relates to all those who have access to Trust services whether on in-patient units or in community settings. The policy covers service users, carers, relatives, visitors or members of the public.

3. Definitions

Mobile phone is defined as a hand held device, sometimes also known as a smart phone, which is connected to a wireless telecommunication network allowing the user to send and receive calls and text messages; it may also link to the internet.

Tablet is a wireless, portable personal touch screen computer which is bigger than a smart phone but typically smaller than a notebook or laptop. It has the capability of connecting to the internet independently using a wireless telecommunication network or Wi-Fi.

Service User is any person voluntarily or compulsorily in receipt of a service from the Trust, who may be on an in-patient ward, in a residential setting, or attending out-patient areas or day

services.

MHA is an abbreviation of the Mental Health Act 1983.

CoP is an abbreviation of Code of Practice (for the purposes of this policy, the Code of Practice relating to the Mental Health Act 1983).

HRA is an abbreviation of the Human Rights Act 1998.

MDT is an abbreviation of multi-disciplinary team - a group of clinicians from different disciplines working together.

4. Purpose

The Trust has a legal obligation to respect the private lives of service users, staff, and the public, maintaining their safety, privacy, dignity and confidentiality and all information relating to them. The Human Rights Act (HRA) 1998 enshrines the right to respect for private and family life as set out in Article 8 of the European Convention on Human Rights. The Act makes it unlawful for public authorities (including NHS Trusts) to act in a way which is incompatible with the Convention.

The purpose of this policy is to:

- Identify the appropriate use of mobile phones and communication devices on Trust premises, ensuring that contact with family and friends is maintained in a way that does not intrude on the safety and wellbeing of others;
- Identify situations and conditions where it would be appropriate for staff to restrict access to mobile devices, for example, medical grounds, breaches of confidentiality, privacy or respect of others;
- Identify the appropriate access to the Trust's infrastructure and the use of the internet to support communication and recovery.

5. Duties

Managers must ensure that the areas of the Trust for which they have responsibility display clear notices for service users, relatives/carers and members of the public setting out the Trust's expectations in relation to the appropriate use of mobile phones and other communication devices.

6. Process

6.1 Common use

Mobile devices are a valuable tool in maintaining contact and communication with friends and family, and are particularly important to service users on in-patient wards. However, these devices should always be used discreetly so as not to disturb/impact on others. On in-patient wards it may be reasonable to require mobile phones and tablet devices to be used in quiet or silent mode, or switched off in key areas e.g. quiet rooms and sleeping areas. Their use may be restricted to designated areas, for example, in day rooms or activity rooms on in-patient wards and in reception areas only in other services eg community mental health teams, therapy services etc.

6.2. Associated risks

Mobile phones, tablets and other electronic devices commonly have functions capable of visual

and audio recordings and may also provide easy access to the internet. However, the misuse of communication devices has given rise to a significant number of cases relating to inappropriate use, especially in relation to the contravention of the right to privacy.

Anyone found using their mobile phone to make audio recordings or taking photographs of other services users, visitors, staff or images of Trust premises will be asked to delete the images/recording. They must do so in the presence of staff.

6.3 Restriction of use – in-patient wards

It may be appropriate in certain circumstances to confiscate mobile phones or mobile computing devices in cases where service users are unable to comply with this policy or where the clinical team believe that access to the internet may not, at that time, be in the service user's best interests. Where it is necessary to confiscate a device, this must be a temporary measure only and the rationale for confiscation must be fully documented in the patient record. In order to avoid contravention of Article 8, the confiscation must be reviewed every twenty-four hours – the rationale for the continuation of the confiscation must be recorded on each occasion, as must the decision to return the device to its owner.

In secure in-patient settings, for example, Forest Lodge and Endcliffe Ward, individual risk assessments will be undertaken to ensure that access to a mobile phone or tablet is in the best interests of the service user.

Where staff believe that a visitor is breaching the terms of this policy they have authority to ask the visitor to hand the device to staff for safe keeping for the duration of their visit. Failure to do so will result in the visitor being asked to leave Trust premises.

Where a service user, relative/carer or visitor has a disability and they use a mobile device to meet a need associated with the disability (for example, they may use a live British Sign Language interpreting service via an App or use a mobile device to increase text size on electronic documents), the mobile device must only be removed in exceptional circumstances; the impact of the removal in such circumstances must be considered in light of the support being required by/provided to the individual in relation to their disability and alternative options should be considered in supporting their communication needs.

6.4 Storage of confiscated mobile phones and other communication devices

When a device is confiscated it will be stored by staff in a secure, lockable cabinet on Trust premises. On return of the device, the owner will be asked by staff to sign to confirm its return.

6.5 Internet access on in-patient wards

Service users' mobile phones and tablets may not currently be connected to the Trust Wi-Fi, however, a review of this decision is currently underway.

A number of laptops are available on in-patient wards for the purpose of allowing service users access to the internet. Staff will ensure that access is appropriate. Any inappropriate access will result in the service user being denied access.

6.6 Inappropriate access

- The Trust reserves the right to prevent access to any internet sites it considers inappropriate,
- When accessing the internet, either using the Trusts systems or the service users own data, users must not:
 - Use the internet for any purpose that conflicts with any Trust Policy, Code of Conduct
 - Use the internet to create, hold, transmit or view material that has an obscene, pornographic or sexually offensive content.

- Use the internet to create, hold, transmit or view material that has an offensive (for example, racist, sexist, homophobic), defamatory, harassing or otherwise illegal content.
- Use the internet to make untrue, inaccurate, misleading or offensive statements about any person or organisation.
- The Trust monitors use of the internet in line with legislation and Trust policy. The Trust reserves the right to remove or amend access to the internet at any time in order to protect and preserve the integrity and security of the system.
- All internet activity on Trust systems is logged automatically and audited periodically.
- Monitoring will be carried out in accordance with legislation such as the Regulation of Investigatory powers Act 2000, the Data Protection Act 1998, the Human Rights Act 1998 and Trust policy regarding monitoring and privacy.

6.7 Video calling

Some applications, for example Skype and Facetime are a valuable tool in helping service users maintain contact with their family and friends, especially when they are on in-patient wards. Staff should encourage and support service users to access these applications when it is considered to be in their best interests to do so. Any restriction on the use of these applications must be recorded in the patient record and must be reviewed every twenty-four hours.

7. Dissemination, storage and archiving (Control)

A copy of this policy is available to all staff via the Trust intranet. All staff should familiarise themselves with this policy and managers should ensure that appropriate signage in relation to the use of mobile communication devices is clearly visible on all Trust premises.

8. Training and other resource implications

Service Directors, Assistant Service Directors, Service and Team Managers are responsible for making sure that their staff are aware of and comply with this policy.

9. Audit, monitoring and review

This policy will be reviewed regularly (not exceeding three years) or sooner if required in order to meet revised regulatory/statutory requirements.

Monitoring Compliance Template			
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring
Policy content, including duties and process.	Review of policy.	Policy Lead	3 yearly, or before to meet regulatory or statutory requirements.
Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation	
Policy Lead	Policy Lead	Lead Director	

10. Implementation plan

- This policy will be implemented via the management structures within the relevant services/ directorates.
- New staff should be made aware of this policy and potential restrictions of the use of mobile devices by their managers.

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Director of Corporate Governance	Within 5 working days of issue	
A communication will be issued to all staff via the Communication Digest	Director of Corporate Governance	Within 5 working days of issue	
A communication will be sent to Education, Training and Development to review training	Director of Corporate Governance	Within 5 working days of issue	
Team managers to make teams aware of new policy	Team managers	31 October 2016	

11. Links to other policies, standards and legislation (associated documents)

Mental Health Act 1983
Mental Health Act Code of Practice (2015)
Human Rights Act 1998 – Article 8

12. Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Deputy Chief Nurse	Giz Sangha	2716310	giz.sangha@shsc.nhs.uk

13. References

Mental Health Act 1983 - Code of Practice (2015)
Regulation of Investigatory powers Act 2000,
Data Protection Act 1998,
Human Rights Act 1998

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	February 2016	New policy commissioned
0.2	Ratification	August 2016	Amendments made during consultation, prior to ratification.
0.3	Ratification	Sept 2016	Further amendments at request of EDG.
V1.0	Issue	Oct 2016	Finalisation and issue.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
1.0	Oct 2016	Oct 2016	N/A

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have „due regard“ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain „protected characteristics“ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don“t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice this can be found at <http://www.shsc.nhs.uk/about-us/equality--human-rights>

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	Potentially – where a service user relies on a mobile device because they have a disability not having access to the device will have a greater impact than on a person who does not have a disability	Possibly – the policy should include specific reference to the use of mobile devices by service users who have a disability and who rely on the device to meet their needs	
GENDER REASSIGNMENT	No	No	
PREGNANCY AND MATERNITY	No	No	
RACE	No	No	
RELIGION OR BELIEF	No	No	
SEX	No	No	
SEXUAL ORIENTATION	No	No	

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Liz Johnson, Head of Equality and Inclusion, 22nd August 2016

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

Yes. No further action needed.

No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?

No, no further action needed.

Yes, go to question 3

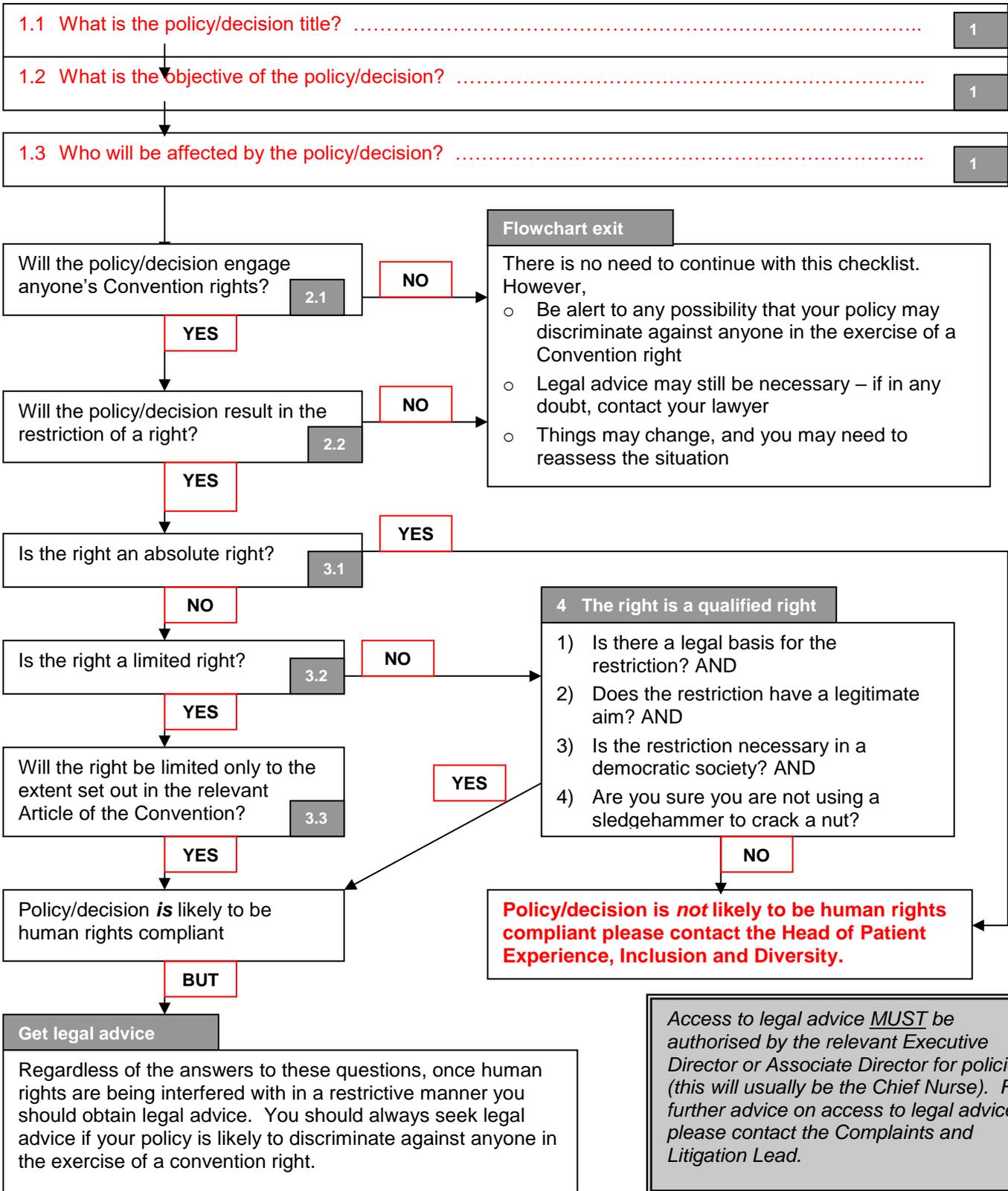
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

This is a new policy aimed directly at service users on wards who have a mobile device, and is in addition to the existing phone policy directly aimed towards staff.

Consultation included colleagues in IT, Communications, Service User Experience and Safeguarding.

The draft policy was verified by the Mental Health Act Group.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page

✓

3. Flowchart

N/A

4. Introduction

✓

5. Scope

✓

6. Definitions

✓

7. Purpose

✓

8. Duties

✓

9. Process

✓

10. Dissemination, storage and archiving (control)

✓

11. Training and other resource implications

✓

12. Audit, monitoring and review

✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)

